



# REPUBLIC OF KOREA-WHO

## Country Cooperation Strategy 2019–2023



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## Country Cooperation Strategy 2019–2023



**보건복지부**

Ministry of Health and Welfare



**World Health  
Organization**

**Western Pacific Region**

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# FOREWORD

The *Republic of Korea–WHO Country Cooperation Strategy (CCS)* presents the foundation for the next stage of cooperation between the Republic of Korea and the World Health Organization (WHO). The CCS offers a systematic way to leverage the technical expertise of the Republic of Korea and WHO to the benefit of the health of all people in the Republic of Korea, the Western Pacific Region and beyond.

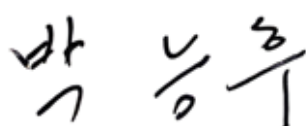
Managing collaborative efforts among all stakeholders is a complex process, and this CCS can serve as a strategic guide for ongoing cooperation. Both the Republic of Korea and WHO agree that further development can be achieved by maintaining existing best practices and aligning shared goals and interests for future policies and programmes.

Three key foundations of cooperation underpin this collaboration. First, WHO contributes to the health of all people in the Republic of Korea. Second, the Republic of Korea, as an important global health partner, contributes to achieving WHO priorities at all levels. And third, the Republic of Korea and WHO work together to promote better health outcomes in the Western Pacific Region and globally in line with the Sustainable Development Goals (SDGs).

These foundations will help guide work in four strategic areas: 1) engaging in policy dialogue; 2) promoting technical norms, standards and guidelines; 3) strengthening health regulatory systems and health workforce development; and 4) working together to achieve the SDGs. Continued commitments are essential to the effort to solve the challenges we face and to ensure that recent gains are not lost.

This CCS should prove useful to all stakeholders involved in policy, programmes, and academic and research institutions, as well as those directly or indirectly involved in the health and development sectors.

We need to continue to work collaboratively to sustain to our achievements in public health and to continuously improve the health and well-being not only of all people in the Republic of Korea but also of those throughout the Region and beyond.



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# ABBREVIATIONS

<b>AC</b>	assessed contribution
<b>AMR</b>	antimicrobial resistance
<b>CCS</b>	country cooperation strategy
<b>DDD</b>	defined daily dose
<b>GPW</b>	General Programme of Work
<b>GPW 13</b>	13th General Programme of Work
<b>HIRA</b>	Health Insurance Review and Assessment Service
<b>IHR (2005)</b>	International Health Regulations (2005)
<b>JEE</b>	Joint External Evaluation
<b>KCDC</b>	Korea Centers for Disease Control and Prevention
<b>KOFIH</b>	Korea Foundation for International Healthcare
<b>KOICA</b>	Korea International Cooperation Agency
<b>MDG</b>	Millennium Development Goal
<b>MERS-CoV</b>	Middle East respiratory syndrome coronavirus
<b>MFDS</b>	Ministry of Food and Drug Safety
<b>MOE</b>	Ministry of Environment
<b>MOFA</b>	Ministry of Foreign Affairs
<b>MOU</b>	memorandum of understanding
<b>NCDs</b>	noncommunicable diseases
<b>NHI</b>	National Health Insurance
<b>NHP 2020</b>	National Health Plan 2020
<b>ODA</b>	official development assistance
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>SDGs</b>	Sustainable Development Goals
<b>TB</b>	tuberculosis
<b>UHC</b>	universal health coverage
<b>VC</b>	voluntary contribution
<b>WHO</b>	World Health Organization
<b>WHO FCTC</b>	WHO Framework Convention on Tobacco Control



# EXECUTIVE SUMMARY

The World Health Organization (WHO) country cooperation strategy (CCS) is the principal instrument that guides WHO work with a given Member State. These strategies include an analysis of the country's health situation, a review of current collaboration between the country and WHO, and an overview of strategic priorities for future cooperation (1).

In recent years, in an effort to strengthen cooperation with all Member States and to better leverage their expertise and experience, WHO has been developing CCSs with ministries of health in high-income countries (2).

The Republic of Korea is one of the few countries that has transformed itself from an aid recipient to an aid donor (3). It is in a unique position to share its development experience with others. Health outcomes have improved due to a rapid economic development and the achievement of universal health coverage (UHC) through the National Health Insurance programme.

Over the past 70 years, WHO has collaborated with the Republic of Korea for better health of its people. From the control of parasites to the building of rural community health systems, this work has resulted in making the Republic of Korea healthier than ever before. In addition, the Republic of Korea is committed to the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs). The country has been expanding its role as a world leader by helping to improve global health and development (3, 4).

The *Republic of Korea–WHO Country Cooperation Strategy* reflects the diverse roles and responsibilities of the Republic of Korea's health-related agencies, including the Ministry of Health and Welfare, the Korea Centers for Disease Control and Prevention, and a range of other ministries and technical agencies, regulatory authorities, research councils and national data collection bodies.

The goal of this CCS is to strengthen and guide cooperation between the Government and WHO on mutually agreed priorities in order to improve the health of all people in the Republic of Korea, the Western Pacific Region and beyond.

This CCS was developed through a series of comprehensive consultations with ministries and agencies in the Republic of Korea and with WHO technical programmes.

The *Republic of Korea–WHO Country Cooperation Strategy* is underpinned by three foundations that form the basis of the cooperation between the country and WHO. In addition, the strategic priorities outlined in this CCS will guide work in technical areas for ongoing cooperation.

## Foundations

### Foundation 1

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WHO contributes to the health of all people in the Republic of Korea.

- Helps shape health policy in the Republic of Korea
- Provides technical advice for emerging infections, health inequality, management of noncommunicable diseases (NCDs), health financing and human resource development
- Lends authoritative input to keep health-care reform moving in the right direction in the Republic of Korea

### Foundation 2

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The Republic of Korea, as an important global health partner, contributes to achieving WHO priorities at all levels.

- Shares expertise and experience in UHC and NCD management
- Contributes to human resource and financial support

### Foundation 3

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The Republic of Korea and WHO work together to promote better health outcomes in the Western Pacific Region and globally in line with the SDGs.

- Stronger partnerships in support of improving health
- Working together to achieve the health-related SDGs

## Strategic priorities

### Strategic Priority 1

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Engaging in policy dialogue

### Strategic Priority 2

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Promoting technical norms, standards and guidelines

- NCD and lifestyle risk factors
- UHC and its financing
- Climate change and the environment
- Health security and the elimination of communicable diseases
- Antimicrobial resistance

### Strategic Priority 3

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Strengthening health regulatory systems and health workforce development

### Strategic Priority 4

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Working together to achieve the SDGs

The CCS will be monitored during its five-year implementation period and reviewed towards the end of the CCS cycle. The lessons learnt and recommendations from the final review will be shared within WHO and with the Government of the Republic of Korea, national stakeholders and development partners.

The working group that was established to develop this CCS will transform itself into a Monitoring and Review Committee, working with the members and mechanisms of current periodical donor meetings between the Government of the Republic of Korea and WHO Regional Office for the Western Pacific. The overall review process will be led by this committee.





# 1. Introduction

The country cooperation strategy (CCS) is the principal instrument the World Health Organization (WHO) uses to guide its work with a given Member State. These strategies include an analysis of the country's health situation, a review of current cooperation between the country and WHO, and an overview of strategic priorities for future cooperation (1). Traditionally, CCSs have been developed for low- and middle-income countries where a WHO country office is located or where WHO is providing direct support to the country (5).

In recent years, in an effort to strengthen cooperation with all Member States and to better leverage their expertise and experience, WHO has been developing CCSs with ministries of health in high-income countries. Since 2012, WHO and governments in 11 high-income countries have jointly developed these strategies (2). In the Western Pacific Region, the first high-income CCS was launched in 2017 with Australia (5).

Through this new approach to CCS development, the WHO Regional Office for the Western Pacific can strategically engage with Member States and draw on their national expertise and experience to make significant regional and global contributions to health (2).

The Republic of Korea is one of the few countries that has transformed itself from an aid recipient to an aid donor (3). Based on its current strong ties and tradition of cooperation with WHO, the Republic of Korea is committed to sharing the experiences it has gained during its own rapid development.

## 1.1 The goal of the Republic of Korea–WHO CCS

The goal of the *Republic of Korea–WHO Country Cooperation Strategy* is to strengthen and guide cooperation between the Government and WHO on mutually agreed priorities in order to improve the health of all people in the Republic of Korea, the Western Pacific Region and beyond.



## 1.2 The process of developing the Republic of Korea-WHO CCS

The CCS was designed to reflect the diverse roles and responsibilities of the Republic of Korea's health-related agencies, including the Ministry of Health and Welfare and a range of other ministries and technical agencies, regulatory authorities, research councils and national data collection bodies.

The CCS was developed between November 2017 and October 2018. It is the outcome of comprehensive consultations with the ministries and agencies in the Republic of Korea and with WHO technical programmes.

A comprehensive literature review, including a review of the *Partnership Programme between the Republic of Korea and WHO*, was conducted as critical input to the development of this strategy. Past achievements, as well as current and future collaboration issues, were identified. The strategic agenda presented in this CCS is based, in part, on the literature review conducted by a small working group composed of staff members of the Ministry of Health and Welfare and WHO. The working group identified issues and priorities related to collaboration between the Republic of Korea and WHO.

The Ministry of Health and Welfare led the Republic of Korea's engagement with WHO, in close collaboration with several government agencies including the Korea Centers for Disease Control and Prevention (KCDC), the Ministry of Environment (MOE), the Ministry of Food and Drug Safety (MFDS), the Ministry of Foreign Affairs (MOFA), the Korea International Cooperation Agency (KOICA) and the Korea Foundation for International Healthcare (KOFIH).

Several consultations were conducted through face-to-face meetings, teleconferences and videoconferences, engaging WHO technical programmes and partner agencies in order to develop the four strategic priorities contained in this CCS.

This CCS primarily presents opportunities for cooperation between the Republic of Korea's health agencies and WHO. However, the process of developing this CCS also sought views from and engaged other agencies involved in international aid and development programmes.

## 1.3 Overview of the foundations and strategic priorities of the Republic of Korea–WHO CCS

The *Republic of Korea–WHO Country Cooperation Strategy* is underpinned by three foundations that form the basis of the cooperation between the country and WHO.

The three foundations are:

- WHO contributes to the health of all people in the Republic of Korea.
- The Republic of Korea, as an important global health partner, contributes to achieving WHO priorities at all levels.
- The Republic of Korea and WHO work together to promote better health outcomes in the Western Pacific Region and globally in line with the Sustainable Development Goals (SDGs).

The strategic priorities of the CCS that will guide ongoing cooperation in technical areas are:

- Strategic Priority 1: Engaging in policy dialogue
- Strategic Priority 2: Promoting technical norms, standards and guidelines
- Strategic Priority 3: Strengthening health regulatory systems and health workforce development
- Strategic Priority 4: Working together to achieve the SDGs.

**TABLE 1. Foundations and strategic priorities**

<b>Goal</b>	To strengthen and guide cooperation between the health agencies of the Republic of Korea and WHO on mutually agreed priorities in order to improve the health of all people in the Republic of Korea, the Western Pacific Region and beyond			
<b>Foundations of the Republic of Korea–WHO CCS</b>	WHO contributes to the health of all people in the Republic of Korea	The Republic of Korea, as an important global health partner, contributes to achieving WHO priorities at all levels	The Republic of Korea and WHO work together to promote better health outcomes in the Western Pacific Region and globally in line with the SDGs	
<b>Strategic priorities</b>	Engaging in policy dialogue	Promoting technical norms, standards and guidelines	Strengthening health regulatory systems and health workforce development	Working together to achieve the SDGs



## 2. WHO: global health leader

WHO is the world's principal independent leader in global health (7). It fulfils this role through six core functions:

- providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- shaping the research agenda and stimulating knowledge generation, translation and dissemination;
- setting norms and standards and promoting and monitoring their implementation;
- articulating ethical and evidence-based policy options;
- providing technical support, catalysing change and building sustainable institutional capacity; and
- monitoring the health situation and assessing health trends (7, 8).

WHO was established on 7 April 1948 with the ambitious goal of ensuring the highest attainable standard of health and well-being for all people. The Organization operates six regional offices and has more than 7000 staff members (8, 9).

WHO assists countries in building robust national health systems and in preparing for and responding to emergencies. It leads the fight against noncommunicable diseases (NCDs) and advocates for universal health coverage (UHC) and for safe and effective medicines. The Organization also leads efforts to address health inequities and the social determinants of health. WHO is the undisputed leader in developing global public health norms, standards and guidelines (8, 10).

## 2.1 The new vision of WHO

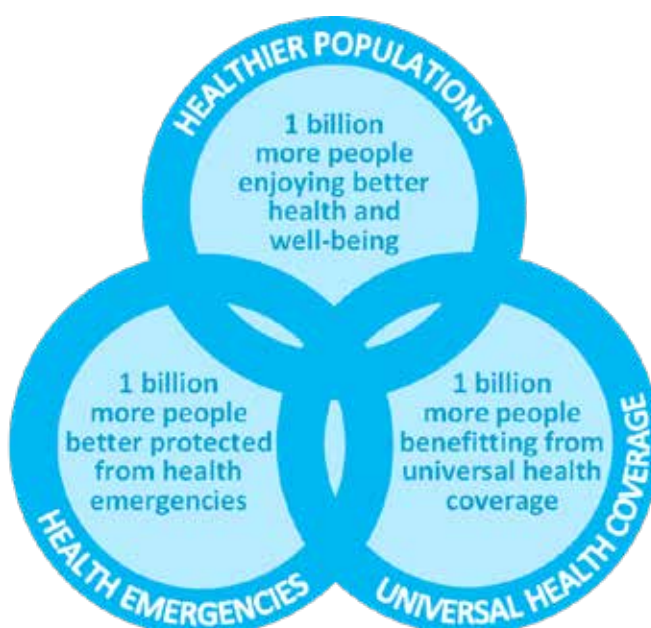
The direction of WHO's work is determined by Member States, through governing bodies (the World Health Assembly, the Executive Board and the regional committees), and is implemented through the global General Programme of Work (GPW) and the Programme Budget. The GPW is the overarching strategic plan that embraces the work of the whole Organization (6, 11).

The Thirteenth General Programme of Work 2019–2023 (GPW 13) was endorsed in May 2018 (6). GPW 13 is aligned with the SDGs, especially SDG 3 – ensuring healthy lives and promoting well-being for all at all ages (6).

GPW 13 contains three strategic priorities, also referred to as the “triple billion goals”. They are:

- One billion more people benefiting from UHC
- One billion more people better protected from health emergencies
- One billion more people enjoying better health and well-being (6).

**Fig. 1.** A set of interconnected strategic priorities and goals to ensure healthy lives and promote well-being for all at all ages



Source: World Health Organization, Thirteenth general programme of work 2019–2023. 2018, World Health Organization: Geneva

These strategic priorities are supported by three strategic shifts: strengthening leadership; driving the public health impact in every country; and focusing global public goods on impact – which reflect WHO’s six core functions.

The overall changes that GPW 13 will bring to WHO work can be summarized as follows:

- WHO will focus more specifically on the SDGs under GPW 13.
- WHO will monitor and measure outcomes and impact.
- WHO will set clearer priorities.
- WHO will strengthen leadership at all levels.
- WHO will drive the public health impact in every country.
- WHO will strengthen its normative work.
- WHO will transform its approach to resource mobilization.
- WHO will act with a sense of urgency, scale and quality (6).

In line with the impact- and outcome-focused approach of GPW 13, WHO’s work will be organized around nine health outcomes, as well as three leadership and enabling outcomes as presented in Annex 2. These outcomes contribute jointly to the achievement of the three strategic priorities in GPW 13.

## 2.2 WHO in the Western Pacific Region

The WHO Western Pacific Region is diverse and rapidly changing. The Region is home to 37 countries and areas and more than one quarter of the world’s population. Member States range in size from China, with 1.4 billion people, to Niue, which is home to just 1000 people (7).

Health outcomes across the Region have improved in recent decades, but serious challenges remain. More than 30 000 people die each day in the Region due to preventable chronic diseases. In many countries in the Region, childbirth remains a danger to both mother and child, and more than 4 million babies die each year before they reach 1 month of age. Established and emerging infectious diseases from tuberculosis (TB) to Zika virus disease pose real threats. Moreover, several of the world’s most disaster-prone countries can be found in the Region (7).



In the meantime, people are living longer, often with disabling chronic conditions that impact their functioning and well-being. Health systems are confronted with the responsibility of responding to these emerging challenges, and health policies are placing stronger emphasis on services targeted at increasing the functioning of individuals, in addition to reducing mortality (12).

The WHO Regional Office for the Western Pacific is one of six WHO regional offices. It is located in Manila, Philippines. Under the leadership of the WHO Regional Director for the Western Pacific, Dr Shin Young-soo, the Organization has pursued an ambitious agenda of reform intended to provide better support to countries and to ensure countries are at the centre of WHO work (12). Across the Region, WHO provides technical assistance for public health issues, adapts global strategies to regional and country contexts, develops regional strategies and action plans, and supports countries to achieve national health priorities (13).



## 3. Health in the Republic of Korea

### 3.1 Health achievements

#### 3.1.1 Improved health status and life expectancy

Health status in the Republic of Korea has improved noticeably over the past few decades (4). Life expectancy at birth has steadily increased from 62.3 years (1970) to 82.4 years (2016) (14).

Maternal mortality in the country stood at 11 per 100 000 live births in 2015, nearly half the 1990 level of 21. In addition, various indicators of child mortality including neonatal, infant and under-5 mortality rates have shown great improvements due to high rates of prenatal care utilization and facility deliveries (4). Infant mortality stood at 2.8 per 1000 live births in 2016, falling from 45.0 in 1970 (15).

#### 3.1.2 Well-functioning health system through National Health Insurance

The Republic of Korea achieved UHC in 1989, just 12 years after the introduction of social health insurance services. The National Health Insurance (NHI) programme finances the health system of the Republic of Korea. NHI covers about 97% of the population, and the remaining 3% is covered by the Medical Aid Program, which is a tax-funded programme to ensure access to health care for the low-income population. NHI in the Republic of Korea supports the improvement of the overall health status of the population and also contributes to extended life expectancy of its citizens (16).

#### 3.1.3 Successful control of communicable diseases

The vaccine for measles became available in the Republic of Korea in 1965 and was added to the national immunization programme in 1983. In 2001, the Government immunized 5.7 million people against measles and made measles vaccination

compulsory for children enrolling in preschools, all part of an effort to maintain a vaccination rate of over 95%. In March 2014, WHO certified measles elimination in the Republic of Korea (3).

Some notable achievements in communicable diseases include:

- The leprosy programme in the Republic of Korea was recognized for its successful implementation, resulting in less than 1 case per 10 000 population (3).
- At a technical review meeting on hepatitis B control held in Manila in September 2008, the Republic of Korea received certification for hepatitis B control, with the hepatitis B surface antigen positive rate of those aged 4–6 years and 10–14 years less than 0.2%. The Republic of Korea has also implemented the national prevention programme of hepatitis B vertical transmission since July 2002 in order to prevent the dominant transmission route of hepatitis B virus-infected mothers (17).
- The Republic of Korea has worked to eliminate the transmission of malaria since the re-emergence of transmission after elimination in the 1980s. Significant control has been achieved across the country, and malaria is now largely limited to the provinces adjacent to the demilitarized zone in the north of the country.
- From 1950, the Republic of Korea has worked tirelessly to eliminate TB, which led to a significant decrease in the incidence rate (3).
- Currently, the Republic of Korea is recommending a national immunization programme for children under 12, adults over 65 and high risk-populations, while additional vaccinations for other communicable diseases are accessible in private clinics. As of 2016, the completion rate of immunization<sup>1</sup> for 3-year-old children was 89.2% (18).

### 3.1.4 Advanced policies on noncommunicable diseases

The Republic of Korea has multisectoral NCD policies, strategies and action plans that address, in an integrated manner, the four main NCDs and their risk factors (19). As a result, the Republic of Korea has established evidence-based national guidelines, protocols and standards for the management of cardiovascular diseases, diabetes, cancer and chronic respiratory diseases (19). More than 50% of primary health-care facilities offer cardiovascular risk stratification; all eight essential medicines to treat major NCDs are generally available in the primary care facilities of the public health sector (19).

<sup>1</sup> Four doses of diphtheria, tetanus and pertussis (DTP3) vaccine, three doses of inactivated polio vaccine (IPV), one dose of measles, mumps and rubella (MMR) vaccine, three doses of hepatitis B vaccine, and one dose of varicella vaccine.

Regarding data collection and analysis through surveillance, the Republic of Korea has fully achieved setting time-bound national targets based on WHO guidance that includes NCD mortality and all the key risk factors. In terms of mortality data, the country meets all the criteria to be considered to have reliable cause-specific mortality data collected on a routine basis. The Republic of Korea has risk factor surveys collecting information on all seven key behavioural and metabolic risk factors<sup>2</sup> for NCDs; the last survey was conducted within the past five years (19). In addition, the country has been conducting a Community-based Health Survey for the past 10 years in collaboration with the 254 local municipalities nationwide (20). The survey has been providing valuable data in developing health policies that meet the health needs of local communities.

Such policies and data have enabled the Republic of Korea to reduce the risk factors as follows:

- The Republic of Korea is successfully implementing the *WHO Framework Convention on Tobacco Control* (WHO FCTC) (19). The smoking prevalence of adult males has decreased from 66.3% (1998) to 40.7% (2016) (21).
- The Republic of Korea has fully achieved three of the four measures for reducing unhealthy diets, salt/sodium consumption, and limiting saturated fatty acids and trans-fats. The country is actively implementing the WHO recommendations on marketing of foods and non-alcoholic beverages to children (22).
- There have been national public awareness programmes and motivational communication campaigns for physical activity implemented within the past five years (19).

### 3.1.5 Innovative health information system

Under a single-payer health insurance system, NHI can utilize and produce databases of the entire population from data collected by medical services that are covered by NHI. For example, an analysis of 1 million people that was conducted in 2012 included initial health-care services and follow-up data of subsequent utilization of health-care services for the same population between 2002 and 2010. The database produced through this analysis contributed to a better understanding of the pattern of health-care service utilization, enabled customized health management services and reduced health-care costs (23).

<sup>2</sup> Seven key behavioural and metabolic risk factors, with data collection year: harmful use of alcohol (2016), physical inactivity (2016), tobacco use (2016), salt/sodium intake (2016), raised blood glucose/diabetes (2016), raised blood pressure/hypertension (2016), and overweight and obesity (2016).

The Health Insurance Review and Assessment Service (HIRA) is another example. HIRA reviews and assesses health-care costs and health-care service quality, as well as supports the national health insurance policy in determining medical fee schedules and drug prices (23).

HIRA also established a Drug Utilization Review System. This automated information technology system provides information on the drugs that a patient is taking and the contraindications to prescribers and pharmacists (23).

This information-technology-based environment has helped bring the widespread use of technology into the health sector. Almost all private health facilities have electronic medical records in place so that they can file claims for health-care costs electronically. As of 2012, 96.8% of health facilities were using electronic medical claims, and 82% of them adopted the Medical Claims Portal Service, which is a free web-based claims system developed by HIRA (23).

### 3.1.6 More responsive health security and emergency system

Globalization, climate change and pandemics contribute to the development of emerging diseases and outbreaks of other communicable diseases. WHO acknowledges that the Republic of Korea has sufficient capacity to cope with communicable diseases, considering its high awareness of suspect cases, a system in place to quickly isolate suspect cases, an adequate number of isolation beds, stockpiles of personal protective equipment and testing facilities that extend to the provincial level (24).

Also, the Republic of Korea is now fully committed to meeting the requirements for health security under the International Health Regulations, also known as IHR (2005). The country was the fifth Member State in the Western Pacific Region to participate in the voluntary Joint External Evaluation (JEE) of its core capacities, and the first developed country in the Region to undergo this assessment (24).

The JEE process began with a self-evaluation overseen by the KCDC JEE Taskforce, which was established by the Ministry of Health and Welfare in March 2017. Over a six-month period, the KCDC JEE Taskforce worked collaboratively to compile all the information and supporting documents required by the JEE to prepare a comprehensive self-assessment report. This was a substantial multisectoral effort bringing together 10 core ministries through three working-level review meetings, two workshops and numerous consultations with additional ministries. From 27 August to 1 September 2017, the JEE mission was conducted in the Republic of Korea, where a multisectoral team of international and national experts jointly reviewed the Republic of Korea's IHR (2005) core capacities in the 19 technical areas using the JEE tool (24).



## 3.2 National priorities for health

The *National Health Plan 2020* (NHP 2020) of the Republic of Korea includes six priority areas:

1. Healthy lifestyles
2. Chronic disease management
3. Infectious disease management
4. Safe environment
5. Population health care
6. System management (25, 26).

The vision of NHP 2020 is to promote a “healthy community” by increasing life expectancy while achieving health equity. By assessing the social, environmental and climatic determinants of health in the above priorities, the Republic of Korea decided to focus on disease prevention to promote population health.

The goals of NHP 2020 are set around the definition of comprehensive health, as well as the basic concept of health promotion, self-management of health and health as a fundamental right. Thus, the plan seeks to apply the concept of health towards the construction of a society where everyone enjoys good health and longevity (26).

NHP 2020 aligned its goals with social and environmental changes in the Republic of Korea related to health challenges, including:

- ageing and its consequences, such as the rising population of older people and increasing medical expenses due to chronic diseases and social exclusion;
- the need to strengthen health policies that address the low fertility rate;
- the gap between the poor and the rich that has intensified with economic growth; and
- obesity and metabolic diseases caused by a lack of exercise due to the nature of modern lifestyles (26).

The Ministry of Health and Welfare advocates the broad application of NHP 2020, emphasizing preventive efforts and multidisciplinary approaches. Also, the Ministry tries to ensure an adequate level of resources and mediums for health policies are available and will be monitored and evaluated against health outcome indicators. These efforts are simultaneously supported through various programmes for human resources for health, the provision of sustainable infrastructure, and funding for the implementation of the policy at the national and local levels (25, 26).

### 3.3 Remaining challenges

Despite remarkable achievements, several ongoing and emerging issues remain as challenges in the country. Stronger mechanisms that would enable multisectoral cooperation to address these challenges should be sought (19).

#### 3.3.1 Increasing health expenditure with a rapidly ageing society

In 2000, the percentage of the population in the Republic of Korea aged over 65 years reached 7.2%. By 2011, the percentage of older people increased to 11.4% and by 2017 it reached 14%, making the Republic of Korea an aged society in accordance with the categorization set by the Organisation for Economic Co-operation and Development (OECD). Life expectancy has increased 20 years in the past 45 years, and it is projected to grow by seven more years over the next 45 years. The trend positions the Republic of Korea to be the second-most aged country after Japan by 2050 (27).

In the meantime, the retirement of baby boomers and the current low fertility rate are coinciding to put pressure on public social welfare expenditures, which are predicted to rise to 29.0% of gross domestic product by 2060, as compared to 9.8% in 2013. Revenues coming into pension and health insurance funds are declining, while the number of recipients is increasing. If the current trend persists, it will deplete the pension fund by 2060 and the health insurance fund in 2025 (27).

The changing of the composition of the population has led to a resultant shift in disease prevalence. In 2017, the senior population with degenerative dementia was estimated at 725 000 and is expected to exceed 1 million by 2024, meaning that the dementia prevalence in those 65 years or older will increase from 10.18% in 2017 to 15.06% in 2050. There will be a substantial socioeconomic burden for direct medical treatment and family nursing expenses (27). This situation critically impacts the people with lower incomes as it increases out-of-pocket expenditures (19).

#### 3.3.2 Imbalanced access to health services

Regional health inequalities exist in the Republic of Korea. Health status is unequal between major cities, such as Seoul, and other areas, as well as between urban and rural areas in general (4).

Patients are flocking to metropolitan cities regardless of the severity of their illnesses. The percentage of other-region patients admitted to hospitals in Seoul increased from 32.2% in 2002 to 44.2% in 2013. Consequently, resources from rural areas are being drained. The closing of rural hospitals then pushes patients to seek medical interventions in the city (4).

National insurance benefits and coverage have been strengthened and expanded, but since out-of-pocket medical expenses are still high, inequality in income is translating into inequality in health access and outcomes. Only 21.4% of medical aid recipients in 2013 were treated in tertiary hospitals for severe diseases (cancer, heart disease, stroke and other conditions) compared to 46.8% of NHI patients. Untreated medical conditions due to financial reasons are estimated at 21.7% nationally. Amenable deaths for the low-income population (lowest 25% of incomes) are 2.6 times higher than for the high-income population (highest 25%) (4).

### 3.3.3 The increased burden of NCDs and the need for managing lifestyle risk factors

Half of the population above 30 years is projected to be afflicted with abnormal conditions that may trigger the development of cardiovascular diseases or type 2 diabetes by 2030 (28). More effective programmes for preventing and managing chronic diseases should be implemented immediately.

- Due to increasing inactivity and a surplus of high-calorie, low-nutrient food, the trend of obesity has been increasing for men, women and adolescents of all ages within the last five years (28).
- Total alcohol per capita consumption is 10.2 litres in pure alcohol in 2016, an increase from 9.9 litres in 2010 (29).
- Despite many anti-smoking initiatives, the smoking prevalence is still high, particularly among men (20).
- The suicide rate is the highest among countries in the Western Pacific Region, with 26.9 suicides per 100 000 population (30). The death rate due to suicide is growing as the age increases. In particular, the rise in suicide attempts in people over 65 is remarkably higher compared to other age groups (26).

### 3.3.4 Maternal, newborn and child health

It is undeniable that the promotion and protection of the health of mothers are essential. This is also crucial for newborn babies as the health investment will enable a “Healthy Start in Life” (26). The problems listed below still persist in the Republic of Korea, despite the high quality and availability of maternal, newborn and child health services:

- high prevalence of preterm and low birthweight infant;
- decreased practice of breastfeeding;

- relatively high rates of Caesarean section delivery (26); and
- limited practice of skin-to-skin contact after birth and Kangaroo Mother Care for preterm and low birthweight infants (31).

### 3.3.5 Environmental issues including air quality and climate change

Currently, health issues arising from air quality, climate change and other environmental problems are a great concern. Not only in the Republic of Korea, but also globally, climate and environmental issues contribute to the development of emerging diseases and disease outbreaks.

For example, around one third, or 2.2 million, of the world's 7 million premature deaths each year from the household (indoor) and ambient (outdoor) air pollution, occur in the WHO Western Pacific Region – home to one quarter of the world's population. In the Republic of Korea, it is estimated that 31.2 (ambient) and 4.5 (household) premature deaths related to air pollution per 100 000 population occurred in 2016 (32).

Fine particulates, known as PM2.5 or particulate matter 2.5, are a major air pollutant that is strongly associated with cardiovascular deaths (33). Sand dust originating from the Gobi Desert and blowing across China contribute to the seasonal variation of PM2.5. Therefore, transboundary as well as domestic sources of air pollution are a huge concern for public health (32).

Heat-related deaths and illnesses have occurred due to unprecedented heatwaves. According to global meteorological records, 2016 was the warmest year on record followed by 2015, 2017 and 2014. This means that populations will see more severe heatwaves in the coming decades. Extreme weather events are expected to be more frequent and severe, resulting in impacts on the health and well-being of populations (34).

Addressing environmental health issues, including the effects of climate change, are top priorities for WHO in the Western Pacific Region, but they are not challenges that individuals or the health sector alone can solve. Urgent action to ensure a healthy and sustainable future should be in place across the energy, agriculture, transport and housing sectors and beyond, while governments should also embrace prevention, surveillance, early detection, and intervention of diseases and injuries related to climate change, including heatwaves, flooding, typhoons, pollen and vectors (32).

### 3.3.6 Antimicrobial resistance

Antimicrobial resistance (AMR) is associated with the increased consumption of antibiotics, antivirals, antiprotozoals and antifungals, as well as inappropriate infection control, and is set to increase in significance as a public health threat (35).

Antimicrobial consumption in the Republic of Korea is relatively high, compared with other OECD countries – 31.7 defined daily doses (DDDs) per 1000 inhabitants per day versus 23.7 DDDs per 1000 inhabitants per day, respectively. Also, a recent nationwide surveillance study conducted in the Republic of Korea revealed that methicillin-resistant *Staphylococcus aureus* has become common, and the prevalence of other antimicrobial resistant infections is continually increasing.

Current challenges include a lack of awareness and legislation for the prudent use of antibiotic agents. Also, surveillance and infection control stewardship programmes need to be reinforced and the coordination at the human–animal interface should be enhanced.

### 3.3.7 Increasing interdependency in health security and emergencies

Indeed, all outbreaks are unpredictable. The 2015 outbreak of the Middle East respiratory syndrome coronavirus (MERS-CoV) threw the country in chaos, with 186 diagnosed patients, more than 10 000 forced isolations and almost 2000 schools closed all within one month. The Republic of Korea–WHO joint commission on MERS-CoV concluded that the rapid spread was partly due to extremely crowded emergency rooms and multi-bed hospital rooms, “doctor shopping” by patients, and the custom of having many friends and family members accompanying or visiting patients in hospitals (36).

Health security threats are increasing and becoming more complicated to manage. Although the Republic of Korea has made considerable progress, it is important to note that in an interconnected world, vulnerability is universal. No single country or single agency can manage all health security threats alone (24).

It is important to note that having sustainable capacity across many technical areas also means there is an obligation to proactively support the other Member States in the Region to achieve their core capacities under IHR (2005) (24).





## 4. The Republic of Korea's contribution to global health

### 4.1 The significance of the SDGs for the Republic of Korea

The Republic of Korea is committed to the 2030 Agenda for Sustainable Development and the SDGs. Unlike the Millennium Development Goals (MDGs), which largely focused on developing countries, the SDGs target all countries regardless of income level. In particular, SDG 3, which calls for good health and well-being, commits the world to tackling the growing burden of NCDs and substantially reducing deaths due to road traffic accidents and environmental pollution, among other targets (37, 38).

In addition, SDG 3 includes new health issues such as drug abuse, mental health and air pollution, all of which are growing challenges in the Republic of Korea. Thus, unlike the MDGs, the SDGs have more relevance to countries like the Republic of Korea and set a path for it to follow for the enhancement of all people, especially their health, up to 2030 (37, 38).

The success of the Republic of Korea over the past few decades cannot be measured by economic growth alone. The country also has witnessed a rapid reduction of poverty and inequality, as well as the transition to democracy. Consistent efforts to further develop an inclusive society, which includes the successful economic and social policy responses to the Asian economic crisis in 1997 and the global economic crisis in 2008, are particular features of the Republic of Korea's development experience (39).

The Government has continued its efforts to incorporate sustainable development concepts into its national and international development strategies since the early 1990s. Furthermore, since the introduction of the SDGs, ministries involved in the implementation of the SDGs, including MOFA, MOE, Statistics Korea, the Ministry of Health and Welfare, and the Office for Government Policy Coordination are making concerted efforts in implementation, monitoring and evaluation of the SDGs (39).

Internationally, through both bilateral and multilateral partnerships, the Republic of Korea contributes to the SDGs' overarching goal of leaving no one behind in development efforts by forging global alliances for the SDGs, while also seeking the effectiveness of official development assistance (ODA) in the SDG era and beyond (39).

These institutional and policy environments and conditions in the Republic of Korea present both opportunities and challenges for the implementation of the SDGs. The successful development of enabling environments for attaining the SDGs ultimately depends upon the willingness and capacities of all the stakeholders to take inclusive and integrative approaches to the SDGs. The initial responses of the Republic of Korea are promising (39).

## 4.2 Overview of the Republic of Korea-WHO cooperation to date

The Republic of Korea has achieved rapid improvement in health outcomes due to economic development and the provision of UHC through NHI. WHO has collaborated with the Republic of Korea for the better health of all populations over the past seven decades. From the control of parasites to the building of rural community health systems, this work has resulted in a Republic of Korea that is healthier than ever before. At the same time, the country has transformed itself into a world leader, contributing to global health and development (3, 4).

The Republic of Korea joined WHO on 17 August 1949, becoming a Member State of the Western Pacific Region (3). WHO played a crucial role in the advancement of the health-care system in the Republic of Korea with the establishment of a Country Liaison Office in Seoul in 1962. The office was upgraded to a WHO Representative Office in January 1965 in response to expanding support from WHO. This expanded support included piloting a district health-care system based on primary health care, as well as building the capacity of public health officials with scholarships to graduate schools of public health in the Republic of Korea (3).

The Republic of Korea also began to contribute to global health, providing expertise and advisers to WHO to support other developing countries, and transforming itself from an aid recipient to an emerging donor country at the same time. This also included expanding the country's support to WHO with financial contributions and technical expertise (3).

With this progress, WHO support to the Republic of Korea transitioned from support for communicable diseases and maternal and child health programmes towards strengthening support for addressing emerging health issues such as HIV/AIDS, cancer and environmental pollution (3).

At the same time, the Republic of Korea has maintained a robust cooperative relationship with WHO after it became a donor country. The country has shown a strong commitment to global health, signing on to the WHO FCTC in 2005 and becoming a member of the International Agency for Research on Cancer in 2006.

### 4.3 The Republic of Korea's contributions to WHO and global health

The Republic of Korea's ongoing economic development has allowed it to increase its financial contributions to WHO, has allowed various institutions to serve as WHO collaborating centres, and has provided expert staff members to work with WHO at the global, regional and country levels.

Also, the late Dr Lee Jong-wook became the first citizen of the Republic of Korea to serve as WHO Director-General, and Dr Han Sang-tae was the first Korean to serve as WHO Regional Director for the Western Pacific, a post now held by his compatriot, Dr Shin Young-soo (3).

Notably, during the last decade under the leadership of Dr Shin, WHO and the Republic of Korea have established a stronger cooperative relationship, and the support from the Republic of Korea has facilitated an overall improvement in health in the Region and globally (3).

#### 4.3.1 The Republic of Korea's contributions to WHO, global figures

The WHO Programme Budget is financed through a mix of assessed contributions (AC) and voluntary contributions (VC) (40, 41). The Republic of Korea ranked 11th out of 194 WHO Member States for AC between 2008 and 2013, then its ranking fell to 13th in the past four years as the amount of AC decreased (42). WHO funding by fund types and the contributions from the Republic of Korea for recent biennia are presented in Table 2.

**Table 2. WHO funding by fund types and the contribution from the Republic of Korea for the biennia 2014–2015 and 2016–2017, global figures (US\$ million)**

BIENNIUM	FUNDING	AC	SPECIFIED VC	CORE VC	TOTAL
2016–2017	WHO total	929.0	3617.7	198.7	4745.4
	Republic of Korea	18.7	26.6	-	45.3
2014–2015	WHO total	929.0	3702.0	251.2	4882.2
	Republic of Korea	18.5	32.9	-	51.4

Source: WHO. The WHO Programme Budget Portal: 2014–2015. 2017; WHO, The WHO Programme Budget Portal: 2016–2017. 2018

The Republic of Korea provided approximately US\$ 32.9 million in VC in 2014–2015 and US\$ 26.6 million in 2016–2017, positioning the Republic of Korea as the 10th and 12th largest Member State contributor of VC during the periods (43, 44).

The Republic of Korea has demonstrated strong interest in supporting activities in the WHO Western Pacific Region (43, 44). The detailed distribution of VC from the Republic of Korea is presented in Table 3.

**Table 3. Distribution of VC fund contributed by the Republic of Korea for the biennia 2014–2015 and 2016–2017 (US\$ million)**

BIENNIUM	WPR	HQ	EMR	AFR	SEAR	PAHO	EUR	TOTAL
2016–2017	13.7	6.5	2.4	1.8	1.7	0.3	0.2	26.6
	51.50%	24.56%	8.94%	6.74%	6.44%	1.00%	0.80%	100.00%
2014–2015	11.4	6.2	2.1	2.4	10.8	0.2	-	32.9
	34.62%	18.69%	6.29%	7.14%	32.77%	0.49%	0.00%	100.00%

Source: WHO. The WHO Programme Budget Portal: 2014–2015. 2017; WHO. The WHO Programme Budget Portal: 2016–2017. 2018

Note: WPR = Western Pacific Region; HQ = WHO headquarters; EMR = Eastern Mediterranean Region; AFR = African Region; SEAR = South-East Asia Region; PAHO = Pan American Health Organization (Region of the Americas); EUR = European Region

### 4.3.2 The Republic of Korea's contributions to WHO, regional figures

The Ministry of Health and Welfare, along with KCDC and KOFIH, has provided critical financial support to WHO activities, particularly in the Western Pacific Region (45, 46).

On 16 September 1996, the Ministry of Health and Welfare and the WHO Regional Office for the Western Pacific signed a memorandum of understanding (MOU) concerning the establishment of a community health project fund, with the Ministry of Health and Welfare providing a US\$ 300 000 VC. Since then the Republic of Korea has continuously increased its VC to WHO (3), and MOUs have been established or periodically renewed not only with the Ministry of Health and Welfare, but also KOFIH and KCDC. The MOU on the Partnership Programme will be renewed in 2019.

**Table 4. The Republic of Korea's contributions to WHO, regional figures (US\$ million)**

BIENNIUM	2012–2013	2014–2015	2016–2017
Western Pacific Region total VC revenue	184.8	151.6	118.5
VC from the Republic of Korea (A)	12.7	14.0	16.3
% of VC from the Republic of Korea against Western Pacific Region total VC	6.9%	9.2%	13.8%
Total VC through the Partnership Programme between the Republic of Korea and Western Pacific Region (B)	6.4	7.4	8.8
Ministry of Health and Welfare	4.2	4.6	4.6
Korea Centers for Disease Control and Prevention	2.2	2.8	4.2
Other ministries and agencies (including Ministry of Health and Welfare Community Health Fund) (A–B)	6.3	6.6	7.5

*Source:* Division of Administration and Finance. Programme Budget 2016–2017 and 2018–2019: Financial Status Report. In 114th Consultation of WRs and CLOs. 2018. Manila, Philippines: World Health Organization Regional Office for the Western Pacific.

The Partnership Programme aimed to address priority areas of health promotion, public health management, disease control and prevention, and traditional medicine. The Programme was also in line with the WHO Regional Director's four policy domains:

- Help Member States respond to public health emergencies and risks.
- Accelerate progress towards achieving the health-related MDGs (and since 2015 the SDGs) by strengthening health systems at the country level.
- Work to improve health within the overall context of social development.
- Ensure WHO's leading role in public health (47).

In addition, the International Tuberculosis Research Center, KOICA, the Korea Medical Assistance Foundation, MOE, the Korea National Institute of Health, the Ministry of Food and Drug Safety (MFDS) and the Traditional Korean Medicine Bureau under the Ministry of Health and Welfare have supported WHO programmes financially and by dispatching experts.





## 5. The Republic of Korea–WHO strategic agenda for cooperation

The Republic of Korea and WHO jointly commit to this strategic agenda, which is underpinned by three foundations for cooperation and guided by four strategic priorities.

### 5.1 Foundations

The three foundations form the basis of cooperation between the Government of the Republic of Korea and WHO.

#### FOUNDATION 1

##### WHO CONTRIBUTES TO THE HEALTH OF ALL PEOPLE IN THE REPUBLIC OF KOREA.

WHO, as a global leader of health, provides a range of technical guidance for all Member States through its international norms, standards and guidelines. These also help shape the health policies of the Republic of Korea.

Although the Republic of Korea is an advanced country, new and evolving health challenges continue to occur. These challenges range from emerging infectious diseases to the rapidly increasing older population. WHO can provide technical advice to the Republic of Korea in areas such as addressing emerging infectious diseases, addressing inequalities in health, management of NCDs, health financing and human resource development. As the Republic of Korea's own capacity for tackling key health issues is further strengthened, this expertise will also be available to support other countries in the Region.

More importantly, WHO can play a key role in stimulating and supporting policy discussions on the overall direction of health reform in the Republic of Korea.

## FOUNDATION 2

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### THE REPUBLIC OF KOREA, AS AN IMPORTANT GLOBAL HEALTH PARTNER, CONTRIBUTES TO ACHIEVING WHO PRIORITIES AT ALL LEVELS.

The Republic of Korea has extensive experience and expertise in public health and development issues and is home to experts and advanced health institutions that are able to help improve the health of populations in the Region and globally.

Expertise from the Republic of Korea can support WHO in responding to Member State priorities in the Region on a broad range of areas such as UHC, food safety risk reduction and NCD management. In addition, WHO can facilitate sharing of lessons learnt from the Republic of Korea in tackling health issues and strengthening its health system for the benefit of other countries in the Region and beyond.

## FOUNDATION 3

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### THE REPUBLIC OF KOREA AND WHO WORK TOGETHER TO PROMOTE BETTER HEALTH OUTCOMES IN THE WESTERN PACIFIC REGION AND GLOBALLY IN LINE WITH SDGs.

The Republic of Korea and WHO collaborate closely to encourage stronger partnerships in support of improving health in the Region and beyond. This is especially important in the context of the 2030 Sustainable Development Agenda, where WHO's leadership and convening role in facilitating these partnerships will be crucially important in delivering on the health-related SDGs.

In order to achieve this, the Republic of Korea continues to support WHO as the key inter-governmental agency that is responsible for leading, coordinating, convening and negotiating on health issues, including its role in formulating global and regional frameworks and strategies to support the achievement of all health-related SDGs and their targets. The Republic of Korea also continues to support WHO's efforts in ensuring it is an effective and efficient organization with the necessary capacities to fulfil its roles. This cooperation will be realized through the renewal of an MOU between the Republic of Korea and WHO Regional Office for the Western Pacific on the Partnership Programme, which is projected to be renewed in July 2019.

## 5.2 Strategic priorities

The following strategic priorities will guide the technical areas for ongoing cooperation between the Republic of Korea and WHO.

### STRATEGIC PRIORITY 1

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#### Engaging in policy dialogue

The Republic of Korea over a relatively short time period has achieved political democratization and economic development, along with the development of a robust health system.

However, there are remaining issues to be solved. There has been a growing demand, which will require multisectoral approaches, to address health reform, encompassing ageing, health-care financing, inequity in health utilization and health outcomes, health service delivery, social determinants of health, the right to health, and gender.

WHO can engage in policy dialogue with the Republic of Korea to strategically support discussions on key health policy issues and challenges and to further strengthen the country's health.

## STRATEGIC PRIORITY 2

### Promoting technical norms, standards and guidelines

The guidance WHO provides, including norms, standards and guidelines, is used internationally in a wide range of sectors that impact health. By continuing to provide up-to-date guidance to support the work of Government officials and others, the relevance of WHO can be effectively demonstrated to policy-makers and stakeholders in the Republic of Korea.

An excellent example of this partnership is the support WHO provided to the Republic of Korea in 2015 during the MERS-CoV outbreak. WHO coordinated with the Government for a risk assessment and for risk communications. This cooperation prompted the Government to take a policy interest in global health security, and it set the direction of the Republic of Korea's development assistance to global health.

WHO can invite and engage the Republic of Korea in creating and supporting forums in diverse fields of global health cooperation, which can serve as a mechanism for sharing of WHO's norms, standards and guidelines and facilitating the sharing of experiences from other countries. These include community development, financing and humanitarian assistance.

The Republic of Korea and WHO may share technical assistance or cooperation to establish a multidisciplinary, multisectoral cooperative system that addresses all factors affecting public health, including climate change and environment.

#### ***NCD and lifestyle risk factors***

The Republic of Korea has established national regulatory frameworks for NCDs, mental health and risk factors by adopting international standards and regulations, including the WHO FCTC and regulations for food safety and nutrition.

Controlling the primary drivers of NCDs, including the reduction of the harmful use of alcohol and consumption of processed food, is another challenge. WHO has a crucial role in these areas as a standard-setting agency and in contributing to the regional and global public good.

#### ***UHC and its financing***

The Republic of Korea achieved the provision of UHC to its entire population in 1989, just 12 years after the introduction of NHI (16). However, maintaining UHC is an ongoing challenge, particularly in light of changing health technologies and other

economic and social factors. Health equity, as well as the related issue of the social determinants of health, is one of the significant areas where new norms, standards and guidelines developed by WHO can be “cascaded” to domestic policy in most high-income countries, including the Republic of Korea.

It is expected that through this CCS, discussions regarding reform of health-care financing and payment policy can be facilitated to increase the coverage of NHI, by drawing on WHO’s technical standards and guidelines and facilitating the sharing of experiences from other countries. Furthermore, this is an opportunity for the Republic of Korea to advance towards achieving SDG target 3.8.<sup>3</sup>

WHO will also assist the Republic of Korea in advancing financing methods and mechanisms and in developing human resource training programmes for health-care workers in the Republic of Korea.

### ***Climate change and the environment***

The Republic of Korea has expressed a strong interest in hosting the WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region, in collaboration with the MOE and a local government. The Centre will expand the expertise available in the Western Pacific Region to contribute to the development of healthier and safer environments and strengthened community resilience to climate and environmental change for health and health equity for all people of the Western Pacific Region.

The WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region will strengthen the scientific information and evidence for policy-making on existing and emerging climate and environmental determinants of health, including adapting global norms and standards and monitoring trends in the Region.

Also, it will assist Member States of the Western Pacific Region in developing and implementing policies to protect and promote health and well-being by addressing climate and environmental determinants of health across sectors, and it will support Member States in developing and strengthening technical capacities and programmes, working with partners and stakeholders, including vulnerable populations.

### ***Health security and elimination of communicable diseases***

The Republic of Korea has successfully eliminated or controlled major infectious diseases such as measles, leprosy and hepatitis B, thanks in large part to effective immunization programmes. However, health security threats are increasing and

<sup>3</sup> Goal 3. Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

becoming more complicated to manage, similar to the situation in other high-income countries.

Having sustainable capacity across many technical areas also means there is an obligation to proactively support other Member States in the Region to achieve their core capacities under IHR (2005). Working together, the Republic of Korea and WHO can advocate and invest resources regionally and globally to enhance international health security. This high-level capability was clearly demonstrated during the Republic of Korea's IHR JEE (24).

After the MERS-CoV outbreaks in 2015, there has been increased awareness by the public and various stakeholders of the importance of global health security. WHO will support the Republic of Korea in playing a leadership role at the regional and global levels and in continuing its commitment to advocate and invest resources, including investments in strengthening national food safety systems. Also, WHO will cooperate with the Republic of Korea in training epidemiologic investigators from the Republic of Korea.

### ***Antimicrobial resistance***

In May 2015, the Sixty-eighth World Health Assembly adopted the *Global Action Plan on Antimicrobial Resistance*. In response to the Global Action Plan, a steering committee, which was established during a previous multisectoral meeting on national AMR strategies, was organized under the Ministry of Health and Welfare. The Ministry is also addressing a new five-year AMR strategy and action plan.



## STRATEGIC PRIORITY 3

### Strengthening health regulatory systems and health workforce development

The role of regulatory systems in ensuring equitable access to safer food and to quality-assured and safe vaccines, medicines and other medical products is necessary in the achievement of UHC and in improving health and health security in the Region.

Member States in the Western Pacific Region have varying degrees of regulatory capacity. Many of the countries in the Region lack resources to implement the essential regulatory functions for safer food, pharmaceutical products and traditional medicines. This will adversely impact the achievement of many public health goals including the eradication and elimination of high-risk communicable diseases, as well as the control and prevention of NCDs.

The Republic of Korea, in coordination with WHO, will support the strengthening of national regulatory systems for food, vaccines, pharmaceuticals and traditional medicines in the Region. It will continue to support implementation of the *Regional Framework for Action on Food Safety in the Western Pacific*, the *Regulatory System Strengthening for Medical Products*, and the *Western Pacific Regional Agenda on Regulatory Strengthening, Cooperation and Convergence for Medicines and the Health Workforce*.

The Government has supported the traditional medicine programme in WHO, especially in implementation of the *Regional Strategy for Traditional Medicine in the Western Pacific (2011–2020)*, through the provision of technical and financial support and experts to WHO.

In close collaboration with WHO through this CCS, the Government of the Republic of Korea will continue to play a significant role in moving forward ensuring equitable access to safer food, vaccines, medicines and traditional medicines, ultimately contributing to advancing UHC in the Region.

Health worker education and training is another critical dimension in developing the health sector. Currently, a number of government agencies in the Republic of Korea provide training and education programmes to other countries. Guided by this CCS, the quality and effectiveness of these programmes can be enhanced in coordination with WHO, while meeting the needs of the recipient countries.

WHO can invite and engage the Republic of Korea in creating and supporting forums for global and regional efforts for health workforce development, regulatory systems strengthening, and cooperation and convergence for food, vaccines, pharmaceutical products and traditional medicines.

## STRATEGIC PRIORITY 4

### Working together to achieve the SDGs

The Republic of Korea contributes to global health and international development through various programmes and agencies. Overall, the Republic of Korea was the 14th largest provider of the ODA official development assistance (ODA) in 2015 (48). Also, although the Republic of Korea has a shorter ODA history compared to that of other developed countries, the proportion of ODA being provided is higher in the Republic of Korea than in other developed countries (49). However, the Republic of Korea has the potential to play a more significant role in global health. In addition, in 2017 the Government determined that ODA, including health ODA, should be implemented cooperatively with other donors (50).

Until recently, the alignment of ODA from the Republic of Korea has primarily focused on maternal and child health or necessary health infrastructure; it could shift to also contribute to addressing global health issues such as HIV/AIDS, malaria and TB, contributing to combating infectious diseases at the global level.

It is envisaged that further close cooperation between the Republic of Korea and WHO can catalyse greater contributions and engagement from the Republic of Korea for global health (39). The continued commitment of the Republic of Korea and the coordination of WHO are critical in this context. Therefore, current mechanisms of the collaboration, including the Partnership Programme, should be expanded and advanced.

In order to fulfil its leadership and technical roles in achieving the health SDGs, WHO shall ensure that it has a suitable workforce, with a wide range of expertise and experiences. Currently, nationals from the Republic of Korea are under-represented in the professional staff category at WHO. WHO will examine further how to improve this situation. Part of addressing this problem in the longer term relates to providing opportunities for interaction and exposure to international experts and agencies. For example, the Go WHO Programme, which receives support from the Republic of Korea, can provide young health professionals an opportunity to experience international health work and to grow as international health experts. Such programmes can be sustained and enhanced through further collaboration between the Republic of Korea and WHO.



## 6. Monitoring and reviewing the CCS

The *Republic of Korea–WHO Country Cooperation Strategy 2019–2023* will be monitored during implementation and reviewed towards the end of the CCS cycle. The lessons learnt and recommendations from the final review will be shared within WHO and with the Government of the Republic of Korea, national stakeholders and development partners.

### 6.1 Participation in CCS monitoring and review

The working group established to develop this CCS will transform itself into a Monitoring and Review Committee, working with the members and mechanisms of the current periodic donor meetings between the Government of the Republic of Korea and WHO Regional Office for the Western Pacific. This Committee will propose a suitable level of engagement and involvement with other parts of the Ministry of Health and Welfare more broadly, other health-related ministries, national stakeholders and other partners.

### 6.2 Regular monitoring

The focus of regular monitoring is to continuously review activities to determine whether the strategic priorities included in this CCS are reflected in WHO's biennial workplan and its collaboration with the Republic of Korea, and how the priorities are being addressed and how the strategies are being implemented. Regular monitoring provides an opportunity to refocus biennial workplans and collaboration in the future. The specific monitoring framework should be harmonized with other monitoring processes.

## 6.3 Final Review

The focus of a final review is:

- to measure the achievement of the CCS strategic agenda;
- to identify achievement and gaps in implementing the CCS strategic priorities;
- to identify the critical success factors and impediments; and
- to identify the lessons to be applied in the next CCS cycle.

The review will take place sometime before the end of the period covered by the CCS in order to inform the development of the next CCS.

## Annex 1. Key health indicators of the Republic of Korea

CHILD HEALTH	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-old children (%) (2017)	98
DEMOGRAPHIC AND SOCIOECONOMIC STATISTICS	
Gender Inequality Index rank (2014)	23
Human Development Index rank (2014)	17
HEALTH FINANCING	
Total expenditure on health as a percentage of gross domestic product (2014)	7.37
Private expenditure on health as a percentage of total expenditure on health (2014)	45.95
General government expenditure on health as a percentage of total government expenditure (2014)	12.28
HEALTH SYSTEMS	
Physicians density (per 1000 population) (2016)	2.326
Nursing and midwifery personnel density (per 1000 population) (2016)	6.898
MORTALITY AND GLOBAL HEALTH ESTIMATES	
Life expectancy at birth (years) (2016)	79.5 (Male) 85.6 (Female) 82.7 (Both sexes)
Births attended by skilled health personnel (%)	100.0
WORLD HEALTH STATISTICS	
Population (in thousands) total (2016)	50 792
Population proportion under 15 (%) (2016)	13.7
Population proportion over 60 (%) (2016)	28.2

Source: World Health Organization. Country Summary Indicators: Republic of Korea key indicators Geneva: World Health Organization; 2017

## Annex 2. Outcomes of GPW 13

GOAL: 1 BILLION MORE PEOPLE BENEFITTING FROM UNIVERSAL HEALTH COVERAGE	
Outcome 1.1	Improved access to quality essential health services
Outcome 1.2	Reduced number of people suffering financial hardships
Outcome 1.3	Improved access to essential medicines, vaccines, diagnostics and devices for primary health care
GOAL: 1 BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES	
Outcome 2.1	Countries prepared for health emergencies
Outcome 2.2	Epidemics and pandemics prevented
Outcome 2.3	Health emergencies rapidly detected and responded to
GOAL: 1 BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING	
Outcome 3.1	Determinants of health addressed
Outcome 3.2	Risk factors reduced through multisectoral action
Outcome 3.3	Healthy settings and Health in All Policies promoted
ENABLING FUNCTIONS: MORE EFFECTIVE AND EFFICIENT WHO BETTER SUPPORTING COUNTRIES	
Outcome 4.1	Strengthened country capacity in data and innovation
Outcome 4.2	Strengthened WHO leadership, governance and advocacy for health
Outcome 4.3	Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner

*Source:* World Health Organization Regional Office for the Western Pacific. Draft proposed high-level programme budget 2020-2021: regional committee consultation document. Regional Committee version. Manila: World Health Organization Regional Office for the Western Pacific; 2018 (WPR/RC69/4 Annex)



## Annex 3. Brief history of ODA of the Republic of Korea

As a recipient country, the Republic of Korea over the years received official development assistance (ODA) from foreign countries totalling approximately US\$ 12 billion. Ranging from emergency relief to structural readjustment programmes, ODA significantly contributed to the economic and social development in the Republic of Korea.

However, the Republic of Korea's history as a donor goes back to the 1960s.

To respond to the growing demand from partner countries, the Government of the Republic of Korea gradually funded more of its assistance projects from on its own budget. In 1977, the Republic of Korea for the first time used a budget specifically set aside for ODA. Upon joining the Organisation for Economic Co-operation and Development's Development Assistance Committee in 2010, the Republic of Korea has continuously improved its ODA system by enacting the *Framework Act on International Development Cooperation* and developing the *Strategic Plan for International Development Cooperation*, as well as a midterm strategy for 2011-2015.

Furthermore, the Republic of Korea has worked to engage more deeply in global development by leading the push for the adoption of the Group of 20 (G20) Development Agenda at the G20 Summit in Seoul in November 2010. The Republic of Korea also hosted the Fourth High-level Forum on Aid Effectiveness in Busan in November 2011, serving as a bridge among developed, emerging and developing countries. In addition, the country also led the launch of the Global Partnership for Effective Development Co-operation.

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