



THE WORLD HEALTH ORGANIZATION
AND THE REPUBLIC OF KOREA



70

YEARS WORKING
TOGETHER
FOR HEALTH

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FOREWORD

It is a great pleasure to present *70 Years Working Together for Health – the World Health Organization and the Republic of Korea*. This rich and complex history begins in the years just after the Second World War, before the formal establishment in 1948 of both the Republic of Korea and the World Health Organization (WHO).

In 1946, representatives from 51 Member States of the United Nations gathered for an International Health Conference in New York City, along with observers from 13 non-member countries as well as observers from Germany, Japan and Korea. The conference led to the establishment of WHO on 7 April 1948. The Republic of Korea became an official WHO Member State on 17 August 1949.

The health status of the Korean people in the late 1940s, following 36 years of Japanese occupation, was wretched, and it deteriorated even further during the Korean War (1950–1953). Few hospitals were left standing after the war, and communicable diseases proliferated. Only 2000 certified doctors served a population of 30 million people. Reported tuberculosis deaths topped 400 per 100 000 people – more than half of whom were children under 4 years of age.

As the nascent Government of the Republic of Korea worked to improve the health of its people, WHO became a close ally, supporting the establishment and expansion of public health services. As a result, over the past two generations, the health status and quality of life of the citizens of the Republic of Korea improved remarkably.

Life expectancy at birth increased from 52.3 years in 1960 to 82.4 years in 2014.

With tremendous gains in both socioeconomic status and health over the past seven decades, the nature of cooperation between the Republic of Korea and WHO has evolved. The WHO country office in Seoul, which was established in 1962, closed in 2012, allowing resources to be dedicated to countries in greater need in the Western Pacific Region.

The Republic of Korea was the first country in the Region to evolve from an aid-dependent country to a donor country, taking on a significant role as a technical and development partner in global health initiatives, working in tandem with WHO. The experience and lessons learnt from the history of cooperation between WHO and the Republic of Korea can benefit other countries following a similar trajectory.

As always, WHO and the Republic of Korea will continue to work closely with other Member States towards our shared goal of attaining the highest possible level of health for all people.



Shin Young-soo, MD
WHO Regional Director for the Western Pacific

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ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
BCG	Bacillus Calmette–Guérin
CCRH	Central Cancer Registry Headquarters
CHP	community health practitioner
CPHN	Certificate of Public Health Nursing
COP	Conference of the Parties
DAC	Development Assistance Committee
DDS	diaminodiphenylsulfone
DDT	dichloro-diphenyl-trichloroethane
DHPM	Seoul National University College of Medicine Department of Health Policy and Management
DRG	diagnosis-related group
EDCF	Economic Development Cooperation Fund
ELISA	enzyme-linked immunosorbent assay
FAO	Food and Agriculture Organization of the United Nations
FCTC	Framework Convention on Tobacco Control
FETP	field epidemiology training programme
FTA-Abs	fluorescent treponemal antibody absorption test
GDP	gross domestic product
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HIV	human immunodeficiency virus
IARC	International Agency for Research on Cancer
IFA	immunofluorescence assay

IHR	International Health Regulations
IHS	Institute of Hospital Services
ILO	International Labour Organization
IMF	International Monetary Fund
IMRI	Industrial Medical Research Institute
IWCH	Improving Women’s and Children’s Health
KADA	Korean Alliance to Defeat AIDS
KCDC	Korea Centers for Disease Control and Prevention
KFDA	Korea Food and Drug Administration
KHDI	Korea Health Development Institute
KIHASA	Korea Institute for Health and Social Affairs
KNIH	Korea National Institute of Health
KNTA	Korean National Tuberculosis Association
KOFIH	Korea Foundation for International Healthcare
KOICA	Korea International Cooperation Agency
MCH	maternal and child health
MDG	Millennium Development Goal
MERS	Middle East Respiratory Syndrome
MERS-CoV	Middle East Respiratory Syndrome coronavirus
MFDS	Ministry of Food and Drug Safety
MOHSA	Ministry of Health and Social Affairs
MOHW	Ministry of Health and Welfare
MOU	memorandum of understanding
NCC	National Cancer Centre
NHIS	National Health Insurance Service
NIER	National Institute of Environmental Research

NMC	National Medical Center
NRC	National Rehabilitation Center
NTTC	National Teachers Training Center
OECD	Organisation for Economic Co-operation and Development
PHC	primary health care
RTTC	Regional Teachers Training Center
SARS	severe acute respiratory syndrome
SDG	Sustainable Development Goal
SNU GSPH	Seoul National University Graduate School of Public Health
SUNFED	Special United Nations Fund for Economic Development
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCIO	United Nations Conference on International Organization
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFCCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNKRA	United Nations Korea Reconstruction Agency
USAID	United States Agency for International Development
USOM	United States Operations Mission
WHO	World Health Organization
YMCA	Young Men’s Christian Association
YUMC	Yonsei University College of Medicine



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■ In the 1960s, World Health Day was an important symbol of cooperation between the Government of the Republic of Korea and WHO. The 12th World Health Day was observed on 7 April 1963.

INTRODUCTION

The year 2016 marks the 70th anniversary of cooperation in health that began in 1946, before the formal establishment of the Republic of Korea as a sovereign state and the World Health Organization (WHO) as the leading international agency in health. In 1946, Member States of the United Nations, along with observers including a representative from Korea, participated in the International Health Conference held in New York City that led to creation of WHO. Immediately after its official launch on 15 August 1948, the Government of the Republic of Korea took the legal steps to join WHO. It became an official Member State of WHO on 17 August 1949.

Since that time, WHO has provided substantial support to the Republic of Korea's efforts to build public health services and develop human resources for health. The Republic of Korea, one of the world's poorest countries in the late 1940s, has made remarkable socioeconomic and health gains over the past two generations.

As the need for WHO support decreased, the Government of the Republic of Korea and WHO agreed to close the WHO county office in Seoul. This did not end cooperation between the Republic of Korea and WHO. The country still relies on WHO for technical support in specific areas. Meanwhile, the Republic of Korea has evolved from an aid recipient to a major contributor to WHO's work – both in terms of financial contributions and the participation of Korean experts in regional and global health work.

This publication reviews the history of cooperation between the Republic of Korea and WHO over last 70 years, highlighting key achievements and challenges in public health for the Republic of Korea and WHO. Lessons learnt in

cooperation between the Republic of Korea and WHO can guide other nations through the transition from an aid recipient to a country that can contribute to regional and global health initiatives.

This seven-decade history is divided into four specific periods of development and cooperation on health in the Republic of Korea, with each period covered by its own chapter.

The four chapters are:

1. **The origins of health services and WHO support in the Republic of Korea (1946–1960)**
2. **Enhancement of public health services in the Republic of Korea in cooperation with WHO (1961–1979)**
3. **Expansion of public health services in partnership with WHO (1980–1996)**
4. **From recipient to donor: transition of the Republic of Korea and support of WHO (1997–2016)**

Each chapter includes six subsections: (1) historical background; (2) relations between WHO and the Republic of Korea; (3) WHO support for the Republic of Korea; (4) contribution of the Republic of Korea to WHO (*this section does not appear in Chapter 1*); (5) summary; and (6) biographies. A list of references appears at the end of each chapter.

The biographies in each chapter highlight the people who made substantial contributions to the cooperation between the Republic of Korea and WHO.

Several annexes include historical documents.

The origins of health services and WHO support in the Republic of Korea

1. Historical background

1.1 Global situation

1.1.1 *The United Nations and political issues*

Towards the end of the Second World War, world leaders recognized the need for the establishment of a structure for preserving peace in the post-war period, and accordingly sought a new international order. Against this backdrop, representatives from 50 countries attended the United Nations Conference on International Organization (UNCIO) in San Francisco, United States of America, from 25 April to 26 June 1945, to discuss and sign the Charter of the United Nations. On 24 October 1945, the Charter was ratified by five Allied powers, namely, China, France, the

Union of Soviet Socialist Republics, the United Kingdom of Great Britain and Northern Ireland, and the United States, as well as a majority of the other participants, officially launching the United Nations (1).

In the ensuing years, many colonial countries regained sovereignty and became independent states. War-torn Western Europe experienced post-war recovery, in large part led by the United States. A large-scale aid programme officially suggested by the United States Secretary of State George Marshall brought about the reconstruction of 16 Western European countries from 1947 to 1951.

The launch of the United Nations raised expectations for world peace. At the same time, however, a new form of war, the Cold War, was brewing between two powers, the United States and the Union of Soviet Socialist Republics. The Cold War divided the world into a capitalist camp, which included the United States and Western Europe, and a communist camp, which included the Union of Soviet Socialist Republics, Eastern Europe and the People's Republic of China.

1.1.2 *New international organization for health*

With the end of the Second World War and the advent of peace, nations increasingly recognized the importance of health issues, rather than conflict, as a major cause of mortality. This shift prompted an intense discussion about the establishment of a new international organization that could meet the needs of the times and effectively deal with health issues.

UNCIO in San Francisco in 1945 accepted the proposal of the delegation of Brazil to insert the word “health” in Article 57 of the Charter of the United Nations and approved the declaration of the delegations of Brazil and China calling for an international conference to establish an international health organization (2).

A Technical Preparatory Committee was held in Paris, France, from 18 March to 5 April 1946, and an International Health Conference was convened in New York, United States, from 19 June to 22 July 1946. The conference in New York was attended by representatives from 51 United Nations Member States and observers from 13 non-member countries as well as observers representing Allied-controlled Germany, Japan and Korea. All participating members agreed to establish the World Health Organization (WHO) and signed the Constitution of the WHO (3).

On 7 April 1948, more than 26 United Nations Member States ratified the Constitution and WHO was officially launched.

The First World Health Assembly was convened in Geneva, Switzerland, from 24 June to 24 July 1948. In accordance with the WHO Constitution, six regional organizations were formed, with the global Secretariat located in Geneva. Brock Chisholm of Canada was elected as the first Director-General (4). In 1953, Marcolino Gomes Candou of Brazil was elected as the second Director-General, serving until 1973.

With respect to the Western Pacific Region, to which the Republic of Korea now belongs, the first session of the WHO Regional Committee was held in Geneva on 18 May 1951, during the Fourth World Health Assembly. On 15 August 1951, the Regional Office for the Western Pacific, with I.C. Fang serving as the first Regional Director for the Western Pacific, transferred from temporary offices in British-ruled Hong Kong to offices within the Bureau of Quarantine compound in the Port Area in Intramuros, Manila, Philippines. The current premises of the Regional Office on United Nations Avenue in Manila were inaugurated on 26 September 1958 (5).

Although WHO was founded as an international organization free of ideology with a genuine humanitarian purpose, it was not free from the polarizing influence of the Cold War. After opposing the Republic of Korea's WHO membership at the Second World Health Assembly in 1949, the Union of Soviet Socialist Republics and some Eastern European countries left WHO and did not come back until 1957 (6). Despite the unexpected difficulties that the Cold War brought to the Korean Peninsula and WHO, the Organization faithfully performed its role by supporting Member States and carrying out a series of key projects, including malaria eradication, maternal and child health improvement, tuberculosis control, and enhancement of the basic health-care system.



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■ Participants at the International Health Conference in New York sign the Constitution of the World Health Organization on 22 July 1946.

1.2 Situation in the Republic of Korea

1.2.1 *Liberation and the division at the 38th parallel*

On 15 August 1945, Japan, the last Axis power to hold out in the Second World War, declared unconditional surrender, and the war finally ended, liberating Korea from 36 years of colonization and returning its sovereignty. The dream

for an independent country, however, could not be realized immediately because the United States and the Union of Soviet Socialist Republics divided the Korean Peninsula along the 38th parallel, ruling the south and the north, respectively.

The Cold War confrontation between the capitalist and communist camps had a direct impact on the Korean Peninsula. In 1948, the Republic of Korea was founded as a democratic nation with a presidential system in the territory south of



■ Citizens and officials celebrate the founding of the Republic of Korea in 1948, after liberation from Japanese occupation and three years of transitional rule by the United States Army Military Government.



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■ Officials of the United Nations Korean Reconstruction Agency distribute food to Koreans affected by the war. The agency was established in 1950 to provide economic support and consultation on economic policies to the Government of the Republic of Korea.

the 38th parallel, which had been under the protection of American troops. Rhee Syng-man, a well-seasoned politician who had fled to the United States and led the independence movement while the country was under Japanese rule, was inaugurated as the first president through a direct election. North of the 38th parallel, which was occupied by the Soviet army, the Democratic People's Republic of Korea came into existence as a socialist state.

The intensification of the Cold War, exacerbated by the division of Korea and strained relations between the north and the south, eventually triggered the Korean War, which broke out on 25 June 1950. The Korean Peninsula was completely shattered during the three-year war and the negotiations on the termination of the war ended with an unstable armistice. The war resulted in tremendous loss of life and property damage affecting the fabric of life in the country.

After the armistice, the Rhee administration pursued economic reconstruction and independence based on international aid, mainly from the United States, and grounded on a strict anti-communist stance. In 1950, the United Nations Korea Reconstruction Agency (UNKRA) and the Combined Economic Board, comprised of American and Korean members, were established to provide economic support and consultation on economic policies to the Government of the Republic of Korea (7).

1.2.2 *Rebuilding health-care and sanitation system*

NEW GOVERNANCE IN HEALTH CARE

On 24 September 1945, the United States Army Military Government, which at the time was the official ruling body of the southern half of Korea, declared as Decree No. 1 the “Establishment of the Bureau of Sanitation”. With the expansion of responsibilities, the Bureau of Sanitation was renamed the Bureau of Public Health and Welfare on 27 October 1945, in accordance with Decree No. 18, and



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■ The United States Army Military Government ushered in a new era in health-care administration by establishing the Bureau of Sanitation in 1945. During the Japanese occupation, police oversaw public health.



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■ Strong efforts made by health authorities, along with those by international aid organizations and the United States military, provided a turning point for the improvement of the Republic of Korea's health status. As an example, United States military personnel sprayed DDT to prevent communicable disease outbreaks.

was renamed again as the Department of Public Health and Welfare on 29 March 1946. As for the administrative organization at the provincial level, the Department of Public Health and Welfare was founded on 7 November 1946, in accordance with Decree No. 25 (8). On 15 August 1948, in the early stage of government formation, the Ministry of Social Affairs was established to generalize the administration of health, welfare and labour. The health sector was separated from the social sector on 25 March 1949, resulting in the establishment of the Ministry of Health. The two ministries were reintegrated as the Ministry of Health and Social Affairs on 19 January 1955.

HEALTH-CARE SYSTEM AND HEALTH STATUS

The status of health care on the Korean Peninsula in the late 1940s, after 36 years of Japanese occupation, was wretched, and it deteriorated even further during the Korean War. With few hospitals left standing and certified doctors in short supply, communicable diseases proliferated. One American military doctor who served in the Korean War recalled the situation at that time as follows:

Back then in Korea, I could experience all the communicable diseases that I had learnt about in medical school. I thought the country was an empire of commu-

nicable diseases. Smallpox, typhoid, cholera, malaria, tuberculosis, hepatitis B and Japanese encephalitis were endemic diseases, while dysentery and diarrhoea were very common (9).

Chung Hee-young, a leading scholar in infectious disease control in the Republic of Korea, explained:

Right after liberation from Japanese occupation, the size of the population suddenly surged with those who returned home from China and Japan. The sanitation conditions, however, were poor, leading to an increase of water-borne diseases. When there was a massive outbreak of typhoid, a WHO consultant and emergency task forces for communicable disease control were mobilized to provide the patients with rehydration solutions, but the situation was beyond their control. In the late 1950s, the Korean people considered typhoid to be a kind of “fever”, so a rumour circulated that when a person has

a fever and diarrhoea, drinking makgeolli [rice wine] with red pepper powder will lead to quicker recovery or quicker death. So there were many people who refused to be vaccinated (9).

Although the Korean War further aggravated the health-care situation in the Republic of Korea, it also served as an impetus to improve overall conditions. Strong efforts by health authorities, along with those by international aid organizations including the United States military, provided a turning point for the improvement of the Republic of Korea’s health-care status. In particular, the United States military supplied each military hospital with medical appliances and medicine, retrained the medical teams, and introduced an advanced medical system that transformed the military hospitals into modern general hospitals. Such support from the United States military laid the foundation for the enhancement of the medical standards of the Republic of Korea (10).



■ Military vehicles spray insecticide into the street to control mosquitoes. Communicable diseases including mosquito-borne infections were very common in the Republic of Korea during the Korean War.

2. Relations between WHO and the Republic of Korea

2.1 Becoming a member of WHO

Even before the formation of its Government, people in what was to become the Republic of Korea expressed keen interest in becoming a member of WHO and exerted much effort to this end. To advocate membership, Lee Yong-seol, Director of the Bureau of Public Health and Welfare of the United States Army Military Government

in Korea (see the Biographies section for more on Lee), and Colonel Crawford F. Sams, Health and Welfare Inspector at the General Headquarters of the Allied Powers, participated in the International Health Conference held in New York in 1946 as observers representing the Allied Control Authorities (3).

Box 1. Speech by Choi Young-tae at the seventh plenary meeting of the First World Health Assembly, 28 June 1948

It is a great privilege to have this opportunity to speak a few words to express my sincere thanks for your kindness in inviting my country to this conference. Having received your invitation, I felt that the health problems of each country could only be solved by a thorough understanding of the situation of each country, in accordance with the principles enunciated in the Constitution of the World Health Organization.

In speaking at the first Assembly here in Geneva, I wish to express my deep appreciation of those who initiated the proposal for the setting-up of an international health organization at the San Francisco conference. This must be highly valued by all the peoples in the world, since this action to promote the enjoyment of the highest possible standard of health was inspired by the highest motives. On the other hand, I can never forget that the Interim Commission was very successful in helping a number of countries which required urgent aid from outside. I think that the greatest achievement was the training of health personnel from various countries to the highest degrees of efficiency.

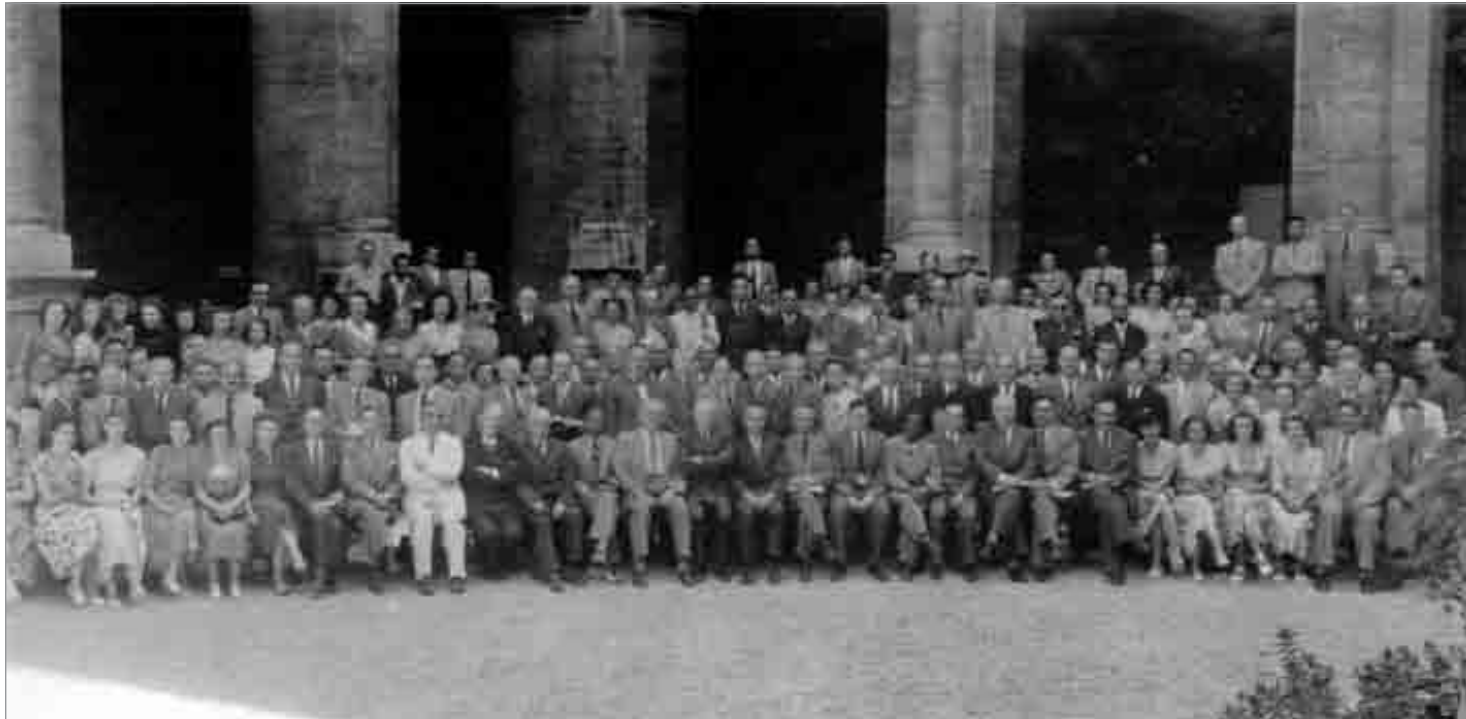
The outstanding effort made by the Interim Commission to develop the permanent structure of the World Health Organization should also be remembered. The major achievement of drawing up the Constitution of the World Health Organization may be interpreted as a new historical development in public health. There can be no doubt that the health of the people of the world will

benefit by the implementation of this Constitution, which stipulates that the people shall attain the highest standard of health.

Since 24 June, a large number of delegates and Assembly members at this conference have been most eager to further international health services by every practicable means. I should say that nothing is more important and worthwhile than what this conference is going to produce. In view of the great significance of these facts, I really congratulate this first Assembly and all those attending it.

My country is at present in a grave condition and expects great services which you may be able to perform for the improvement of Korea's health, which suffered great hardship during the 40 years of Japanese occupation. That such services are needed can be easily recognized from the facts. There are only 2000 qualified Korean doctors among the population of 30 million. Tuberculosis deaths reported amount to more than 400 per 100 000 of the population, deaths of children under the age of four making up half of the overall mortality. In the case of communicable diseases, typhoid fever, typhus fever, diphtheria and pneumonia were the main causes of death, while the spread of venereal diseases throughout the country is a great menace to public health.

I hope this conference will enable to achieve its objectives, so that the health of everyone may be safeguarded by the activity of this international organization (12).



■ The Republic of Korea joins the World Health Organization through a rare roll-call vote at the Second World Health Assembly in Rome, Italy, from 13 June to 2 July 1949.

During the conference, Lee spoke at the fourth plenary meeting on 21 June. He stated that, despite its miserable situation, Korea since regaining sovereignty was eager to establish an independent government, and also clarified the nation's will to join WHO immediately (2).

At the First World Health Assembly in 1948, Choi Young-tae, Bureau Chief of Preventive Medicine at the Department of National Health (see the Biographies section for more on Choi), attended as an observer representing the Allied Control Authorities (4). During the seventh plenary meeting on 28 June, Choi described the poor health-care conditions in Korea and appealed for global interest and support (see Box 1 for Choi's speech). In addition, despite his position as observer, he actively participated in the subcommittee on the regional structure of WHO, contributing to the es-

tablishment of the Regional Office for the Western Pacific. As a result, after joining WHO, the Republic of Korea was recognized as a founding member of the WHO regional organization in the Western Pacific (12).

Immediately after its official launch on 15 August 1948, the Government of the Republic of Korea took the legal steps to join WHO. On 27 April 1949, the Government made a request to the National Assembly to approve the application for WHO membership and received the approval on 25 May. On 30 May, Speaker of the National Assembly Shin Ik-hee sent an official document on the matter to President Rhee with detailed information on the procedure. The document implied that admission to WHO was of great national interest (11).

At the Second World Health Assembly in Rome, Italy, from 13 June to 2 July 1949, the newly established Government of the Republic of Korea sought entry to WHO, sending Choi Chang-sun, Vice-Minister of Health and Social Affairs, as the government representative. The attempt, however, was frustrated by unexpected difficulties. When the resolution was introduced at the 10th plenary meeting on 30 June



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■ Choi Chang-sun, Vice-Minister of Health and Social Affairs, represented the Republic of Korea at the Second World Health Assembly in Rome in 1949.

1949 (after deliberation and approval by the Committee of Constitutional Matters), some Eastern European countries fiercely opposed it, citing the reason as the division of Korea. The strong opposition rendered the Republic of Korea no choice but to go through a rare roll-call vote to be admitted to WHO. At the roll-call vote, 33 of 39 countries supported the joining of the Republic of Korea to WHO while 6 countries opposed and another 9 countries opted for abstention. Countries that supported the admission of the Republic of Korea at the roll-call vote were Australia, Belgium, Brazil, Canada, Ceylon, Chile, Costa Rica, Dominican Republic, Egypt, Ethiopia, France, Greece, Iceland, India, Iran, Iraq, Ireland, Italy, Lebanon, Liberia, Mexico, Netherlands, New Zealand, Pakistan, Philippines, Portugal, Saudi Arabia, Syria, Thailand, Turkey, United Kingdom of Great Britain and Northern Ireland, United States of America, Venezuela (13). Through this procedure, the Republic of Korea became an official member of WHO belonging to the Western Pacific Region on 17 August 1949. (See Annex 1 for the official letter from the World Health Assembly Chairperson to the President of the Republic of Korea informing him of the approval of the Republic of Korea's WHO membership application.)

To illustrate the significance of WHO membership, the Republic of Korea issued a commemorative stamp in 1959 to celebrate the 10th anniversary of membership.

During the Korean War, the Republic of Korea continued to fulfil its role as a Member State by sending delegations to the World Health Assembly and sessions of the Regional Committee for the Western Pacific.

At the Thirteenth World Health Assembly in 1960, the Republic of Korea was elected as a Member State entitled to designate a person to serve on the Executive Board (14). Lee Yong-seung, then Chief of the Health Office of the Ministry of Health and Social Affairs, was designated as the board member for three years.



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■ A commemorative stamp issued in 1959 marks the 10th anniversary of WHO membership.



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■ WHO advisers observe the operation of a bike-powered electricity generator during a visit to the Republic of Korea in the 1950s.

2.2 Conclusion of basic agreement and discussion of priorities with WHO

On 1 September 1951, the Republic of Korea and WHO signed their first agreement, which clarified the roles and responsibilities of each party (15). The conclusion of the agreement allowed the Government of the Republic of Korea to gain the support and consultation of WHO in carrying out various projects to improve its health-care services. (See Annexes 2 and 3 for the basic agreement between the Republic of Korea and WHO signed in 1951 and renewed in 1974).

Basing their presentation on the report, *Public Health in Korea*, representatives of the Republic of Korea discussed the nation's public health issues with WHO Member States at the first session of the Regional Committee for the Western Pacific in 1951. In March 1952, I. C. Fang, the first WHO Regional Director for the Western Pacific, visited the Republic of Korea to assess the country's public health status (16).

In the latter half of 1952, WHO published the Report of the *WHO/UNKRA Health Planning Mission in Korea*, which played a critical role in setting priorities to improve health-care services in the Republic of Korea (17).



■ Choi Jae-yoo, Minister of Health and Social Affairs for the Republic of Korea from 1952 to 1956 (second from left, front row), with his staff and WHO advisers.

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3. WHO support for the Republic of Korea

3.1 Strengthening the health system

In the *Report of the WHO/UNKRA Health Planning Mission in Korea*, WHO suggested that the Government of the Republic of Korea implement a project designed to revitalize the country's public health centres (16). Around 370 public health centres were built in rural areas and in small- and medium-sized cities with populations of 50 000 to 70 000 people. In addition, a central institute of health was founded to train health workers and conduct research for health promotion and disease prevention, while a model institute of health was established in each city and rural area to play a leading role among other health centres (18).

After the Korean War, 15 public health centres and 417 community clinics were opened in 1953 with financial aid from the United States Operations Mission (USOM) to the Republic of Korea. By 1955, 16 public health centres and 515 community clinics were in operation, focusing on the prevention of epidemics and relief work (10). On 13 December 1956, the Public Health Center Law was enacted, and on 30 June 1958, an enforcement ordinance was promulgated in the form of Presidential Decree No. 1378. The law outlined the establishment of public health centres, operation of businesses, and organization of municipal and provincial health centres based on the rural health unit in the WHO Expert Committee report, and approximately 500 community doctor clinics across the country converted to public health centres (19, 20). On 18 December 1959, Presidential Decree No. 1542 on the Organization of a National Institute of Health was enacted and promulgated with budgetary measures taken (21).

3.2 Development of human resources for health

3.2.1 WHO fellowship programme

The WHO fellowship programme was one of the most significant projects of the Organization in the 1950s. It was designed to scale up the production of health workers and improve the health-care systems of Member States by building the capacity of health-care personnel. The programme offered a one-year course, as well as a three-month course, during which students gained advanced knowledge and management skills. In the Republic of Korea, the WHO fellowship programme started with two recipients in 1951, and annual selections of two to 14 recipients were made in various fields based on the recommendations from the WHO/UNKRA Health Planning Mission in Korea.

In 1956, four recipients were selected to pursue academic degrees in public health, rural health and environmental sanitation. In 1957, the programme expanded to include other specialties such as sexually transmitted infections, leprosy, quarantine and port sanitation, tuberculosis, parasitology, and anaesthesiology. By the late 1950s and early 1960s, the WHO fellowship programme in the Republic of Korea further expanded its scope to health statistics, malaria control, production of smallpox and tuberculosis vaccines, urban sewerage and drainage design, midwifery training, and medical education (22). By training the younger generation, the Republic of Korea was able to strengthen national capacity and significantly improve health-care services over the long term (23).



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■ The first graduating class in 1960 of the Graduate School of Public Health at Seoul National University, which was established with WHO support.

3.2.2 *Establishment of the Graduate School of Public Health*

From 1959, the Republic of Korea began to train human resources for health on its own. On 13 January 1959, the Graduate School of Public Health at Seoul National University (SNU GSPH) was established to provide a one-year course based on the quota system according to Presidential Decree No. 1430 (24). Fourteen first-year students enrolled in 1960; of these, 11 graduated. In 1962, the number of places for students increased to 80 and the course was expanded to two years based on the term system. From 1968, WHO dispatched a staff member to the school to provide consultation on the research of professors and its use in related fields. From 1982, WHO began to provide scholarships to students (25). SNU GSPH's contribution to



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■ Faculty of the Graduate School of Public Health at Seoul National University in 1959.

public health went beyond a master's course; the school was the nation's first education system in the public health sector.

3.3 Communicable disease control

3.3.1 Leprosy

In 1916, as part of efforts to control leprosy (also known as Hansen's disease), the Japanese Governor-General of Korea constructed Jahye Hospital on Sorok Island, where patients were forced into quarantine. Thousands of patients were starved and tortured there, first by the Japanese, who ruled Korea from 1910 until 1945, and then by Korean authorities, who continued to quarantine the patients on Sorok Island until 1963. Park No-yai, a leading scholar in public health in the Republic of Korea, reflected on the situation as follows:

At that time, the term “leprosy” was more frequently used than “Hansen’s disease”. Wandering lepers who revolted against the forced accommodation by the Government and thus absconded the facility outnumbered those who chose to stay, and they led hopeless lives, hiding under bridges or in vegetable fields. Before the anti-leprosy drug 4,4'-diaminodiphenylsulfone (DDS) was developed, there was a wild rumour that leprosy could be cured if the patients ate human flesh. So, parents urged their children to stay away from barley or vegetable fields on their way home in case lepers kidnapped them. Moreover, parents stopped babies or children from crying by scaring them, telling them that lepers would come if they kept crying. During this period, lepers were considered a problematic group that caused social unrest rather than patients who needed treatment (26).

In 1948, the official number of leprosy patients in Korea stood at 20 924. An additional 24 100 unregistered patients more than doubled the total number to 45 024. The control of leprosy was considered a national project (27).

In 1952, the Republic of Korea introduced dapsone (DDS), an effective drug against leprosy, which provided a break-



■ William P. Forrest of WHO (right) meets a leprosy patient (left) at a settlement village in 1952.



■ Henry Meyer of WHO (far right) meets a leprosy patient (second from right) at a settlement village near Busan in the 1950s.



© Sorokdo National Hospital

■ A nurse teaches leprosy patients how to wash fruit before eating at the national leprosy sanatorium on Sorok Island in the late 1950s.



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■ Sunil, a WHO leprosy adviser (centre), with the Minister of Health and Social Affairs (second from right) and government officials.

through in the treatment of the disease. As a result, leprosy was categorized as one of three major infectious diseases, along with venereal disease and tuberculosis, under the Communicable Disease Prevention Act 1954 (28).

In accordance with *Public Health in Korea*, a report presented at the WHO Regional Committee for the Western Pacific in 1951 (29), WHO decided to provide support to the Government of the Republic of Korea for the control of leprosy. In 1960, WHO appropriated US\$ 2400 for the training of medical students and professors, and the amount was significantly increased afterwards. In addition, WHO and the Government of the Republic of Korea jointly conducted basic research on leprosy, implemented a series of projects and granted a presidential citation to foreign consultants on the basis of merit.

3.3.2 Tuberculosis

Tuberculosis (TB) was a leading cause of communicable disease death in the 1950s. According to a report in *Kyunghyang Shinmun* (a Korean newspaper) on 18 August 1957, an examination of 3000 children in Seoul showed that the morbidity rate of TB had reached 11% (30).

WHO and UNKRA recommended the control of TB as a government priority. Under the leadership of UNKRA, a TB control centre was established and TB experts were invited from overseas (14). The Church World Service opened a number of reputable chest clinics across the country. In particular, people remembered the anti-TB dispensary in Hapdeok, Chungnam, as the most active clinic (31).

In 1953, WHO and UNKRA proposed a TB elimination plan to the Government. The Ministry of Health established a five-year plan for TB control in 1954 with the following objectives: spreading knowledge on TB and providing education on improvement of personal hygiene; training experts;



■ WHO advisers on tuberculosis visit a clinic established by the Korean National Tuberculosis Association.

encouraging Bacillus Calmette–Guérin (BCG) inoculations (800 000 per year); and establishing an outpatient treatment system. The budget for health projects in 1954 was 960 million hwan (currency of the Republic of Korea from 1953 to 1962), 1.1% of the total government budget, and the budget for TB control was 56.64 million hwan, 5.9% of the health project budget.

With technical support from WHO and material and equipment support from the United Nations Children’s Fund (UNICEF), a TB inspection centre was established. In its early stage, the centre was temporarily forced out of Park Yong-rae’s paediatrics clinic, but later was relocated to the training department of the former National Institute



■ A horse-drawn wagon carries equipment used to identify tuberculosis patients in a rural area in 1957.

of Health in Samcheong-dong, Jongno-gu, Seoul, under government support. With WHO support, the Republic of Korea health authorities actively engaged in BCG inocula-

tion, which involved sterilization of needles and vaccine storage (see Box 2), and tuberculin testing to confirm the infection of TB.

Box 2. BCG inoculation and vaccine storage



© Park No-yai

■ A health worker uses the flame of an alcohol lamp to sterilize a needle before inoculation. The WHO technique came to be known as *booljoosa*, or “fire shot”.

Booljoosa

Before a WHO consultant demonstrated the proper technique for BCG inoculations, one syringe and injection needle was used multiple times to inoculate many people. The BCG kit contained such items as an alcohol lamp, wind cover and syringe. After the training, an alcohol lamp was used to sterilize injection needles before every inoculation. For this reason, BCG inoculations came to be called the *booljoosa*, the Korean word for “fire shot”. If people were asked if they had received the BCG vaccination, they did not know how to answer because they only knew the term *booljoosa*.



© Park No-yai

■ BCG vaccines were stored in wells in the 1950s to maintain the cold chain.

BCG vaccines stored in wells

There was no electricity in the rural areas in the 1950s, so WHO provided iceboxes to carry vaccines and ice. In summer, even when an icebox was placed in the shade in the morning, all the ice would melt before afternoon. To address the problem, the icebox was tied with rope and kept in a deep well. When vaccines ran low, the icebox was pulled up to resupply stocks (26).

3.3.3 Fellowship programme in the field of communicable diseases

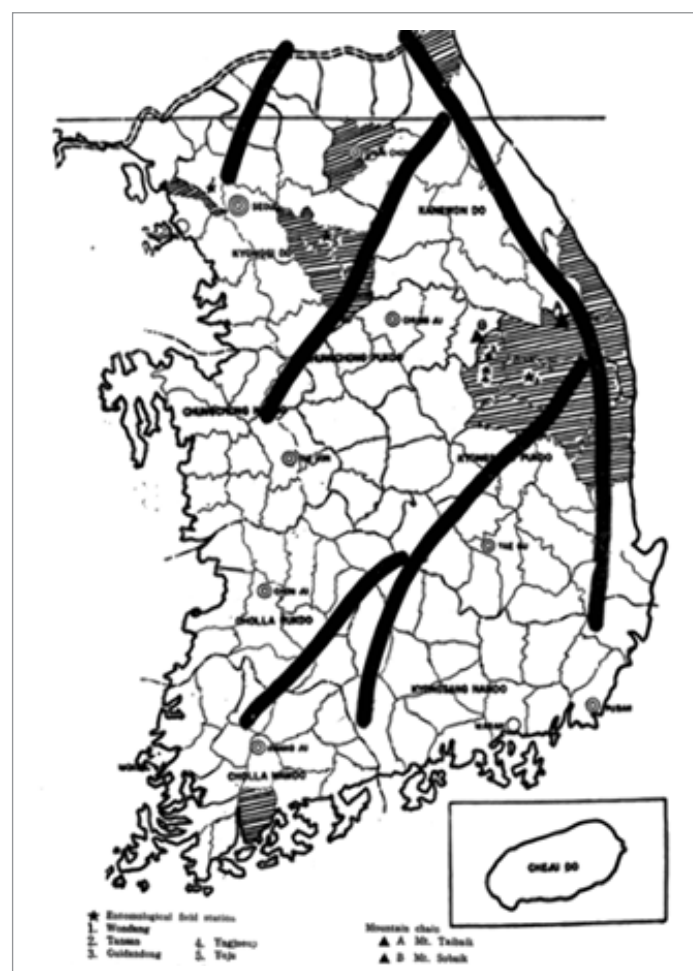
To strengthen the Government's ability to control acute communicable diseases, WHO supported the National Institute of Health from 1955 to 1957 (32). In 1955, the Organization awarded fellowships to three researchers at the institute to study abroad for one year (22, 33). In 1956 it dispatched one communicable disease expert to the institute, and in 1957 it supported five scholarship students in the field of infectious disease – two students in the fields of experiments/inspections and leprosy control, and three scholars studying parasites, sexually transmitted infections and tuberculosis control.

3.3.4 Malaria

In 1955, the Eighth World Health Assembly launched the Global Malaria Eradication Programme. Accordingly, on 19 June 1958, the WHO Regional Office for the Western Pacific sent an enforcement plan for malaria status research to the Government of the Republic of Korea and requested its cooperation (34). Specifically, the Organization asked the Government to investigate the malaria infection rate and the status of mosquito mediation across the country for one year, starting from 1 June 1959.

On 17 February 1959 the Government of the Republic of Korea pledged its full cooperation. The pledge consisted of four pillars: to provide human resources, including one doctor, three malaria technicians, 10 general staff members, one office typist and two drivers, as well as laboratories and offices; to offer the necessary goods and facilities apart from WHO's support; to take the administrative and financial burden for the implementation (amounting to US\$ 17 272 of the government budget in 1959); and to grant diplomatic immunity to WHO and its staff. In response, WHO promised to dispatch four technical professionals (one malaria

expert, one entomologist and two laboratory technicians) to supply the equipment and medicine required for research, and to send three Korean researchers to Taiwan, China, to study malaria eradication (35). The survey found several geographic foci of malaria in the Republic of Korea (shaded areas from the figure below). In particular, the northern part of Gyeongsangbuk-do including Andong, Bonghwa, Yeongju and Yecheon was identified as a hot spot.



WHO strengthened its support to the malaria control programme in the Republic of Korea in the late 1950s. The map shows the geographic focus of malaria in the country.

3.3.5 Parasitic infection

After its liberation, Korea suffered severely from a parasite problem. In 1949, stool testing conducted by the United States and the Korean National Institute of Health showed that the positivity rate for *Ascaris* eggs was 82.8%, and that an estimated 0.5–1.0 billion *Ascaris* worms had infected approximately 20 million people (36).

Accordingly, WHO provided education on how to prevent parasites. In 1955, it assigned one applicant for the training on infectious disease control to the parasitology research field. From 1958 to 1960, the Organization supported training for the control of clonorchiasis and paragonimiasis. Furthermore, in October 1958, WHO dispatched one short-term consultant to conduct extensive research on clonorchiasis, and in 1959 it sent two short-term consultants to carry out research not only on clonorchiasis but also on paragonimiasis. At that time, a sample population of 10 000 was selected from across the country for a skin antigen test, and from the result about 1.5 million clonor-

chiasis patients and 1.0–1.5 million paragonimiasis patients were identified (37).

On 29 January 1960, *Donga Ilbo*, a leading newspaper in the Republic of Korea, published a story that stated: “the Government of the Republic of Korea is considering asking WHO to assist in the project for clonorchiasis control supported by the Special United Nations Fund for Economic Development (SUNFED)”. According to the article, the aid from SUNFED could only be provided to a project that completed the baseline study. But since the *Clonorchis sinensis* control project had not finished the baseline study, it was difficult to expect the aid from SUNFED. Thus, the Government of the Republic of Korea decided to submit a project plan to WHO while requesting WHO to carry out the baseline study. The plan had three stages: select Jeju Island as the pilot project site; expand the project to several other regions; and implement the project across the country. The large-scale, five-year project used US\$ 240 000 of foreign funds and 84 million hwan of domestic funds (38).



■ Public health workers in front of the Gaejeong Research Institute of Health, a leading maternal and child health training centre for rural health workers in the 1950s.



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■ WHO supported the training of nurses and midwives and engaged in planning of maternal and child health services.

3.4 Maternal and child health

The promotion of maternal and child health (MCH) was one of the core functions of WHO, especially in the Western Pacific Region in the 1950s. In cooperation with UNICEF, the WHO Regional Office for the Western Pacific supported almost every Member State in training nurses and midwives (5).

The Regional Office dispatched MCH experts and nurses to the Republic of Korea in 1950, supplied delivery kits for midwives in 1955 and 1956, and supported the training of human resources for MCH by selecting fellowship students in MCH and children's rehabilitation in 1956 and 1957. From 1956 to 1960, the Regional Office offered training to midwives under the support of the United States International Communication Agency. According to a USOM report on the Republic of Korea's health services, Dugald Baird,

a WHO adviser for paediatric nurses and midwives, was engaged in planning the country's support for MCH services by the Office of the Economic Coordinator. Through such multifaceted efforts, the numbers of midwives and nurses in the Republic of Korea significantly increased during this period, laying the foundation for the development of systematic MCH services.

In addition, USOM dispatched a former Chicago School of Nursing professor to train midwives, while the Gaejeong Research Institute of Health, headed by Lee Kyung-chun, took the lead in providing education in the rural areas. Moreover, the Central Nursing Institute took the initiative in educating leaders on MCH and public health, and those who completed the course devoted themselves to MCH and occupational health services in remote areas throughout the country such as Sabuk, a coal-mining town, and Geoje Island (10).

4. Summary

With the end of the Second World War, the international community sought a new international order and established the United Nations to promote peace and stability. Nevertheless, the Cold War soon divided the world into two camps – the capitalist camp led by the United States and Western Europe, and the communist camp led by the Union of Soviet Socialist Republics, Eastern Europe and the People’s Republic of China. In 1948, WHO was founded, an international organization focused on health issues. Korea celebrated its liberation from Japanese colonial rule in 1945, with the end of the Second World War. However, the country suffered a chaotic period as a result of the Cold War, with the Korean Peninsula divided into a communist north and democratic, capitalist south, which eventually led to a bloody and devastating three-year Korean War. Despite dire health and economic conditions, reconstruction efforts in the Republic of Korea slowly laid the foundation for an effective national health system.

Even before the formal formation of a sovereign government, officials in what was to become the Republic of Korea actively pursued WHO membership by dispatching observers to international health meetings. The nation officially joined WHO on 17 August 1949, becoming a Member State of the Western Pacific Region. On 1 September 1951, WHO and the Government of the Republic of Korea concluded a basic agreement that clarified the roles and responsibilities of each party for the development of health services in the Republic of Korea.

In 1952, I.C. Fang, the first WHO Regional Director for the Western Pacific, visited the Republic of Korea to assess the health situation, form a health advisory group jointly with UNKRA and plan a public health centre revitalization project, which was proposed to the Government.

In addition, Fang ensured that WHO provided the Government with support on policy and technical issues, as well as capacity-building necessary to establish the foundation for a national public health system. Actions included a proposal for the tuberculosis control programme (1953), support for strengthening the National Institute of Health (1955–1957), a proposal for malaria infection research and a malaria elimination programme (1958), support for clonorchiiasis and paragonimiasis research and enhanced human resources in those areas (1958–1960), the provision of advisers and capacity-building in human resources for MCH (1950–1959), and support for a leprosy control project (1960).



■ Kim Yong-shik of the Republic of Korea addressed the Twelfth World Health Assembly in Geneva in May 1959, following the presentation of the WHO Director-General’s report.

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5. Biographies

Lee Yong-seol

Advocate for WHO Membership



■ Lee Yong-seol

Lee Yong-seol, also known by his pen name Yeochon, was born in Huichon, Pyeonganbuk-do, in 1895. Lee was the “godfather” of Korean orthopaedics, an independence fighter and a social activist.

After graduating from high school in Pyongyang, he attended Severance Hospital Medical School in Seoul and graduated in 1919. While in school, he mobilized student activists to take part in the March 1st Movement for independence from Japan. Thereafter, as a precaution, he fled to China to avoid Japanese authorities, and trained for three years at the Peking Union Medical College Hospital

in Beijing, supported by the Rockefeller Foundation. In 1922, he returned home and worked as an assistant in the surgery department of Severance Hospital for two years. In 1924, he left for the United States, where he received training in orthopaedics at a private hospital in New York. He later transferred to Northwestern University Medical School, and returned home in 1926 with a master’s degree.

From 1927, he served as assistant professor at Severance Hospital Medical School, and in 1930 he became a professor, playing an active role both at home and abroad. At the Pan-Pacific Surgical Association Congress held in Hawaii in August 1929, he participated as the Korean representative and made a presentation on emetine injection therapy for the treatment of amoebic abscesses. He also contributed to the popularization of medicine by writing medical-related articles for daily newspapers, and formed the Severance Anti-tuberculosis Association. At that time, the Japanese Governor-General of Korea required college professors to obtain a doctorate degree. Thus, Lee obtained a PhD at Kyungshung Chaeguk University in 1937 with a dissertation titled *A Study on the Buffering Capacity of Organizations*.

In 1938, he was in a case related to a social gathering under the Young Korean Academy (*Hung Sa Dan*) and was imprisoned for one year. This incident disqualified him from teaching at Severance Hospital Medical School. In 1940, he opened the Lee Yong-seol Surgery Clinic and ran the clinic for five years.

With the liberation of the country in 1945, Lee organized the Korean Establishment Medical Fraternity under the Korean Establishment Preparation Board. He was appointed as chairperson, and his clinic was used as a temporary office. The fraternity was later developed into a medical

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association. Also in 1945, the Relief Association for Overseas Koreans and War Victims was founded. Lee served as relief chief and played a critical role in helping Koreans who returned from Japan and Manchuria. Serving as the chief of the Bureau of Public Health and Welfare of the United States Army Military Government in Korea in 1946, and also the Minister of Public Health and Welfare of the interim legislative government in 1947, Lee made extensive efforts to improve health and welfare systems until the Government of the Republic of Korea was founded. He also proclaimed the Quarantine Act for Seaports and Airports and carried out the reform of 26 provincial hospitals, while promoting the building of orphanages and national first aid stations at the 38th parallel and contributing to the foundation of the Leprosy Relief Association.

Lee attended the International Health Conference held in New York in 1946 as an observer representing Korea under the Allied Control Authorities. At the conference, he detailed the deteriorated health conditions in his homeland, and appealed to WHO to admit Korea as a member.

With the formation of the Government of the Republic of Korea, and the end of the United States Army Military Government in Korea, Lee became the dean of Severance Medical College, formerly Severance Hospital Medical School, in 1948. While serving as dean, in 1950, he ran as an independent candidate at the second election of the National Assembly and won. When the Korean War broke out the same year, he moved Severance Hospital to Geoje Island and carried out medical work on the front lines. In 1951, he helped draft medical legislation to reflect in law the appropriate position of medical personnel. In 1951, during the so-called Busan Political Crisis, he was arrested and suffered hardship while opposing the dictatorship of President Rhee Syngman and the Liberal Party.

In 1954, when his term as member of the National Assembly ended, Lee became the director of Severance

Hospital, trying his utmost to integrate Chosun Christian University with Severance Medical College. When the April 19 Revolution occurred in 1960, he encouraged the public to make blood donations and took the lead in treating casualties. Furthermore, Lee served as chief director of the Young Men's Christian Association (YMCA) in Seoul and led the reconstruction of its meeting hall destroyed during the war. He also served as president of the Rotary International District 3750 and also as chief director of the Young Korean Academy, based on his relations with Ahn Chang-ho, who had been Lee's teacher.

In addition, Lee continued his work as a social activist while serving as chief director of the Korea Leprosy Prevention Association and as chief director of the Dongmyung School Foundation.

For his meritorious service, he received the Sudang Scientific Prize in 1985, which the Kyungbang Scholarship Association grants to doyens who devoted their lifetime to the promotion of the culture and the welfare of the nation. Lee passed away on 8 March 1993 at the age of 98 (39–41).



■ Lee Yong-seol with members of *Hung Sa Dan* (Young Korean Academy)

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Choi Young-tae
First Chief Delegate
of the Republic of Korea to WHO



■ Choi Young-tae

Choi Young-tae was born in Okgu-gun, Jeollabuk-do, on 28 May 1909. After attending Whimoon High School and graduating from Severance Medical School in 1930, he worked as an assistant at the microbiology laboratory of his alma mater. Choi completed the microbiology resident course at Keijo Imperial University and returned to Severance Medical School to serve as a microbiology instructor. Choi obtained a medical doctor's degree at Osaka Imperial University, Japan, in 1939, and returned to Severance Medical School, where he worked as a microbiology professor. During this time, his research was focused on the tuberculosis bacillus and typhoid bacillus. In 1942, he oversaw the prevention of typhus in Manchuria, China. Based on this work experience, Choi served as Bureau Chief of Preventive Medicine at the Department

of National Health in 1945, during the days of American military governance.

Choi left for the United States to study industrial health at the Graduate School of Public Health at Minnesota State University. After receiving a master's degree in health science in 1948, he returned to his home country to be appointed as the first Bureau Chief of Preventive Medicine at the Ministry of Health.

While serving as Bureau Chief of Preventive Medicine, Choi attended the First World Health Assembly, convened in June 1948, as an observer. He had the opportunity to speak at the assembly, explaining the dire health conditions in Korea and appealing for the interest and support of the other countries. Despite his status as an observer, Choi participated in the subcommittee on the regional structure of WHO, and contributed to the establishment of the Regional Office for the Western Pacific. He also attended the Third World Health Assembly, held in April 1950, as the chief delegate for the Republic of Korea, the first time the country dispatched a chief delegate since it joined WHO on 17 August 1949.

In May 1952, Choi was appointed as Chief of the Health Management Office at Korea Coal Corporation and managed the health of mine workers. During that time, he discovered patients with pneumoconiosis, or black lung disease, and reported their cases in the nation's first report on occupational disease. As there was no enforcement ordinance for the Labor Standards Act stipulating worker's compensation, Choi persuaded management to provide compensation and established the standard of compensation for pneumoconiosis.

Targeting workers of the mining stations in Jangseong, Hambae and Yeongwol, he conducted an epidemiologic investigation on silicosis, a type of pneumoconiosis, for the first time in the Republic of Korea, and published the results

in 1956 in the second edition of *Coal*. This dissertation is considered the first in industrial health and pneumoconiosis research in the Republic of Korea.

While serving as chair of the Industrial Health Committee of the Ministry of Labor from 1969 to 1975, Choi accumulated a remarkable record of achievements, especially for the protection of patients with black lung disease. His achievements include the use of international classification of pneumoconiosis, determination of the classification criteria for personal damages caused by pneumoconiosis, and definitions of responsibilities of business owners for the treatment complications of pneumoconiosis caused by working in mines. He was entrusted by the Ministry of Labor with the patients hospitalized due to pneumoconiosis and its complications, and opened an occupational disease clinic at St. Mary's Hospital of Catholic University of Korea in 1965 for the clinical management of pneumoconiosis patients, which was the beginning of treatment for such patients.

In 1963, 38 health managers and health management staff members from the field, as well as instructors who participated in the on-the-job training arranged by the Ministry of Health and Social Affairs, gathered at the National Institute of Health to hold an inaugural meeting of the Korean Industrial Health Association, where Choi was elected as the first president. Until he resigned from the presidency in 1980, he was continuously reappointed president. While serving as President of the Korean Society of Preventive Medicine and as Chief Vice-President and later as President of the Asian Conference on Occupational Health, Choi successfully organized the Asian Conference on Occupational Health in Seoul in 1979, which was a rare achievement given the situation of the country at that time.

In 1981, at the age of 71, Choi suffered from temporary aphasia caused by cerebral thrombosis. He immigrated to the United States, where he passed away in New York on 10 March 1992 (42–44).



■ Choi Young-tae (fourth from right) visits a pneumoconiosis patient at an occupational disease clinic that he opened at St. Mary's Hospital of Catholic University of Korea in 1965.

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Enhancement of public health services in the Republic of Korea in cooperation with WHO

1. Historical background

1.1 Global situation

1.1.1 *The Cold War and decolonization*

During the Cold War, tension between the capitalist and communist camps was constantly near the breaking point. At the same time, however, the threat of nuclear war, and with it the principle of mutually assured destruction, held the two camps at bay, with tensions gradually easing. Consequently, the Federal Republic of Germany and the former German Democratic Republic were both admitted as members of the United Nations on 18 September 1973 (1). Moreover, in 1971, the United Nations granted representation of China in the international community to the People's Republic of China rather than the Republic of

China (now Taiwan, China), which led to the creation of a new international order (2).

Decolonization, triggered by the end of the Second World War, continued during this period. As a result, the number of United Nations Member States increased from 51 founding members in 1945, to 99 in 1960 and to 152 in 1979. The increase in newly independent countries altered the international order that was based on ideological confrontation between two powers, the United States of America and the Union of Soviet Socialist Republics. In 1961, a group of states not formally aligned with either power bloc gathered to form the Non-Aligned Movement (3).

Furthermore, in 1964, a group of developing member countries established a loose coalition called the Group of 77 to raise their voice in the United Nations (4).

Establishing development cooperation projects to improve the state of poor and newly independent countries emerged as a major task for developed countries and the United Nations in the 1960s. As the lead organization, the United Nations urged the international community to provide more support for the economic development of these countries, establishing the United Nations Development Programme (UNDP) in 1965 and declaring the 1960s as the United Nations Development Decade (5). In response, a group of developed countries created the Development Assistance Group and also established the Organisation for Economic Co-operation and Development (OECD) on 30 September 1961 (6).

1.1.2 *The Declaration of Alma-Ata and the eradication of smallpox*

In 1965, WHO established the International Agency for Research on Cancer to conduct epidemiological and laboratory research into the causes of cancer and to expand its role as mediator. In 1973, Halfdan Mahler of Denmark was elected as the third Director-General of WHO and served in the office for 15 years until 1988. In 1974, the Organization launched the Expanded Programme on Immunization as a key programme area. Four years later, in 1978, WHO and UNICEF jointly convened the International Conference on Primary Health Care as a step towards closing the health services gap between countries and regions. A groundbreaking declaration on primary health care (PHC), the Declaration of Alma-Ata, was endorsed at this conference, and it was adopted as one of the key projects of WHO under



■ A delegation from the Republic of Korea attends the International Conference on Primary Health Care in Alma-Ata, Kazakhstan (at the time Alma-Ata) in September 1978.

the slogan “Health for All by the Year 2000”. Furthermore, in 1979, WHO certified the eradication of smallpox (7).

In the Western Pacific Region, Francisco J. Dy of the Philippines was elected as the second Regional Director and served in the office from 1966 to 1979.

WHO was affected by changes in the international political scene in the 1960s and 1970s. When the People’s Republic of China was recognized as the sole government representing China in WHO in 1972 (8), the WHO office in Taiwan, China, had to be closed. And when the Democratic People’s Republic of Korea joined WHO in 1973, it chose membership in the WHO South-East Asia Region, not the Western Pacific Region, in which the Republic of Korea is a member (9).

1.2 Situation in the Republic of Korea

1.2.1 *The Park regime*

In the 1960s, the Republic of Korea went through vast political change. Student demonstrations triggered by a fraudulent election on 15 March 1960 prompted a fervent response from the public and forced President Rhee Syng-man to step down. In July 1960, a new Government that adopted a cabinet system was formed, but its rule would be short-lived. Social unrest and disorder continued until May 1961, at which time General Park Chung-hee staged a coup d’état and established a regime based on a strong presidential system.

The Park regime promoted a five-year economic development plan that would transform the Republic of Korea from an agriculture-based traditional society to a manufacturing-based industrial society. In the early 1970s, President Park

launched the Saemaoul Movement, a large-scale project for rural development. With rapid industrialization, the agricultural population, which accounted for 58% of the national population in 1960, dropped to less than 45% by 1970, and further to around 28% in 1980, leading to social changes associated with rapid urbanization (10).

1.2.2 *Population growth and health-care policy reform*

As economic development was considered the top priority of the Government, the health-care sector received relatively less investment. Despite limited funding, the Government strived to promote the health of residents in farming and fishing villages by expanding the network of health centres and providing high-quality health personnel and facilities. In 1962, the Government revised the Public Health Centre Act and stipulated 13 tasks for health centres. The health-care issues emphasized during this period were family planning, MCH and infectious disease control (11).



■ Demonstrations triggered by a fraudulent election in 1960 forced President Rhee Syng-man to step down.



■ The Government of the Republic of Korea actively promoted family planning after launching its first five-year economic development plan in 1962.

After the Korean War, the national population skyrocketed by 16.2% between 1955 and 1960 due to a post-war baby boom, a decline in mortality and an overall improved state of health. Based on the theory that economic development would not succeed without a lower birth rate, the Government actively promoted a family planning project

along with other health projects when it implemented its first five-year economic development plan in 1962 (10). According to census data, the population grew from 24 989 241 in 1960 to 37 406 815 in 1980.

The health-care policies in the 1960s and 1970s focused on increasing human resources and facilities for health while addressing the heavy concentration of medical institutions and medical professionals in urban areas. In 1962, the Medical Service Act was revised to adopt a license system that regulated the establishment of medical institutions and addressed the problem of an undue concentration of human resources for health in urban areas (12). The license system was replaced with a report system in 1965, but it was reintroduced in 1973 to curb the disproportionate establishment of medical institutions in urban areas.

On 16 December 1963, the Medical Insurance Act was enacted. However, the medical insurance system was not effective since it was still based on voluntary enrolment (13). In 1976, the Government revised the act, making it mandatory for the public to apply for national medical insurance, and introduced a policy to increase the number of subscribers in phases, starting with the employees of large-scale workplaces.

During this period, the number of licensed doctors increased almost threefold from 7765 in 1960 to 22 564 in 1980, while the number of dentists increased more than twofold from 1369 in 1960 to 3620 in 1980. The number of pharmacists and nurses also increased more than fivefold and eightfold, respectively. In the case of medical facilities, the number of institutions increased nearly twofold from 1960 to 1980, and the number of hospital beds increased sevenfold, meaning a more than fourfold increase for every 100 000 people (14).

Average life expectancy grew from 52.3 years in 1960 to 61.9 years in 1970 and to 65.7 years in 1980. The total fertility rate decreased from 6.00 in 1960 to 4.51 in 1970 and to 2.73 in 1980 (15).

2. Relations between WHO and the Republic of Korea

2.1 WHO office in the Republic of Korea

The WHO Regional Office for the Western Pacific began appointing area representatives (now called WHO Representatives and Country Liaison Officers) in the mid-1950s to provide support to its Member States. It appointed its first representatives in 1956 in three cities: Saigon (now Ho Chi Minh City) in Viet Nam; Singapore;

and Sydney, Australia. In June 1959, it added its fourth representative in Taipei, the largest city in what is now known as Taiwan, China. The Taipei representative was responsible for supporting and maintaining contact with China, Guam, Hong Kong (now the Hong Kong Special Administrative Region of China), Japan, Macao (now the Macao



■ C.H. Chong (right), WHO Representative to the Republic of Korea from March 1972 to February 1976, and his successor, A.M. Rankin (left), meet the Minister of Science and Technology in 1976.

Special Administrative Region of China), the Republic of Korea, and the Trust Territory of the Pacific Islands (now the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands and Palau) (16).

In the 1960s, WHO began to establish country offices in Member States. In October 1962, the Organization established a Country Liaison Office in Seoul, designated only for the Republic of Korea, which was upgraded to a WHO Representative Office in January 1965. F.C. Tsai of Hong Kong was appointed in October 1962 as the WHO Country Liaison Officer to the Republic of Korea. He was later promoted to the position of WHO Representative in the Republic of Korea and served in the office until September 1966. Following Tsai, A.W. Angara of the Philippines (March to November 1967), C.C. Ma of Australia (November 1967 to November 1969), H.H. Dix of Germany (December 1969 to May 1971), C.H. Chong of Malaysia (March 1972 to February 1976), and A.M. Rankin of Australia (February 1976 to August 1980) served as WHO Representatives in the Republic of Korea (17).

WHO Representatives resided in the Republic of Korea and made significant contributions to the improvement of health-care services in the country. In particular, when WHO and the Government of the Republic of Korea experienced differences in prioritizing projects, WHO Representatives fulfilled their role as mediators. WHO Representatives arranged many official and unofficial meetings to build relations with the Republic of Korea's administration and academic representatives. They also invited those involved in the administration and academia to their homes to boost mutual understanding through unofficial channels. When Rankin from Australia, who served as WHO Representative from February 1976 to August 1980, died during a vacation on Ulleung Island, many Koreans expressed their condolences.

2.2 WHO Regional Committee for the Western Pacific

On 16 September 1965, the sixteenth session of the WHO Regional Committee for the Western Pacific was convened in Seoul with the participation of representatives of 16 Member States – Australia, Cambodia, China, France, Japan, Laos, Malaysia, New Zealand, Philippines, Portugal, Republic of Korea, United Kingdom of Great Britain and Northern Ireland, United States of America, Viet Nam and Western Samoa (now Samoa) – and two observer countries – New Hebrides (now Vanuatu) and Singapore. As the first United Nations-related international conference held in the Republic of Korea, the conference served to inform the international community of radical improvements in the health of the Republic of Korea.

With the attendance of then-Prime Minister Chung Il-kwon, the opening ceremony was held at Seoul Citizens' Hall, and the plenary session was convened at the Government Officials Training Institute in Jangchung-dong. Cha Yoon-geun, chief of the Health Office of the Ministry of Health and Social Affairs and the leader of the Republic of Korea delegation, was elected as chairperson. Francisco J. Dy of the Philippines and R.W. Greville of Australia were recommended to the WHO Executive Board as candidates for the position of Regional Director to succeed I.C. Fang, who served the WHO Regional Office for the Western Pacific for 15 years. Dy was elected as the second Regional Director by the WHO Executive Board in January 1966 and took office on 1 July 1966 (16).

Agenda items discussed at the sixteenth session of the Regional Committee in Seoul were: the effects of population and family planning on health; the global smallpox eradication programme; campaigns against poliomyelitis; review and approval of the third General Programme of Work for the Western Pacific Region from 1967 to 1971;



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■ The Government of the Republic of Korea hosted the sixteenth session of the WHO Regional Committee for the Western Pacific in 1965.



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■ The Mayor of Seoul (right) presents a souvenir to I.C. Fang, WHO Regional Director for the Western Pacific (centre), at the sixteenth session of the WHO Regional Committee in 1965.



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■ Park Chung-hee, President of the Republic of Korea, meets with members of the WHO delegation at the sixteenth session of the WHO Regional Committee in Seoul in 1965.

information sharing and cooperation with other regional offices for the prevention and control of El Tor cholera; review of the proposed programme and budget estimates for 1967; and the expansion of national health projects, such as the health project for urban areas (18).

In addition, delegates from the Republic of Korea reported on the progress of health activities in their country, namely: control of acute infectious diseases; control of chronic infectious diseases; control of tuberculosis; control of leprosy; establishment of local health and medical systems; improvement of human resources for health; environment hygiene; food hygiene; the supply of drinking water; and family planning (19).

2.3 Survey of the national health situation

From May to July 1962, WHO conducted research on national health in the Republic of Korea in accordance with a special command from the United Nations Secretary-General. A WHO adviser visited the Republic of Korea for three months and in cooperation with the United States Agency for International Development (USAID) assessed health conditions and projects in the Republic of Korea. The adviser proposed the establishment of long-term national health plans, taking into consideration all available resources.

The Government of the Republic of Korea and USAID formed a committee to conduct the groundwork for this research, and afterwards a joint committee consisting of experts from WHO and USAID examined and submitted a report on the function and organization of health-care services. In a series of on-site inspections, a research team visited a hygienic laboratory, four local hospitals, and nine

out of 15 public health centres in Chungcheongnam-do, as well as a newly opened national tuberculosis hospital in Gongju.

The research team pointed out the need to reorganize the Ministry of Health and Social Affairs by adding new departments for the MCH project, nursing services, health statistics and health education, as well as a project task force. Furthermore, the team suggested gradually increasing the budget for the health-care sector to 5% of the national budget within five years, developing policies on the provision of government subsidies for community health and medical services, introducing an incentive system to boost the morale of public officials in the health-care sector, enhancing supervision in the fields of health and medical services, strengthening community health services in rural areas for residents to benefit from the public health-care services, implementing a comprehensive environmental health project, tightening the control of tuberculosis and leprosy, providing government budget support for simple medical check-ups in each region, and offering students who majored in medicine or relevant fields the opportunity to attend public health orientations.

Lastly, the research team stressed the need to strengthen the health-care projects at the city and provincial levels. The team also pointed out that the health prevention programmes were not fulfilling their functions. The scarcity of human resources for health was compounded by their underutilization, and only a minority of the health centre staff had completed public health education.

Moreover, the team emphasized the need to strengthen mutual cooperation with comprehensive health-care services, and to that end, suggested that each public health centre analyse its community issues and come up with effective countermeasures (20).



■ In 1962, WHO conducted a research project on health in the Republic of Korea, under a special command from the United Nations Secretary-General, and provided recommendations to improve the country's health-care systems.

3. WHO support for the Republic of Korea

During this period, WHO significantly increased hiring, raised the budget of its Secretariat and broadly expanded support projects for its Member States, including the Republic of Korea. WHO support for the Republic of Korea and its health-care projects peaked during this time, paving the way for the systematization and enhancement of health services in the country.

3.1 Strengthening the health system

3.1.1 *Local health-care demonstration project in Chungcheongnam-do*

In 1963, the Government of the Republic of Korea with WHO support launched the K-0025 Project in Chungcheongnam-do. In essence, the Government agreed to establish model public health centres at the provincial level and to expand the new health-care model throughout the country. The Organization dispatched four advisers to the Republic of Korea, namely: Y.T. Kuo of Taiwan, China, as a medical officer; May Huang of Taiwan, China, as a public health nursing officer; a sanitary engineer known only as Key; and Elizabeth E. Mumm of the United States as a health education expert. The Government appointed Han Dal-seon, Lee Si-baek, Jung Soon-ja, Oh Myeong-hee, Lee Seon-ja, Kim Sun-young and Park No-yai as the national counterparts (21).

Through this process, the WHO–Government Team on the Local Health-Care System was established with its office in the Chungcheongnam-do Provincial Government Office. After the project was launched, the team formed MCH and health education sections at the Bureau of Health and



■ Korean staff of the K-0025 Project enjoy lunch in a paddy field (from left: Kim Myung-ho, Sah Jung-hyun and Lee Hae-jung).

Social Affairs of the provincial government, expanding and restructuring the health administrative organization. They also provided a framework for project implementation by designating public health centres in Daejeon, Daedeok-gun and Gongju-gun as pilot health centres. In the early stage of government formation, a model health centre was operated in Jung-gu, Seoul (10), but the health centre in Chungcheongnam-do was the first to be systematically operated as a part of the local health project with support from WHO. Among the three pilot health centres, the one in Gongju-gun openly recruited public health nurses throughout the country. The eight nurses were assigned to one region (*dong*) to take charge of health education, prenatal care, postnatal care, child health including immunization service, the management of tuberculosis patients, and nurse-midwife training. In addition, health centre branches were set up in Jeongan-myeon and Gyeryong-myeon in Gongju-gun to deal with the fuel issue in rural areas, toilet and waste disposal, and small-scale water supply systems in rural areas on a trial basis.

Project activities, jointly carried out by the pilot project team, provincial governments and public health centres, were as follows: 1) testing the use of birth and death registration cards; 2) building of health centre capacity for the collection and utilization of primary data of local health projects; 3) education for pregnant women and their families on prenatal and postnatal health management and for nurse-midwives; 4) promotion of implementation plans for effective infant health management; 5) enhancement of communicable disease control such as epidemiological investigations and vaccination; 6) improvement of basic sanitary facilities, including the installation of temporary waterworks and remodelling of toilets; and 7) strengthening of health education. Resources needed for the project were partially supported by UNICEF (21).

Lim Il-kyeon, a participant in the project, recalled the situation as follows:

The squat toilet was one of the causes of groundwater contamination, and there were many people who used the contaminated stream water as drinking water, which led to the frequent occurrence of diarrhoea caused by waterborne diseases. The public awareness of infectious diseases was also very low, and many people were reluctant to register the birth of their children because of the prevalent thought that they would only live after they survive measles and smallpox.

I wonder how many people remember those days when no one could do anything without outside support.



■ The K-0025 Project promoted maternal and child health programmes, including well-baby contests.

The public health centres promoted MCH projects and ran infant clinics twice a week, which were visited by around 200 people a day. Due to the restriction of the location, during the summer season, services were provided outside the centre under the shade of trees. Staff measured the weight, height and head circumference of children, and distributed half a pack of powdered milk and Segoo [a type of meal replacement drink] to parents. I frequently witnessed children with glassy eyes and babies with potbellies.

I felt rewarded when I saw children who had been fed Segoo gain weight and have lively eyes. Since only half a pack of powdered milk was allotted to each person, the nurses at the clinics had to open countless milk packs. At the end of the day they were covered with white milk powder that made them look like old women, but no one looked tired or got upset.

In those days, when I [age 23] rode a bike at night carrying books on health education, delinquents who stopped me on the street would let me go when they saw the WHO/UNICEF mark on the books. Also, the local residents called the WHO/UNICEF mark the “hand-shaking sign”, and though they didn’t know exactly what WHO or UNICEF was, they appreciated and respected the two organizations for helping a poor country like Korea (22).

The pilot project team participated not only in the local health-care system development project in Chungcheongnam-do, but also in the malaria eradication project, led by Lee Sung-woo, in Yeongju-gun, Gyeongsangbuk-do (see Chapter 3 for more on Lee Sung-woo).

While participating in the malaria project in Yeongju-gun, the team shared their experiences in Chungcheongnam-do and provided training on information management for the early detection of malaria.

In 1967, a WHO team dispatched from Geneva evaluated the pilot project. The team concluded that while it could not assess the project’s effectiveness since there was no baseline data, the project cost was too high. Consequently, the project was shut down in 1967.

While it is important to mention the external evaluation of the project, it is more significant to note that this was the country’s first local health-care system project implemented by WHO in the Republic of Korea. It has also been suggested that the external evaluators at the time lacked the understanding of the historical background and health administration of the Republic of Korea (21). In fact, the Korean participants of the project later took leading roles in the national public health sector, and even supported the development of the health-care systems of neighbouring countries, which implies that the project had a positive result in the long term.

Han Dal-seon, a Korean participant in the project, looked back on those days as follows:

Although the external evaluation reached the conclusion that the project was not cost-effective, Chungcheongnam-do enjoyed immense improvement in its health administration through it. The Government, however, was neither capable of grasping the health policies of or the relations with WHO nor had the insight to achieve the goal of the model health centre project that intended to provide a model framework for the national health-care service. The basic policy or promotion method of the pilot project did not conform to the then administrative practice, and cooperation and communication with provincial governments or public health centres were not efficiently made.

The family planning and tuberculosis control projects that were being promoted through the network of public health centres largely limited the role of the pilot project



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■ A Korean public health nurse finds a ready audience of village children who were fascinated by discussion of good health habits.



© Park No-yai

■ WHO advisers for the K-0025 Project, Y.T. Kuo (second from right, back row), Elizabeth E. Mumm (third from right, back row) and Ms May Huang (4th from right, back row) meet with public health officials from the provincial government.

team, and this was the shortcoming of the pilot project plan. The family planning project was supported by the United States Agency for International Development (USAID), the United States Population Council and the International Planned Parenthood Federation, while the tuberculosis control project was attended to by tuberculosis experts from WHO. The team was not actively involved in any province. Had the pilot project team been

more actively involved in even Chungcheongnam-do alone to make contributions to these projects, the results would have been evaluated better (23).

According to Park No-yai, another participant in the project, “It was viewed that the pilot project team had commitment and passion, but did not fully understand the needs and feelings of the rural residents.” She recalled those days as follows:

Jeongan-myeon in Gongju-gun celebrated the installation of multi-tank toilets for the prevention of parasites, led by the pilot project team, with a grand opening ceremony attended by the governor. But when I visited the place a few months later, I could not find any signs of the toilets being used. It was because the people found it inconceivable to throw out excrement that was used as fertilizer to grow vegetables such as potatoes and sweet potatoes.

Key from WHO (a hygiene expert of the Chungcheongnam-do pilot project team) set up a plan to resolve the fuel issue in rural areas by replicating a successful case from India: sealing the manure tank (the last among three tanks), attaching a pipe to the tank, and then connecting the pipe to a propane gas cylinder in the kitchen of each household. A village in Gyeryong-myeon, Gongju-gun, was selected to install the device. During a ceremony attended by the governor, the device was used to cook rice and soup, and the fuel issue was thereby completely resolved.

Back then, the country lacked firewood, and the trees in the mountains were continuously used as firewood, which, according to the government's report, were the causes for floods and natural disasters. In response, the slogan "Turn red mountains into green ones" was coined and promoted to the public. Against this backdrop, provincial governments and the Gongju-gun office actively cooperated with the project.

Nevertheless, the project failed to receive the response of housewives in the rural areas and disappeared into history. The housewives said they felt reluctant to cook food for their families using the gas generated from excrement, and continued to opt for firewood despite the hard work it involved. This clearly shows the state of the rural areas in the Republic of Korea around 1965 (24).

3.1.2 General health-care development project in Yongin-gun

Boosted by its rapid economic development, the Republic of Korea launched a pilot health-care development project at the national level in 1971 with support from WHO and UNICEF (K-4001 Project). Together, the Ministry of Health and Social Affairs, WHO and UNICEF rushed to develop a model health-care service delivery system suitable for the entire nation by taking advantage of the resources of existing public health centres and health sub-centres. Essentially, the K-4001 Project was an extended version of the K-0025 Project carried out by WHO in the 1960s.

The general health-care development project, which was piloted in Wonsam-myeon, Yongin-gun, fell under the jurisdiction of the Bureau of Health Policy at the Ministry of Health and Social Affairs. A government project team consisting of doctors, nurses, hygienists and a WHO technical adviser implemented the project with financial support from UNICEF. The entire amount of aid from UNICEF (US\$ 6000) was spent on research. The government project team consisted of Yu Seung-hum, Rhee Dong-mo, Kim Jin-soon, Ahn Sang-seon, WHO Technical Adviser C.H. Chong (Malaysia), H.T. Lin (Taiwan, China), R.H. Herniman (United Kingdom of Great Britain and Northern Ireland), Evelyn Matheson (Canada) and Howman (Australia) (21).

In the early stage of the project, the frequent turnover of nurses who participated as government researchers created difficulties, but the project later ran smoothly with the participation of Kim Jin-soon. Qualified sociology graduates from Ewha Womans University and Seoul Women's University joined the project team to conduct on-site research. The project team was established under the nursing unit of the public health centre in Yongin-gun. One chief nursing supervisor and three nursing supervisors were assigned to the public health centre. The chief nursing supervisor was directed by the head of the public health

centre, while the nursing supervisors were directed by the chief nursing supervisor. The chief nursing supervisor had licenses in nurse-midwifery and health nursing, and one of the nursing supervisors had a license in nurse-midwifery (25).

The tasks at the nursing unit level included participating in the planning, execution and evaluation of nursing and health-care activities, maintaining and adjusting nursing activities at the *gun* (county) and *myeon* (township in a rural area) levels, supervising and instructing personnel on daily work and nursing and health-care activities at *myeon* health sub-centres, providing specialized training for personnel at *myeon* health sub-centres and participating in the nursing activities at the clinics of health centres.

In addition, the general health-care development project team came up with a new health system by conducting research on the health-care service delivery system at the Yongin-gun public health centre and other *myeon* health sub-centres. It also developed a guidebook for nurses and health-care workers at the *gun* and *myeon* levels to carry out their activities according to the newly developed system. The guidebook was designed to improve the integrity of family relations, to improve registration and to utilize personnel at the *gun* and *myeon* health centres for multiple purposes (26).

Accordingly, personnel at the health sub-centres served as the first-line contact in each village and household to encourage the participation of local residents and to motivate them. They also engaged in various health activities based on the household as the smallest unit. Their tasks included providing primary health-care services for local residents, examining and reporting general health conditions of residents, requesting health centres for services not provided at health sub-centres, and planning community activities and especially health activities in cooperation with the Saema-eul Movement.

The personnel of each health sub-centre consisted of one office head and three staff members for multiple purposes. Although it was not easy to secure qualified human resources for health at *gun* health centres in the 1970s, the head of the Yongin-gun health centre was a licensed doctor and the nurses also had sufficient qualifications, contributing to the successful completion of the pilot health-care project (26).

An analysis of the research conducted in Yongin-gun from October 1974 to May 1977, which was prepared by a short-term statistics consultant from India whose first name was Subramanian, was shared in the project's final report. The key contents of the report were as follows: 1) the nursing unit at health centres provides technical support, supervision and cooperation that are necessary for the operation of *myeon* health centres; 2) the place of work of *myeon* health personnel should be changed from the *myeon* office to the *myeon* health sub-centre; 3) the health and medical history written in the family record needs to be fully utilized to execute the national health plans in the future; 4) registered household members should engage in comprehensive health management from infancy according to their life cycle; 5) the health project plan needs to reflect the requests of each household or household member, rather than adopting the top-down approach, for the enhancement of the residents' health; and 6) additional training of health personnel, including nurses, is essential to that end (26).

Kim Jin-soon, one of the participants in the project, remembered the time as follows:

I remember the days like they were yesterday. I would visit the project site in Yongin-gun with the WHO adviser once a week. We used to drive down an unpaved road leaving clouds of dust behind. Even though the WHO adviser provided us with high-level knowledge and practical technique, it was very difficult to apply them to the fieldwork. The participants in this pilot



■ Evelyn Matheson (second from right, front row), WHO adviser to the K-4001 Project, reunites with former Korean project staff who later became public health leaders in the country.

project enjoyed the great opportunity to learn how to implement health projects and to measure the effects of the project results (25).

Unfortunately, the lessons learnt from the pilot project were not executed in other regions. First, the central Government put more emphasis on the Saemaeul Movement and the family planning project. Second, the nurses who were trained for the community-based integrated health-care project sought job opportunities outside the country. Third, health issues were no longer a priority in *gun* regions (27).

3.1.3 *The Korea Health Development Institute*

The Korea Health Development Institute (KHDI), now the Korea Institute for Health and Social Affairs (KIHASA), was established by the Government of the Republic of Korea in 1976. The institute was designed to develop a health-care service delivery system appropriate for the entire country. According to the Law of the Korea Health Development Institute (Legislation No. 2857), the institute was founded to contribute to the establishment of national health plans and policies by conducting realistic and systematic research

on tasks to improve the national health system and relevant areas.

The institute engaged in: 1) research for the improvement of the national health system; 2) research and re-evaluation for the establishment of a reasonable health-care service delivery system; 3) implementation and evaluation of the general health-care pilot project (a general project on disease prevention, diagnosis and treatment, rehabilitation and medical insurance on a trial basis in a certain region); 4) research on and evaluation of the demands for short- and long-term health-care service; 5) support for the maintenance and improvement of community residents' health; 6) training of participants in the general health-care pilot project; 7) information exchange and joint research with various research institutes at home and abroad and support for these activities; and 8) research on health-care services commissioned by the Government.

Under a presidential decree, those engaged in the general health-care pilot project were allowed to conduct minor medical practices within the scope of the project, which actually went against the Medical Law but made it easier to implement the project (28).

Led by Park Hyung-jong, the institute's first director, KHDI played a decisive role in realizing the "No Doctorless Village" goal across the country. The institute assigned doctors to every village and allowed low-income groups in both urban and rural areas to enjoy affordable health benefits.

SEMINARS ON PRIMARY HEALTH-CARE SERVICES

From 7 to 9 September 1977, a seminar on primary health-care services was held in Dogo, Asan-gun, Chungcheongnam-do, under the supervision of KHDI. At this seminar, participants discussed the concept of primary health-care services, focusing on whether primary health care was an extension of the existing health system or a completely new service.

They reached a conclusion that primary health-care services were based on the participation of local communities.

THE TRAINING OF TRAINERS FOR HEALTH PRACTITIONERS

Lee Kyung-sik, a WHO adviser on primary health care, carried out a consultation on the planning, execution and evaluation of primary health-care services in the Republic of Korea. In particular, she directly supervised and consulted on the development of education courses, the execution of training, and the evaluation of training for health practitioners, the core personnel of primary health-care services.

Training on the development of education courses was provided by KIHASA from 12 February to 4 March 1981, in the form of a department discussion, panel discussion, general discussion and lectures, with 34 participants including visitors. Training was offered in four subjects: the concept and operation of primary health care services, the role and responsibility of health practitioners, the development of training and education courses according to the competency of health practitioners, and administrative management of training operations (29). Lee Kyung-sik recalls the following:

From the latter half of the 1970s to 1980s, the Government of the Republic of Korea was technically or financially incapable of implementing a project to expand the base for the provision of primary health-care services. During that period, the conservative medical community insisted on providing medical care only to patients with diseases. Therefore, the implementation of policies to offer primary health-care services to all residents in the local communities across the country with the development of substitute human resources for health would not have been possible without the strong cooperation and support of WHO.

At the request of the Government, WHO continued to provide technical and financial support to expand the primary health-care project and develop a reserve of nursing personnel. The first three-week intensive teacher-training programme supported by WHO targeted 34 health personnel, including administrators of the Ministry of Health and Social Affairs, doctors who would teach the general medical treatment techniques of the community health practitioner (CHP), preventive medicine professors and community nursing professors who would instruct the general approach of primary health care, and a group of clinical doctors and nurses.

The trained teachers were assigned to eight temporary training centres across the country. There, they trained approximately 2000 community health nurse practitioners who were posted within three years. This coopera-

tion project resulted in the development of a three-week competency-based curriculum to train the personnel who would teach the CHP techniques, and encouraged the cooperation and support of the Government and relevant organizations at home and abroad including KHDI, Korean Family Planning Institute, WHO and UNICEF. In this way, WHO spared no efforts to support numerous workshops and field trips to advanced areas, and thus the country's approach to primary health care drew much attention from the international society, resulting in many visitors coming to the Republic of Korea to observe the primary health-care approach. At the primary health-care project site, the Organization supported several international workshops, contributing to the promotion of the Republic of Korea through the field training of the primary health-care experts from all over the world (30).



■ Park Hyung-jong (second from right), Director of the Korea Health Development Institute, meets with foreign advisers. Established in 1976, the institute contributed to the establishment of national health plans and policies.

3.2 Development of human resources for health

3.2.1 *Public health nursing training*

In the 1960s, public health centres wanted to nurture nurses who would be engaged in public health education, infectious disease control and the MCH project. There were, however, not enough institutions to train such nurses. In 1960, the Ministry of Health and Social Affairs (MOHSA) asked the Government to send three nurses for training in India with funding from WHO and UNICEF. However, it was not approved, the response stating that they would have nothing to learn from a country where “people walk barefoot through the streets”. One year later, in 1961, when a new Government came to power, MOHSA made the same request. This time, the request was approved, and the nurses were enrolled in the Certificate of Public Health Nursing (CPHN) course at the All India Institute of Hygiene & Public Health in Calcutta, India, in May 1961 (31). From 1961 to 1967, a total of nine nurses acquired the CPHN. Those who completed the course included Lee Pyo-hee, Gong Chan-gok, Lim Jae-tak, Jang Jeong-mi, Joo Hye-soon, Shin Deok-hwa, Im Myung-gyu, Park No-yai and Won Jeong-ja. The study abroad programme was terminated when a public health nursing course became available in the Republic of Korea in 1967 (32).

In 1967, with support from UNICEF and WHO, the National Institute of Health established the Public Health Nursing training course as an evening class. The course was conceived by a WHO nursing adviser whose first name was Julina, who emphasized the necessity of the programme, and Lee Pyo-hee, section chief at the Department of Nursing Service, MOHSA. In 1970, the Public Health Nursing training course was developed into a one-year special course offered at the Graduate School of Public Health at Seoul National University (33, 34).

In 1973, the Medical Law was revised to grant the public health nurse certificate to nurses who completed the CPHN course and to those who held a bachelor’s degree. Unfortunately, the nurses who completed the course were not given any incentives, and the course failed to gain their support. Because nurses were not offered substantial benefits, and because the tasks at public health centres did not require advanced knowledge or strategies, the classroom-based course ultimately failed and was discontinued in March 1983. The course was resumed in September 1986, but again discontinued in February 1992 (35). In total, 22 course sessions were conducted, and 905 nurses who were engaged in public health nursing, hospital nursing and nursing education participated in the course and acquired the certificate (36).

3.2.2 *Teacher training methodology for medical and health-teaching professors*

To enhance the quality of health-care professors, the WHO Regional Office for the Western Pacific sent qualified candidates to the Regional Teachers Training Centre (RTTC) in Sydney, Australia, for training. From 1973 to 1975, five professors and one researcher from the Republic of Korea were trained (37). The participants in the programme were Kim Yong-il, Yoon Deok-ro, Han Man-chung and Baek Sang-ho from the College of Medicine at Seoul National University; Kim Jeong-soon from the Graduate School of Public Health at Seoul National University; Park No-yai from the Department of Training of the National Institute of Health (38).

In many cases, the course’s teaching methods and theories on curriculum development were used for practical application immediately following the training. For example, Park No-yai attended the National Competition for Teaching Skills of Public Official Training Institutes as a representa-



© Park No-yai

■ WHO advisers supported public health nursing education in the Republic of Korea from 1969 to 1980.



© Kwon E-hyock

■ With WHO support, the National Teachers Training Centre was established at Seoul National University in March 1975.



© Kwon E-hyock

■ Participants at a medical education seminar organized by Seoul National University College of Medicine with WHO support in 1974.

tive of the public official training centre of MOHSA, and even received a presidential award (24).

Mainly led by the professors who completed the training programme at the RTTC in Australia, the National Teachers Training Center (NTTC) was established at Seoul National University in March 1975 (37). Accordingly, more trainees were allowed to learn about teaching methods and curriculum development at home. The opening ceremony of NTTC was attended by Charles J. Ross-Smith, Director of Health Services at WHO, who delivered a congratulatory address, as well as Han Sim-seok, President of Seoul National University, Cho Seong-ok, Vice-Minister of Education, C.H. Chong, WHO Representative in the Republic of Korea, and Kwon E-hyock, director of the centre.

The centre conducted training for around 15 000 people annually, and held about 450 workshops from 1975 to 2012. To provide support to medical schools in the Republic of Korea, the centre formed the National Medical School Deans' Association (in 1980), distributed medical books and dispatched fellows to each medical school.

3.2.3 *Training for the Korean Society of Epidemiology members*

The Korean Society of Epidemiology was established in 1979. WHO provided financial and technical support for the society's first training workshop, held from 8 to 9 June 1979, upon the request of the society's president, Kim Jeong-soon. Consultation was provided by two WHO advisers, namely, A.M. Rankin, WHO Representative in the Republic of Korea, and Reyes, WHO epidemiology adviser and former dean of the Graduate School of Public Health at University of the Philippines Manila. Since then, the Korean Society of Epidemiology has been holding a symposium biannually (39).

3.2.4 *The health-care training course at the Department of Training, National Institute of Health*

With support from WHO, the Department of Training at the National Institute of Health provided intensive training for key health personnel – chief officers, nurses and hygiene personnel – at public health centres. Following the WHO-recommended strategy for the development of human resources for health called training of trainers, health personnel with the potential of becoming trainers received training abroad, and then shared what they learnt when they returned home. A group of WHO advisers, including nursing advisers Elizabeth Mitchell and Leedam and a Bolivian hygiene expert, resided at the Department of Training of the National Institute of Health to support the in-country training.

The four-week training for heads of public health centres consisted of theoretical instruction and site visits to local community institutions, such as a venereal disease inspection station, a public health centre in Goyang-gun and an institute for rural health in Gunsan. The site visits for chief officers of public health centres were combined with those for nurses to emphasize the importance of the team approach in health care. After the site visits, chief officers and nurses jointly discussed ways to improve the services of public health centres.

Since 1962, the course for public health nurses has been held three times each year with fewer than 30 trainees per class (40). The class consists of six weeks of theory and six weeks of practice on prenatal management, delivery, postnatal management, environmental hygiene, vaccination, infectious disease control, health education and diagnosis in local communities. Among them, the diagnosis in local communities required each trainee to survey 50 households, establish and execute plans for services that meet the health demands of each household, and evaluate the results.



© Park No-yai

■ Faculty of the Department of Training of the National Institute of Health gather with provincial public health workers.

For the practical training, the trainees stayed in underserved communities in both urban and rural areas, where they conducted surveys and provided education, consultation, prenatal check-ups and emergency care (see Box 1) (40).

Public officials at the Department of Training of the National Institute of Health visited the sites twice a week to check the status of the trainees based on their work journals. In one journal, a trainee working near Osan, Gyeonggi-do, recalled the time a heavily pregnant woman called for her in the middle of the night asking for help with her delivery. The trainee went to the woman's house although she knew there was almost nothing she could do except sterilization.

While waiting for the baby to be born, she prayed: "Oh, please Lord, if you let us deliver this baby safely, I will believe in you and obtain the certificate of nurse-midwifery as soon as I go back." The pregnant woman gave birth to a healthy baby that night, and after completing her training, the trainee returned to the public health centre and started going to church. She also took one year off to acquire the certificate of nurse-midwifery at the Ilsin Maternity Center in Busan, and started working again at the public health centre in Jeju Island.

The training course was the best in the country. First, its design allowed the trainees to reside at the project sites

Box 2. Reflections of Jung Hye-sook, a graduate of the public health nurses course

I decided to go to Seoul to join the 12-week public health nursing course because I wanted to have more clarity about what nurses can do in public health centres.

When I told others about my decision, everyone said the course was so challenging that many people were reluctant to attend it. Although I had some anxiety, my desire to learn led me from Okcheon to Seoul. My first experience as a trainee started at the Department of Training of the National Institute of Health in Samcheong-dong.

As I had received hospital-oriented nursing training, concepts such as public health, prevention and community involvement were totally new to me. The lecturers had all studied in India, and they taught the students with a strong belief that the health-care project was the only way to decrease the deaths of mothers and infants as well as the deaths caused by infectious diseases. Thanks to their passionate teaching, I was completely absorbed in the 12-week training course.

Looking back, the key contents of the training might have been too challenging for even the current public health centres. The training aimed at nurturing a community nurse who would take charge of around 50 households, investigate the health needs of each household member, and plan and implement a corresponding project.

One trainee investigated 50 households, and two trainees formed one group to plan and implement a project for practice day and night. When they found children left alone at home during their investigation, they took the necessary measures, and when they found people who had to be treated right away, they asked hospitals for help. In the evenings, they called residents together at the town hall to teach them about the precautions in delivery, personal hygiene, prenatal diagnosis and toxæmia. They were so enthusiastic about their teaching – writing on paper and drawing pictures – they didn't even feel tired.

The 12-week training made a strong impression on me. It was a great opportunity to broaden my perspective of the role of community nurses. Before, I thought community nurses just engaged in the vaccination and treatment of the poor, but after the training, I realized that their role wasn't limited to the sick,

but extended to the training and monitoring of healthy people to maintain their health, early detection of diseases through medical check-ups and provision of training on how to care for chronic patients at home.

On the last day of the training, I heard that the graduates were allowed to take an advanced course at the Graduate School of Public Health at Seoul National University to obtain the Certificate of Public Health Nursing (CPHN). Since the course was open at night for people with jobs and also provided scholarships, I enrolled against the wishes of my family.

Each day, after finishing work at the Okcheon Public Health Center at 16:00, I took the train to arrive at Yeongeon-dong at 18:30. Then after the class, I took the train back to Okcheon. I did this routine for one year. Unfortunately, I failed to complete the course because I couldn't feel as excited or impressed as I did at the 12-week course training.

As I thought it a shame to fail in completing the course, when I moved to Seoul, I decided to study for a master's degree in health nursing at the Graduate School of Public Health at Yonsei University. After writing a thesis and graduating from the school, I went on for a doctorate at Inje University.

Although I studied health science at many schools, the 12-week training course at the National Institute of Health in Samcheong-dong was the most impressive and exciting to me. The passion I had at that time changed my whole life from a community nurse in a small village in Okcheon. After obtaining my PhD, I served as the chief of the social services department and used a community-based approach. Before retirement, I worked as the director of a women's centre and made efforts to extend the health-care services.

As a retiree, I still feel that my life is closely connected to health-care services. These days, I am learning Chinese, and to someone who might ask me how learning Chinese is related to health-care services, my answer is as follows: someday, I would like to go to a small village in China that needs the help of public health personnel, and contribute to maintaining the health of the community people (41).



© Park No-yai

■ The building occupied for 20 years by the Department of Training of the National Institute of Health was originally built for the National Family Planning Research Institute with support from the Swedish International Development Agency and the United States Agency for International Development in 1969.

and learn by solving on-site problems, which was similar to the training programme of the CPHN course in Calcutta, India. Second, the key personnel who led the projects of public health centres until the early 2000s were those who completed this course. Finally, course professors were given lecture fees from the Government as well as matching fees from WHO and UNICEF. Therefore, the process of selecting instructors required the approval of the two organizations in regard to the qualifications of the candidates. This system made some general administrative public officials uncomfortable, but the approval process was necessary because the advisers insisted that the quality of training could be enhanced only with the right selection of instructors (24).

The six-month training course for hygiene personnel consisted of two months of theory and four months of practice. Held once a year, the course taught trainees the importance of supplying safe drinking water for the prevention of typhoid, cholera and parasites. After training, trainees were sent to rural areas to work with communities on the installation of a small-scale water supply system and hygienic multi-tank toilets. After completing the course, trainees were expected to return to their public health centres, to select a region in need, and to install the water-supply system and toilets (42).

3.2.5 *Training of myeon multipurpose MCH workers*

With support from WHO, from 1966 to 1979, the Government trained *myeon*-unit MCH multipurpose worker-trainers from each city and province at the Department of Training of the National Institute of Health. After completing the course, trainees were assigned to nursing training centres in each city and province to provide theoretical instruction to the *myeon*-unit MCH human resources (40)



■ Participants of a WHO workshop on primary health-care nursing in 1983. WHO supported training programmes for community health nurses and school nurses in the Republic of Korea.

and to encourage their participation in practical training at their local public health centres. Training and practice were conducted under strict supervision, and educational expenses were met by fellowships from WHO and UNICEF. WHO dispatched nursing advisers, including Elizabeth Mitchell, to conduct visits across the country to check on and instruct the practical training (see Box 2).

After completing the nine-month training, the MCH multipurpose workers were placed in public health centres.

Apart from providing support for training, WHO made an all-out effort to enhance the MCH multipurpose workers project because family planning was considered the top priority by the Government. The Organization raised the awareness of nurse-midwives serving in public health centres about the importance of MCH, emphasizing that the project should be on par with the family planning programme.

Box 2. Reflections of Park No-yai, a researcher at the Department of Training of the National Institute of Health, on situations faced by WHO nursing advisers in the 1960s and 1970s

The WHO nursing adviser visited all the public health centres in the country to inspect whether they were properly checking and managing pregnant women with toxæmia or anaemia by conducting tests on their weight, urine, blood pressure and haemoglobin, and to give the necessary advice for improvement.

During that time, the MCH project had a limited number of tasks such as registering heavily pregnant women, distributing iron supplements and training birth attendants since more than 80% of deliveries were in the home with the help of the mother-in-law or the husband.

The biggest problem with the on-site visits was the accommodations, particularly the lack of private shower facilities. When we visited Jinju, Gyeongsangnam-do, the head of the public health centre managed to reserve a room for the WHO nursing adviser at Wolseong Inn (where the president stayed during his visit to Jinju). But since the room had not been used for a long time and thus smelled damp, we moved to another inn, the best in the town at the time, which was the beginning of all the problems.

The adviser filled the sink next to the toilet with water and was washing her face until she realized that the water was getting warmer. When she looked up, she found a drunken man “passing water” into the sink and then leaving after saying,

“I am sorry”. Crying out, “Oh, no”, she ran to me with tears and insisted that she had to go back to Seoul right away to check whether she got a venereal disease. To deal with the situation, I chose to give her a counter-attack.

I told her, “In our country, there are still so many people like that man who lack the awareness of personal hygiene, and that’s why we need advisers like you. There would be no reason for you to come here if all the people had a perfect sense of hygiene.” But she kept crying, “No! No!” and said that the man must have been aware of what he was doing because when she screamed at him, he left the scene saying “I am sorry” in English.

After calming her down with a glass of water, the situation was over for a while with the arrival of the head of the public health centre. But after returning from the field trip, the adviser said she would bring a small washbasin to the next field trip and make sure her successor does the same. I doubted her words, but two years later, when she was about to leave the country and submitted to me a report for approval on the transfer of her business to her successor, I found in the report the phrase, “Should prepare a small washbasin for your field trip”, which dumbfounded me for a while. I can now smile away the incident, but back then, my heart broke for worry about the situation of my country (24, 42).



■ Park No-yai, a Korean public health nurse who benefitted from a WHO capacity-building programme in the 1960s, is awarded WHO’s Sasakawa Health Prize in 2013.

3.2.6 *Training of food and drug inspectors*

In an effort that extended cooperation with the Republic of Korea, WHO offered support on the enhancement of food hygiene from 1974 to 1977. Moreover, from June to August 1975, WHO offered support on the management of drug quality, through which a WHO adviser provided information and relevant items on the classification and identification

as well as quantitative analysis of pesticides and drugs. In addition, the Republic of Korea and WHO cooperated on experimental research from 1976 and provided scholarships for training. Essentially, support from WHO focused on improving the management of food hygiene and drug quality and offered training for related human resources at the central and local government levels (43).



■ Elizabeth Mitchell (third from right), a WHO nursing adviser, visits the Yongin-gun health centre.

© Park No-yai



■ Tuberculosis patients seek treatment at a public health centre in the late 1960s. With technical support from WHO and material support from UNICEF, the Government of the Republic of Korea strengthened its tuberculosis control programme.

3.3 Communicable disease control

3.3.1 Cholera

In 1969, cholera outbreaks erupted in Gunsan-myeon and in Gochang, Jeollabuk-do, on 28 and 29 August, respectively. The Graduate School of Public Health at Seoul National University conducted an epidemiological investigation on 60 cholera patients in the Gunsan area from 4 to 26 September 1969.

The results confirmed *Vibrio cholerae* biotype El Tor (serotype Ogawa) as the causative organism. Regarding an unusual mixed infection that occurred in a refugee village in Gunsan Port, Jeollabuk-do, the Government of the Republic of Korea requested an investigation by the WHO Regional Office for the Western Pacific. Francisco J. Dy, WHO Regional Director for the Western Pacific, and Lo Yen, a microbiologist, came to the Republic of Korea for the investigation (44, 45).

Around the same time, the epidemiology research team of the medical school at Seoul National University carried out an investigation of 127 cholera patients in 112 households in Seocheon, Chungcheongnam-do, and in Gunsan, Okgu and Gochang, Jeollabuk-do. The investigation was conducted on 4910 residents of 815 households in total, including the households with cholera patients. Of the patients, 22.3% received vaccination against cholera before its outbreak. The secondary infection rate was 2.6%. The average recovery period was 4.1 days, while half of those who died did not receive any treatment and lost their lives within 24 hours from the outbreak (46).

Hong Jae-woong who participated in the field investigation, recalled the situation as follows:

The epidemiological investigation of the cholera outbreak in Gunsan and Okgu, Jeollabuk-do, in 1969 was

the first task that I was involved in for the health-care project. The epidemiology investigation team led by Kwon E-hyock had to find the source of the infection in the region. The following year, there was another outbreak of cholera in Changyeong, Busan and Daegu, and I participated in those investigations as well. At that time, it was almost certain that the source of the disease was the cholera bacteria, but in the early stage, the Government was reluctant to confirm the fact, calling it an “unidentified epidemic”. The Government was concerned that its confirmation would have a negative impact on trade – the export of goods – in those regions, and furthermore on the national economy.

I remember the Government delayed in declaring the regions as contaminated by cholera and only did so when the situation grew out of hand. After the epidemiological investigation in Gunsan, Lee Sung-woo, the section chief of infectious disease prevention at the Ministry of Health and Social Affairs, held a press conference at Gunsan City Hall to announce the result of the investigation. Michael Anthal, a WHO adviser, also participated. One impressive scene was when photojournalists rushed to take a picture of Anthal, but Lee Sung-woo tried to hide the adviser’s face with some documents. It was to avoid leaving a photo that would make it seem as though WHO was officially acknowledging that those regions were contaminated with the cholera virus (47).

More than a year after the outbreak of the cholera epidemics, WHO announced the end of the outbreaks in the Republic of Korea in October 1970 (48).



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■ A group of medical students participate in a cholera outbreak control team exercise.



© Park No-yai

■ A cholera outbreak control team at a remote seaside village in Chungcheongnam-do.



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■ A cholera vaccination campaign takes to the streets.

3.3.2 *Leprosy*

As early as 1959, WHO's leprosy control programme collaborated in the organization of surveys in various countries. There has also been a general trends towards integrating leprosy patients into general health services. Furthermore, WHO proposed operational definition of "inactive" cases and those "released from control" at the first Western Pacific Regional Seminar on Leprosy Control held in Manila, the Philippines (16).

In response to this, the Government implemented the Leprosy Control Programme in the Republic of Korea from 1961 to 1970. The programme included five-month field trips to what was then British-ruled Hong Kong, India, Malaysia, the Philippines, Taiwan (China) and Thailand to learn how to control leprosy, how to improve the existing leprosy control programme and provide relevant health training, and how to train health-care personnel in charge of leprosy control.

From 1962 to 1963, the laws on public health centres and infectious disease prevention were revised according to the recommendations of WHO to provide home therapy service.

In addition, through the medical volunteer services of the Damien Foundation, Frans Hemerijckx, a resident WHO adviser at the WHO Representative Office in India, visited the Republic of Korea in November 1964. He visited a hospital on Sorok Island and offered to provide medical aid for the rehabilitation of lepers. Accordingly, on 26 November 1964, two nurses, Ida Claessens and Anne Marie Gaily, were dispatched to the hospital for patient care.

At the meeting with the Korean Leprosy Welfare Association, Emerlake, the honorary chairperson of the Damien Foundation, expressed his desire to support the leprosy control programme of the Republic of Korea. As a result, on 15 April 1966 in Belgium, the Damien Foundation

signed an agreement with the Ministry of Health and Social Affairs, promising to support the leprosy control programme for five years.

In accordance with this agreement, the Damien Foundation provided US\$ 901 000 for five years to operate a mobile clinic and a plastic surgery centre valued at US\$ 20 000 at Sorokdo National Hospital.

Moreover, the foundation renovated the second floor of the main hospital building and supported the establishment of a 50-bed ward and a physical therapy clinic. The experts dispatched in accordance with Article 3 of the agreement started their medical practice in September of the same year. Moreover, Van Droogenbroeck, a representative of the foundation and a plastic surgeon, joined the group of nurses and nuns who had already been dispatched in 1964 to form a medical team of seven members (49).

The use of dapsone (DDS) for systemic treatment for leprosy patient introduced in early 1950s has brought major changes in the treatment of leprosy. However, resistance of the mycobacterium to sulfone was demonstrated in the late 1960s and confirmed again in the early 1970s. To overcome this problem, the fifth meeting of the WHO Expert Committee on Leprosy in 1976 recommended combining several drugs, including rifampicin and clofazimine (16).

In accordance to this recommendation, the Government of the Republic of Korea accelerated the administration of rifampicin and clofazimine from 1978. As a result of these efforts, the prevalence rate of putative leprosy dramatically decreased from 2.3 per 10 000 in 1971 to 1.9 in 1975 and to 1.4 in 1978 (50).



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■ A mobile leprosy team, as part of a 1961 Government initiative with WHO support, to identify cases among schoolchildren.



© WHO

■ A poster of a 1961 Government leprosy control campaign.



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■ A Government official presents a WHO leprosy adviser with an appreciation plaque at the World Leprosy Day ceremony in 1968.

3.3.3 Tuberculosis

In 1962, WHO dispatched a tuberculosis (TB) adviser, E. Nassau, who emphasized that patient identification and care management should be key components of the national TB management programme and that diagnosis based on tubercle bacillus testing must be provided. With technical support from WHO and material support from UNICEF, the Government of the Republic of Korea decided to establish and operate a tubercle bacillus testing centre at the Korean National Tuberculosis Association (KNTA).

In addition, in 1963, the Ministry of Health and Social Affairs and WHO jointly established a tuberculosis centre to house a number of laboratories (51).

With administrative support from the Government of the Republic of Korea, combined with technical support from WHO and material support from UNICEF, KNTA conducted its first survey on the national status of TB infection in 1965. The results showed that the infection rate was 9.4 per 1000 people over 5 years of age, and 10.2 per 1000 for those aged 0 to 4 years old. Based on the results of the research, KNTA began offering training for doctors in charge of TB control and strengthened the Bacillus Calmette-Guérin (BCG) vaccination programme (52).

Kim Seong-jin, who participated in the TB control project, remembered the time as follows (53):

What was most memorable for me was the first national survey on TB conducted in 1965, which revealed a 5.2% prevalence, and the conduct of survey on TB every five years until 1995. The results of the survey were used not only as basic data for the control of TB in the Republic of Korea, which led to the successful implementation of the TB control project, but also as important epidemiological data for TB control projects in many other countries.

For its part, the Government gradually increased its budget for TB control in accordance with the second five-year economic development plan in 1967. Moreover, it devoted the next five years to TB elimination, and set the goal of decreasing the morbidity rate from 5.1% to 3.1%, the positive morbidity rate from 0.9% to 0.3%, and the number of new patients from 465 to 200 per 100 000 people by annually registering and treating more than 200 000 home-based patients at public health centres (52).

WHO, in addition to offering scholarships to four TB researchers for overseas study, implemented a joint TB control programme with the Government of the Republic of Korea over the course of three periods – from March 1962 to December 1966, from April to October 1967, and from August 1968 to December 1972. From 1962 to 1974, 2.32 million infants and schoolchildren across the country were given BCG vaccine. In total, around 2 million people per year were vaccinated, which was almost double the number of annual births. In this way, the Government of the Republic of Korea pushed ahead with the TB elimination project, increasing the budget by 631% in 11 years.

Through these efforts, the second round of research on the national status of TB infection conducted in 1970 showed that the prevalence rate slightly decreased to 7.4 per 1000 people over 5 years of age, while around 60% of the infected persons were not identified (53).

In 1975, the Republic of Korea launched a research and development project to develop manufacturing capacity for freeze-dried BCG vaccine to overcome the short shelf life of liquid BCG vaccine. In 1977, a WHO adviser, A. Ladefored, was deployed to the Republic of Korea for one month to guide freeze-dried BCG vaccine manufacturing projects (54).



© KNTA

■ With support from WHO and UNICEF, the Republic of Korea conducts its first nationwide tuberculosis survey in 1965.



© Robah Keillogg

■ A BCG vaccination campaign is launched in schools in the 1960s.



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■ WHO supported the production of BCG vaccine in the Republic of Korea.

3.3.4 *Malaria*

Based on the results of malaria status research conducted in June 1959, the Government of the Republic of Korea, with support from WHO, carried out an intensive national malaria eradication programme from 1962 to 1973.

As a follow-up to the research carried out in 1959, the decade-long programme included systematic research on malaria, organization of state tasks for malaria eradication and systematic training of the personnel in charge. For this

programme, the Government appointed Lee Myung-hak from the Ministry of Health and Social Affairs as the general manager, and Lee Yong-sul from the National Institute of Health as the team leader. Through such efforts, the rate of malaria infection gradually decreased (55).

Lee Han-il, a part-time employee at the malaria eradication programme office, described the early days of the programme and how it evolved (55):



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■ A public health centre vehicle sprays pesticides to control mosquitoes and other pests.

When we first launched this programme, we went through countless trials and errors since we didn't have any knowledge about malaria. Because no one had seen mosquito larvae before, we argued whether what we had collected were really mosquito larvae or not. Since specialized books or research papers on malaria were hard to find, when we luckily got a hold of any, we inserted carbon into the manual typewriter to make five or six copies, and hand-copied the pictures and passed them around to study. One thing I gained from that experience was excellent typing skill, which is helpful to me to this day.

The mere fact that four of us obtained a doctorate degree with the research conducted by the insect research team shows just how much work we did, and I feel proud of myself for it. Back then, I served as a temporary public official for six years, going to the rural areas every summer and staying for three to four months, working day and night (the research on mosquitoes was usually done at night). Despite such hard work, I had no complaints – I was that naive at the time (55).

The malaria eradication programme office, which was housed in the Bureau of Epidemic Prevention, was staffed by 20 part-time employees, including three who worked on insect (mosquito) research, 10 who specialized in parasite research (mainly microscopic examination and epidemiological investigation), two office workers and five drivers.

Since none of them had any knowledge about malaria, almost every employee attended an overseas training programme once or twice with support from WHO. Several employees, including Lee Han-il, completed the Malaria Eradication Training Course for Malariologists, held for three months in the Philippines in October 1959, and also participated in the Special Training Course for Malaria Entomologists, held for two months in Malaysia in 1962 (55).

3.3.5 Filariasis

From 1968 to 1970, Kim Jeong-soon of the Graduate School of Public Health at Seoul National University carried out ecological and epidemiological research on microfilaria and group chemotherapy, with financial support of US\$ 25 000 from the United States Army Research Fund (38). For this research, more than 90% of 3200 residents from three villages and four islands (within Jeju Island) underwent an evening blood test to confirm infection, and 82% of them were treated seven times with an administration of diethyl-carbamazine.

The following year, the treatment group showed a negative reaction to microfilaria, while the control group showed no change in their positive infection rate. The mosquito infection rate of the treatment group was almost zero but showed no change in the non-treatment group (56). As this research was supposed to evaluate the effect of group treatment over the long term, in 1980 the research team applied for a WHO research grant and received US\$ 5000 from the Initiative Fund of the WHO Director-General.

Although it was not a large amount, the funding contributed to the successful completion of the research, and the results of the research played a critical role in the effective treatment of people who suffered from microfilaria in many countries. Immediately after receiving the final report, WHO published the results of the research in the *Bulletin of the World Health Organization* and asked the researchers to make a presentation on the results at a WHO microfilaria symposium and workshop.

Later, after conducting filarial antigen skin tests and blood tests, the National Institute of Health declared the elimination of microfilaria in many villages on Jeju Island, which used to show more than 30% infection rate (38).



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■ Public health workers spray pesticides in the street of a rural village to control mosquitoes and other pests.

3.4 The maternal and child health programme

From February 1968 to 1973, WHO provided consultation aimed at enhancing the MCH programme across the country and developing local health projects that integrated family planning into the general health programme. Moreover, from 1971 to 1974, the Organization supported the training of professors and administrators responsible for teaching nurses and midwives, as well as the training of personnel needed to integrate family planning into the general training course (see Box 3).

With help from UNICEF, WHO distributed home delivery kits to nurse-midwives at the public health sub-centres. The kit was an essential tool for safe homebirths, which accounted for around 80% of all deliveries since the 1970s. In an effort to comprehensively implement both the MCH and family planning programmes, from 1972 WHO supported a variety of research projects related to the effectiveness of intrauterine devices led by Seoul National University, Youngnam University, Yonsei University and the Planned Parenthood Federation of Korea (57).

From March 1973 to December 1974, WHO and the Government of the Republic of Korea supported a family planning project that was centred on MCH.

Box 3. Reflections of Hong Jae-woong

The first MCH project in which I was involved was the one implemented by the Urban Population Research Society at Seoul National University College of Medicine. With research funding from USAID, the society planned a pilot project on family planning in urban areas. The project for rural areas was led by the preventive medicine class (Yang Jae-mo and Bang Sook) at Yonsei University College of Medicine and implemented in Goyang-gun. The Urban Population Research Society at Seoul National University College of Medicine carried out the project in Geumho-dong, Seongdong-gu (also called the Seongdong Project).

The project was later extended to other areas, including Wangsimni and Miari. The project conducted research on new contraceptive methods to be introduced to the national family planning project, such as intrauterine devices and oral contraceptives, to verify the receptivity of residents and determine the side effects of contraceptives in advance. Moreover, the project carried out research on the effects of the Special Incentive Programme, which can increase the receptivity of contraceptive methods, and also on the physical and psychological changes in those who underwent deferentectomy.

With financial support from WHO, for one year in 1984, I studied under the guidance of Helen M. Wallace of the Department of Maternal and Child Health at the Graduate School of Public Health at San Diego State University in California. At the graduate school, I could audit the Master of Public Health course on maternal and child health and freely attend the lectures of other majors. Furthermore, I could engage in the research carried out by Dr Wallace and also in setting up the plans of the department. All of these were of great help to me when I began designing the MCH curriculum for the Graduate School of Public Health at Seoul National University. The majority of the students in the MCH department at this newly established graduate school in San Diego came from South-East Asia and Africa, which provided a good opportunity for me to learn about the status of MCH of many countries.

Likewise, thanks to the support from WHO, in July 1989, I had the opportunity to observe the primary health-care services of four countries, namely, Malaysia: the Philippines, Singapore and Thailand, spending a week in each country (47).



■ Participants at a seminar on family planning for MCH teaching faculties and nursing administrators in 1973.

The project involved a series of activities for family planning that focused on MCH and health care; provided scholarships to three employees of hospitals in Chungnam, Namwon and Andong; and covered the expenses for other consumables, equipment and local health projects. This project was later integrated into the national family planning programme, laying the foundation for the promotion of integrated activities on MCH and family planning in 102 hospitals across the country.

In 1969, the Christian Medical Commission under the World Council of Churches provided MCH services in Siljeon, a village on the remote Geoje Island, which had no doctors, by establishing the Geoje Community Development and Health Centre (or Siljeon Centre) as part of the Geoje Island Community Health and Development Pilot Project. At that time, 25% of the residents in the province of Gyeongsangnam-do (about 30 000) benefited from this project, and the budget for prenatal tests was supported by the local medical insurance, which was approved by the Government. Through these strategies, the rate of prenatal tests increased from 1% to 40% (58).

3.5 Environmental health

From August 1966 to January 1968, WHO implemented an environmental health project aimed at enhancing the hygiene services offered by the Public Health Department, building potable water-supply facilities in urban and rural areas, improving the treatment of excreta and other waste matter, enhancing food hygiene, and controlling disease vectors.

Soon after, the Government of the Republic of Korea and WHO agreed on the terms of the Pre-Investment Survey of the Nakdong River Basin (K-0044 Project), which was carried out from April 1969 to March 1970, in cooperation with various international organizations including UNDP and the Food and Agriculture Organization of the United Nations (FAO). The survey gained much interest for the prevention of pollution of rivers and the securing of hygienic water quality. WHO dispatched a sanitary engineer to provide consultation on all matters related to environmental health services and hygiene infrastructure for migration planning. The WHO consultant stayed in the Republic of Korea for 14 months, supporting the setting up of plans for research on water quality and requirements of industrial water in the Nakdong River basin, and submitting forecast reports in 1971, 1976, 1981 and 1986 (59).

WHO carried out a series of consultations on environmental health in the Republic of Korea in 1975. From July to September 1975, WHO carried out a consultation on air pollution control, providing advice to the Government on its plan to train personnel and to establish an air pollution control programme. During a consultation on water pollution control, conducted from July to August 1975, WHO was involved in training personnel, monitoring water quality, and establishing plans for related projects. According to the water investigation at this point, from the late 1970s to early 1980s, the low-lying areas of the Han River were

seriously contaminated by the inflow of untreated domestic and industrial waste, and thus the water was not suitable for use as tap water. Moreover, the biological oxygen demand, dissolved oxygen concentration and heavy metal concentration exceeded the Republic of Korea's legally allowed limits for water pollution. Finally, from October to November 1975, during a consultation on radiation control, WHO offered information on the safe use of ionized and non-ionized radiation, supported the operation of a training programme for radiation health personnel and the development of radiation dosimetry, and provided consultation on future planning.

That same year, in October, a WHO adviser extensively researched the need for improved sewage treatment in Seoul and other big cities. The data collected were used to formulate a General Plan on the Treatment of Sewage and Waste in the Metropolitan Area (60).

In March 1979, WHO Director-General Halfdan Mahler visited the Republic of Korea to evaluate the environmental health projects, including their impact on safe drinking-water supply and environmental preservation. He concluded that the projects had been successfully implemented (61).



■ Park Chung-hee, President of the Republic of Korea (centre), awards the Order of Diplomatic Service Merit to Hafdan Mahler, WHO Director-General (left) and Francisco Dy, WHO Regional Director for the Western Pacific (second from left), in March 1979.

3.6 Other WHO support activities

3.6.1 *Public Health Laboratory*

In April 1974, WHO supported the National Plan for the Control of Disease Vectors and Rodents. To successfully implement the plan, a two-week retraining course for personnel in charge of disease vector control was carried out from May to July 1974. During this period, a WHO adviser taught experimental testing techniques and introduced the fluorescent treponemal antibody absorption test (FTA-Abs) to staff in the venereal disease research laboratory. WHO helped to significantly improve infectious disease diagnostic techniques in the Republic of Korea by introducing the plaque reduction test for vaccine quality control, introducing new viral diagnostic techniques, including enzyme-linked immunosorbent assay (ELISA) and immunofluorescence assay (IFA) in 1983, as well as conducting training to enhance the biosafety level of infectious disease laboratories (62).

3.6.2 *The expansion of the medical insurance system*

With a scholarship from WHO, Yang Jae-mo of Yonsei University College of Medicine (YUMC) visited WHO and the International Labour Organization (ILO) in Geneva, as well as health agencies in China, Denmark, Finland, Germany, Japan, Norway, Switzerland, and the United Kingdom of Great Britain and Northern Ireland to research and inspect the health security system of each country. In May 1961, upon returning to the Republic of Korea, he submitted his recommendations on the establishment of a social security system to the Government. Subsequently, there was movement towards the introduction of a medical insurance system, such as the revision of the Medical Insurance Act in 1963 and the foundation of the Blue Cross Health Cooperative, a private medical insurance union, by Jang Gi-Ryeo in Busan in 1969 (63).

Co-advisers from ILO and WHO were dispatched to the Republic of Korea in November 1969, and again in December 1974, to check the feasibility of the national medical insurance system. The advisers recommended expanding the medical insurance system to improve medical services in rural areas (64).

3.6.3 *The national cancer registry system*

Supported by WHO, the Republic of Korea in 1977 conducted a survey on the status of cancer patients that revealed the importance of a hospital-based epidemiological investigation in laying the foundation for cancer management. In 1978, a workshop on cancer management was held in Seoul. Many experts from other countries participated in the workshop including Ramona Lunt from the cancer department of WHO.

After attending the workshop and observing practices in the Republic of Korea, Lunt made several recommendations for the development of the national cancer registry system: 1) identify an organization and chronic disease experts to take charge of the national cancer registry; 2) form an advisory panel on the national cancer registry consisting of outstanding cancer experts and managers; 3) hold a national training seminar in 1978 at the National Medical Center (NMC) for major universities and hospitals and the Government, requesting the consultation of WHO for six to eight weeks; 4) enlist one or two pathologists at NMC in the six-week fellowship programme to study cytopathology and learn cancer screening methods; and 5) provide a two-to-three stage training course for cytologists at NMC (65).

Accordingly, in 1980, the Government of the Republic of Korea established the Central Cancer Registry Headquarters at NMC to carry out the National Cancer Registration and Statistics Program, which was transferred to the National Cancer Center (NCC) in September 2000.



■ WHO supported the Republic of Korea to strengthen capacities of public health laboratories including the Korea National Institute of Health. (Staff shown here in the early 1980s).



■ Following advice from WHO, the Republic of Korea established the Central Cancer Registry in 1980 and conducted national training seminars regularly.



■ Yang Jae-mo (right), a WHO scholarship awardee in 1961, contributed to the establishment of the medical insurance system in the Republic of Korea.

4. Contributions of the Republic of Korea to WHO

4.1 Korean experts join WHO Secretariat and serve as advisers

After joining WHO, the Republic of Korea relied on the help of foreign experts to strengthen the foundation for various health projects. From the 1960s, however, experts from the Republic of Korea joined the WHO Secretariat and supported other developing countries. For example, in 1967, Han Sang-tae was appointed as the WHO

Country Liaison Officer in Western Samoa (now Samoa). In 1969, Joo In-ho joined WHO in the African Region and devoted himself to the enhancement of health of the African people for 15 years (see the Biographies section for more on Joo). Other Korean experts who worked for WHO in the Western Pacific Region in the 1960s and 1970s included Baik Young-han (malaria), Lee Kyung-sik (primary health care) (see the Biographies section for more on Lee), Park Hyung-jong (human resources for health), Lee Sung-woo (epidemiology), Jang Gyung-sik (environmental health) and Yoon Seok-woo (WHO adviser in Africa).



■ Han Sang-tae (second from right) at a meeting at the WHO Regional Office for the Western Pacific in the late 1970s.

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4.2 Korean institution designated as a WHO collaborating centre

A WHO collaborating centre is an institution designated by the WHO Director-General as part of an international collaborative network set up by the Organization. In the case of the Republic of Korea, the country's first WHO collaborating centre was the Industrial Medical Research Institute (IMRI) at the Catholic University of Korea (now Center for Occupational and Environmental Medicine), which was designated as a WHO Collaborating Centre for Occupational Health in 1972. Cho Kyu-sang was chosen as the director of the WHO collaborating centre because of his years of experience in occupational health (see the Biographies section for more on Cho).



■ Cho Kyu-sang (left) and Choi Young-tae (second from right), with officials from WHO and ILO, visit the WHO Collaborating Centre for Occupational Health at the Catholic University of Korea in 1979.

He established IMRI, the nation's first specialized institute in industrial health in 1962, and actively promoted the concept of occupational diseases and their management in the Republic of Korea. Before becoming a WHO collaborating centre, IMRI was engaged in the exchange of material and human resources with other overseas institutes, such as the Institute for Science of Labour in Japan. IMRI continues to contribute to the efforts of WHO by participating in the annual meeting of the WHO collaborating centres for occupational health and publishing annual reports (66).

4.3 Korean support for Viet Nam through WHO

In November 1978, the Republic of Korea supplied dichlorodiphenyl-trichloroethane (DDT) spray valued at US\$ 20 000 to Viet Nam through WHO for the control of malaria vector mosquitoes. In line with a resolution of the World Health Assembly, WHO consulted with Vietnamese authorities about the items they preferred and informed the Government of the Republic of Korea of those preferences, which included 640 DDT sprays to be shipped to the WHO Programme Coordinator in Ho Chi Minh City. Although there is a debate on the use of DDT, in the endemic regions DDT is considered to be an effective way for dealing with malaria (67). This support marked an important shift in the Republic of Korea. While the country was still receiving aid from international organizations such as WHO during this period, it was also starting to provide international support. Economic development during the 1960s and 1970s enabled the Government of the Republic of Korea to give aid to others. (See Annex 4 for the official letter from the Government of the Republic of Korea to WHO stating its support to Viet Nam in the form of donations of DDT sprays.)

5. Summary

Decolonization, triggered by the end of the Second World War, continued during the 1960s and 1970s. Setting up development cooperation projects to improve conditions in poor and newly independent countries emerged as a major task for developed countries and the United Nations.

In 1978, WHO and UNICEF jointly convened the International Conference on Primary Health Care as a step towards closing the health services gap between countries and regions. A groundbreaking declaration on primary health care, The Declaration of Alma-Ata, was announced at this conference, and was adopted as one of the key projects of WHO under the slogan “Health for All by the Year 2000”.

While undergoing unprecedented changes in the 1960s and 1970s, the Republic of Korea achieved rapid economic growth, thereby raising the nation’s status in the global economy. During this time, the country’s health-care system and health status also markedly improved. Despite limited funding, the Government strived to promote the public health of residents by expanding the network of health

centres and securing high-quality health personnel and facilities. Average life expectancy grew from 52.3 years in 1960 to 61.9 years in 1970, and to 65.7 years in 1980. The total fertility rate decreased from 6.00 in 1960 to 4.51 in 1970, and to 2.73 in 1980.

WHO played a critical role in the advancement of health care in the Republic of Korea during the 1960s and 1970s. In October 1962, the Organization established a Country Liaison Office in Seoul, which was upgraded to the WHO Representative Office in January 1965. WHO supported two large pilot projects on community health-care system strengthening (one in 1963–1967 and the other in 1971) and also supported the training of public health workers through overseas fellowships and domestic training courses. WHO provided technical support to a wide range of health programmes covering acute communicable diseases, leprosy, tuberculosis, malaria and parasites, MCH, and environmental health. As a result, the Government of the Republic of Korea was able to strengthen a health-care service system and to enhance the health of the people.

During this period, the Republic of Korea began to contribute to global health. From the 1960s, Korean experts began to join the WHO Secretariat and supported other developing countries as advisers. In 1972, the Industrial Medical Research Institute at the Catholic University of Korea became the country’s first WHO collaborating centre. In 1978, the Republic of Korea supplied DDT valued at US\$ 20 000 to Viet Nam through WHO for the control of malaria vector mosquitoes. This support marked an important shift in the Republic of Korea. While the country was still receiving aid from international organizations such as WHO during this period, it was also starting to provide international support.



■ A postage stamp commemorating the malaria control project was issued on National Health Day in 1962.

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6. Biographies

Joo In-ho

Korean health pioneer devoted to Africa



© Joo Ae-ran

■ Joo In-ho

Joo In-ho, a Korean health expert who contributed to eradicating yellow fever, smallpox and African trypanosomiasis (sleeping sickness) in Africa, was born in Hamju, Hamgyeongnam-do, in 1919. After graduating from Keijo Medical School in 1942, he worked as an assistant at the pharmacology department of the same school, while witnessing the independence of his country. As a medical doctor, he dedicated himself to epidemiological research on infectious diseases, and was the first person to isolate the Japanese encephalitis virus.

In November 1945, with support from the Rockefeller Foundation, Joo was admitted to the University of Michigan in the United States, along with Choi Chang-soon, Yoon Yu-seon and Kim Dong-chul. The four Korean scholars were sent to the United States with the obligatory condition of two years of public service upon graduation. Thus, from April 1947 to August 1950, Joo served as the Director of the Bureau of Research of the Ministry of Public Health and Welfare under the United States Military Government in Korea. From 1950 to 1955, he served in the military as a major and also as a public health adviser at the army headquarters.

For 15 years, from 1969, Joo worked for WHO in the African Region. In 1970, only six months after his arrival, yellow fever broke out throughout western Africa, with about 50 000 cases reported in around 10 countries. Joo conducted epidemiological investigations and oversaw the inoculation of around 5 million people with vaccines and syringes provided by France and the United States. As a result, western Africans increased their antibody retention ratio by up to 80%.

From 1972, Joo served as the Director of the Bureau of Epidemic Prevention at the WHO Regional Office for Africa in Brazzaville, Republic of the Congo, providing technical consultations on the eradication of smallpox in the WHO African Region. At the same time, he worked as an epidemiology professor at Uganda University.

In 1976, an unidentified deadly disease broke out in Zaire (now the Democratic Republic of the Congo) that took the lives of 325 people, including 20 medical team members. Joo arrived first at the scene, collected blood serum, and identified the cause of the disease as the Ebola virus.

In late 1977, Joo received a telegram stating that about 10 patients with smallpox had been admitted to an Italian Catholic hospital on the border between Sudan and Uganda. As the hospital was located on the frontlines of a guerrilla war for independence waged by the Gakuwa tribe, Joo was not authorized to vaccinate the smallpox patients – the last smallpox patients in the world.

However, after submitting a petition to Ugandan President Idi Amin, who was a member of one of the tribes, Joo was granted permission to enter the region to administer vaccinations. Working in the combat zone, Joo successfully completed the smallpox eradication campaign together with the United States Peace Corps. WHO awarded Joo a service medal in 1979 for the eradication of smallpox, and Buckingham Palace selected him as a lifetime academician for his contribution and spirit of service.

In 1979, Joo retired from WHO and returned to his homeland for several months, but then returned to WHO to advise on the sleeping sickness prevention project in Uganda. When Joo arrived in Uganda there were already around 5000 cases and 100 deaths. The people in the affected area were relying on shamanistic practices instead of medical treatment, thereby wasting valuable time and causing the fatality rate to rise. Joo personally participated in the treatment of patients and involved himself with various activities such as early identification, quarantine, chemotherapy of patients and the air application of pesticide. In particular, he operated a travelling clinic that was equipped with 20 ambulances donated by the Republic of Korea and stocked with medicine and medical supplies valued at US\$ 400 000 donated by the German Red Cross. The ambulances displayed the “ROK Aid” logo, and thus whenever the residents saw Joo, they welcomed him, saying: “Thank you, Joo. Praise the Lord.”

In this way, Joo played a pioneering role in establishing a tradition of Korean health-care workers participating



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■ Joo In-ho regularly met with local people in Kampala, Uganda.

in international service, and he is still called the “Korean Schweitzer” in Africa, a reference to the early 20th century doctor and philosopher Albert Schweitzer who operated a hospital in West Africa. His command of six languages and his frugal lifestyle deeply impressed the people he encountered in Africa and the Republic of Korea.

Joo passed away on 2 February 2002 at the age of 81 (68, 69).

Lee Kyung-sik
Living witness of Primary Health-Care services
in the Republic of Korea



■ Lee Kyung-sik

Lee Kyung-sik was born in Andong, Gyeongsangbuk-do, in 1932. After graduating from the College of Nursing at Kyungpook National University, she went on to earn a master's degree in health science at the University of Hawaii and a doctorate degree in pedagogy at the University of North Carolina Chapel Hill. Lee chose health science as her major after listening to a lecture on public health by a passionate professor at the College of Nursing. After returning to her homeland, she taught community-based nursing at Korea University College of Nursing and the Graduate School of Public Health at Seoul National University. At that time, she noticed the importance of improving the abilities of community nurses in the community-based

health-care services, and accordingly established the Public Health Nurses Association in 1970. As president, she formed 16 branches and solidified the foundation, which resulted in increasing the size of the association to 3000 members.

Later she was dispatched by the Ministry of Education to be the director of the public health centre in Geoje island. She grafted prevention activities onto the existing treatment-oriented services and geared the services to local communities. With her contributions recognized, she was appointed as the officer-in-charge of primary health-care service development in the WHO Regional Office for the Western Pacific, devoting herself to the promotion of primary health-care services in WHO Member States.

In an effort to promote primary health-care services in the Republic of Korea, Lee developed and launched a curriculum for public health centres. While the introduction of the public health centre system in the Republic of Korea is mostly attributed to the introduction of the concept Health For All, as delineated in the Declaration of Alma-Ata, and the implementation of the rural area health-care special law to address the problem of villages without doctors, the remarkable activities of Lee must also be remembered for their contributions.

After retiring from WHO, Lee was appointed an academic chair at Yonsei University College of Nursing, where she spent one year teaching students about the status and direction of global health-care services. In addition, from 1994 to 1997, she was appointed as the first dean of the College of Nursing at Hallym University and strived to enhance the quality of education at the newly established college. She also established the Registered Nurse/Bachelor's Degree in Nursing (RN/BSN) course, through which graduates from nursing colleges could obtain a bachelor's degree in nursing science and later apply for master's and doctorate programmes. Many of the graduates of the programmes are currently active in various fields of the health-care community.

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Lee accomplished each of her goals through hard work and by tapping her international connections. According to her acquaintances, since there was nowhere to study English in Daegu back then, Lee chose to work at a prison camp in Geoje Island to study English by interacting with American soldiers. She worked on her English pronunciation at night – her voice so loud that it distracted her neighbours’ sleep. Many people said she was evidence of the saying, “No sweet without sweat”.

Lee’s beliefs helped drive her dedication to the development of nursing and health-care expertise at home and abroad for more than 50 years. She was fond of saying: “Unless a kernel of wheat falls to the ground and dies, it remains only a single seed. But if it dies, it produces many seeds”; “Even a little idea can change the world after going through the proper process”; and “Nothing is impossible if one keeps trying and never gives up” (70, 71).



© Park No-yai

■ Lee Kyung-sik (second from left) with Korean advisers – Kim Hwa-jung (left), Park No-yai (second from right) and Kang Bok-soo (right) – at the WHO Regional Office for the Western Pacific in January 1991.



© Lee Kyung-sik

■ Lee Kyung-sik (fourth from right, second row) at a meeting on nursing education in Geneva in 1990.

Cho Kyu-sang
Director of First WHO Collaborating Centre
in the Republic of Korea



■ Cho Kyu-sang

Cho Kyu-sang was born in Seoul in 1925. Cho attended the middle school affiliated to Gyeongseong College of Education, but after his father was transferred he moved and eventually graduated from Bongcheon Jeil Middle School in China. Cho began studying medicine at Lushunkou Medical College in China (now Dalian Medical University), but he returned to his home country after its liberation on 15 August 1945. He transferred to the Medical School of Gyeongseong, renamed Seoul National University College of Medicine in 1946, where he graduated in 1948. While majoring in environmental hygienics, he worked as a teaching assistant for Shim Sang-hwang.

After the Korean War broke out, Cho fled to Busan where he helped to establish Chosun Spinning Hospital at Beomil-

dong. As the head of the hospital's Examination Division, Cho conducted research on the labour and health conditions of female weavers who worked 12-hour shifts and later presented the results of his study at an international symposium. Given the poor working conditions of the employees, he proposed shifts of fewer than eight hours of work per day. Some labour executives at the symposium rejected his research and asked who would compensate them for the money lost due to shortened working hours.

After the Korean War, Cho returned to Seoul and worked as a full-time instructor at the Department of Environmental Hygiene of Seoul National University College of Medicine. Later, he joined the Air Force as a research officer at the Aeromedical Research Laboratory and published a study on the standards for caloric consumption of military personnel. In 1955, he conducted research on the health conditions of coal miners in Jangseong-gun with a group of teaching assistants from Seoul National University. His research drew popular attention to the issue.

In 1958, after completing four years of military service, he accepted a post at the Faculty of Medicine of Catholic University of Korea and established the Department of Preventive Medicine. In 1962, he founded the Industrial Medical Research Institute (now Center for Occupational and Environmental Medicine) as the nation's first institute of industrial medicine affiliated with a college, and launched an investigation of hazardous workplaces such as mines and refineries. Through his research he found that many workers had been conscripted by the Japanese colonial government and forced to work in mines in Japan, that coal in the Republic of Korea had a high proportion of anthracite that could easily cause pneumoconiosis, and that the working conditions in underground mines were very poor because of narrow and crooked coal seams. Furthermore, Cho determined that the use of dynamite was harmful to the health of workers. Due to these factors, one third of

the mineworkers suffered from health problems. Since its designation as the nation's first WHO Collaborating Centre for Occupational Health in 1972, the institute has been conducting and sharing research in the industrial health sector.

Cho devoted his life to the enhancement of workers' health and the prevention of occupational diseases. He once remarked, "I had no interest in politics but just tried to be

faithful to my duty." Cho's sense of purpose and his devotion to helping those in need were recognized by the Vatican, which awarded him the Papal Order of Saint Gregory, and by the Government of the Republic of Korea, which gave him the Order of Civil Merit, Peony Medal. Though the path he chose was a solitary one, Cho is remembered gratefully as the man who enhanced the industrial health of the nation (72, 73).



■ Cho Kyu-sang and his research team studied the health of coal miners in the 1960s. He devoted his life to the enhancement of worker health and the prevention of occupational diseases.

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Expansion of public health services in partnership with WHO

1. Historical background

1.1 Global situation

1.1.1 *End of the Cold War*

In the 1980s, the world saw signs of the end of the Cold War, and frozen relations between the two opposing camps began to thaw. At that time, the Union of Soviet Socialist Republics, also called the Soviet Union, was led by Mikhail Gorbachev, General Secretary of the Communist Party, while the United States was led by President Ronald Reagan. In 1985, Gorbachev introduced *perestroika* (political and economic reform) and *glasnost* (increased government transparency). Together, these reforms brought many changes to the socialist states in Eastern Europe, ultimately ending the Cold War. On 9 November 1989, the Berlin Wall fell, and on 3 October 1990, Germany reunited after

41 years of division. In 1991, the Union of Soviet Socialist Republics dissolved, and in its wake, the Commonwealth of Independent States (CIS), consisting of 11 countries, was established on 8 December 1991.

During the 1980s and 1990s, the development agenda gained more importance at the United Nations. In June 1992, the United Nations Conference on Environment and Development, also known as the Earth Summit, was held in Rio de Janeiro and was attended by leaders from more than 100 countries, resulting in Agenda 21, a plan of action for sustainable development. In September 1994, the International Conference on Population and Development in Cairo was attended by representatives from 179 countries (1).

1.1.2 *Emerging new epidemics and Health for All*

After the Declaration of Alma-Ata in September 1978, the Thirty-second World Health Assembly in 1979 launched the vision of health for all by the year 2000 and invited the Member States of WHO to act individually in formulating national policies, strategies and plans of action for attaining this goal, and collectively in formulating regional and global strategies by adopting resolution WHA32.30. A large number of countries formulated national strategies and all six WHO regions also drafted regional strategies. Based on these progress, the Thirty-fourth World Health Assembly in 1981 finally adopted the Global Strategy for health for all by the year 2000 (2).

However, the global eradication of smallpox in 1980 and the bold launch of the Global Strategy for health for all by the Year 2000, were overshadowed by the global epidemic of the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). In 1990, it was esti-

mated that around 8 million people were living with HIV worldwide. In 1993, WHO and other United Nations agencies including UNDP, UNICEF, United Nations Population Fund (UNFPA), United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank agreed to establish and cosponsor the Joint United Nations Programme on HIV/AIDS (UNAIDS), which was subsequently endorsed by the United Nations Economic and Social Council in 1994 and became operational on 1 January 1996 (3).

In 1978, Hiroshi Nakajima of Japan was elected as the third WHO Regional Director for the Western Pacific and served in the office for 10 years from 1979 to 1988. He was elected as the fourth Director-General of WHO in 1988 and served in that office for 10 years until 1998. In 1988, Han Sang-tae of the Republic of Korea (see the Biographies section for more on Han) was elected as the fourth WHO Regional Director for the Western Pacific and served in the office for 10 years from 1989 to 1999.



■ Kwon E-hyock, Minister of Health and Social Welfare, addressed the World Health Assembly in 1988.



■ Hiroshi Nakajima (right), WHO Regional Director for the Western Pacific, meets Shin Hyun-hwak (left), Prime Minister of the Republic of Korea, in March 1980.

1.2 Situation in the Republic of Korea

1.2.1 *Joining the United Nations*

On 26 October 1979, President Park Chung-hee, who had led the country for 19 years, was assassinated. The incident led to a transformation in the nation's politics. After a period of political ferment, a democratic government based on the single-term presidency system was established.

The end of the Cold War also brought many changes. The Republic of Korea established diplomatic relations with Eastern European countries such as Hungary and Poland in 1989, with the Union of Soviet Socialist Republics in 1990, and with China in 1992. Moreover, in 1991, the Republic of Korea, together with the Democratic People's Republic of Korea, joined the United Nations (4).

During this period, the economy of the Republic of Korea maintained high growth, mainly driven by the heavy-chemical industry. The Republic of Korea was gradually transformed from an aid-recipient country to an emerging donor country.

The Government established the Economic Development Cooperation Fund (EDCF) in 1987 to manage concessional loans of the Republic of Korea's official development assistance, and the Korea International Cooperation Agency (KOICA) in 1991 to manage official development assistance (5). In 1996, the Republic of Korea became a member of the Organisation for Economic Co-operation and Development (OECD). Its gross domestic product (GDP) per capita, measured in current US dollars, exceeded US\$ 10 000 in 1994 (6).



■ The Republic of Korea joined the United Nations along with the Democratic People's Republic of Korea in 1990. Officials attend their first flag-raising ceremony at the United Nations headquarters in New York.

1.2.2 *Rapid expansion of health insurance coverage and epidemiologic transition*

INTRODUCTION OF THE COMPULSARY HEALTH INSURANCE SYSTEM

The most noticeable features of the health-care system during this period were the rapid expansion of insurance coverage and the subsequent popularization of health-care services. A compulsory health insurance system, which was introduced in 1976 for employees of large companies, was expanded to cover all employees by 1988 and to all self-employed people in 1989, excepting those subject to the government medical aid programme.

After the introduction of the mandatory health insurance system, the Government proactively pursued the expansion of health-care infrastructure in rural areas to effectively deal with the increasing use of health services. On 31 December 1980, the Government proclaimed the Act on the Special Measures for Public Health and Medical Services in Agricultural and Fishing Villages, and from 1981 it began to deploy public health doctors to health sub-centres in myeons in lieu of military service, and community health practitioners to Community Health Posts in remote villages. In addition, the number of non-profit private health providers increased. During this period, total health expenditure increased significantly from 1.4 trillion won in 1980 to 18.6 trillion won in 1996 (7).

ESTABLISHMENT OF THE MINISTRY OF ENVIRONMENT

Having considered the growing importance of the environment, the Government established the National Environmental Agency under the umbrella of the Ministry of Health and Social Affairs (MOHSA) in 1980. It was upgraded to the National Administration of Environment in 1990 and subsequently to the Ministry of Environment in 1994 (8). At that time, MOHSA was renamed to the Ministry of Health and Welfare (MOHW) (9).



■ The Government of the Republic of Korea established the National Environmental Agency under the umbrella of the Ministry of Health and Social Affairs in 1980.

EPIDEMIOLOGIC TRANSITION AND THE NATIONAL HEALTH PROMOTION ACT

While major health issues, such as the control of communicable diseases, further stabilized, noncommunicable diseases emerged as leading causes of death. According to the Korea National Statistical Office, the number of deaths due to cerebrovascular diseases per 100 000 population rose slightly from 19.6 in the late 1950s to 26.1 in the late 1960s, but skyrocketed to 69.2 in 1981 and 73.3 in 1988. The number of deaths caused by cancer per 100 000 population increased from 73.6 in 1983 to 91.8 in 1985 and 114.6 in 1997 (10). To tackle these issues, the Government enacted the National Health Promotion Act in 1995, thereby setting the legal foundation for health promotion projects that included non-smoking policies such as restrictions on cigarette advertising and mandatory health warnings on cigarette packages.

During this period, the average life expectancy at birth grew from 65.7 years in 1980 to 74.0 years in 1996. The total fertility rate decreased from 2.73 in 1980 to 1.57 in 1996. According to census data, the total population was 37 406 815 people in 1980, and increased to 44 553 710 people by 1995. The proportion of the total population that was over 65 years old reached 5.9% in 1995 (11).

2. Relations between WHO and the Republic of Korea

2.1 WHO office in the Republic of Korea

During the 1980s and 1990s, WHO maintained its Representative Office in the Republic of Korea at the Ministry of Health and Social Affairs. Following the departure of A.M. Rankin of Australia in August 1980, the position of WHO Representative in the Republic of Korea was filled by R. Okamoto of Japan (September 1981–September 1985), J. Bertaux of France (June 1987–December 1992) and H.D. Mehta of the United Kingdom of Great Britain and Northern Ireland (December 1992–April 1999).

2.2 Hosting sessions of the WHO Regional Committee for the Western Pacific

The Republic of Korea hosted the thirty-second and forty-seventh sessions of the WHO Regional Committee for the Western Pacific in 1981 and 1996, respectively.

The thirty-second session of the WHO Regional Committee for the Western Pacific was held in Seoul on 22–28 September 1981, with the participation of government representatives from 19 Member States.

The following agenda items were discussed at the meeting:

- 1) review of major changes in the Programme Budget for 1982–1983;
- 2) technical cooperation among developing countries;
- 3) report on the activities of the subcommittee related to the General Programme of Work;
- 4) revision of the strategies of the Western Pacific Region in accordance with changes in the international strategies to accomplish “Health for All by the Year 2000”;
- 5) improvement of health systems support for primary health care;
- 6) review of WHO’s structure in the light of its function;
- 7) review of the seventh General Programme of Work of WHO from 1984 to 1989;
- 8) designation of Australia, Papua New Guinea and Viet Nam as members of the subcommittee on the General Programme for Work the next three years;
- 9) report on the result of the project to improve the infant nutrition of each country and request for cooperation from Member States;
- 10) plans to improve the WHO fellowship programme;
- 11) plans to support accurate epidemiological surveys of Member States;
- 12) report on the status of the health-care project for the elderly in the Western Pacific Region and discussion on the improvement plans;
- 13) review of the strategies of the Western Pacific Region for the infant BCG vaccination policy; and
- 14) review of the action plan on essential drugs.

The Republic of Korea raised two key issues for discussion at the meeting: 1) hygiene of drinking water in rural areas; and 2) human resources for health capacity-building. The issues brought up by the Republic of Korea demonstrated a change in the country’s focus compared to the 1960s and 1970s (12).

The forty-seventh session of the WHO Regional Committee for the Western Pacific was held in Seoul from 9 to 13 September 1996. In his welcoming remarks, Minister of Health and Welfare Lee Seong-Ho noted the “...timely de-



■ A postage stamp commemorates the thirty-second session of the WHO Regional Committee for the Western Pacific held in Seoul in 1981.

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■ Halfdan Mahler, WHO Director-General (left), meets Nam Duck-woo, Prime Minister of the Republic of Korea, in 1981.



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■ The Republic of Korea hosts the thirty-second session of the WHO Regional Committee for the Western Pacific in Seoul in 1981.



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■ Chun Doo-hwan, President of the Republic of Korea, welcomes delegates from Member States and members of the WHO Secretariat to the thirty-second session of the WHO Regional Committee.



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■ The Republic of Korea hosted the forty-seventh session of the WHO Regional Committee for the Western Pacific in Seoul in September 1996.

cision of WHO to turn its focus from treatment to a more proactive health policy for disease prevention”, adding his “appreciation for the efforts made by WHO so far for the enhancement of people’s health” (13).

The forty-seventh session of the Regional Committee discussed the following: 1) implementation of the Programme Budget for 1994–1995 and the introduction of the Programme Budget for 1998–1999; 2) ways to implement the “New Horizon in Health” strategy to shift the focus of health policy from treatment to proactive disease prevention and health promotion; 3) annual report on sexually transmitted infections and AIDS; 4) involvement of Member States in UNAIDS projects; 5) poliomyelitis occurrences in the Western Pacific Region and the involvement of Member States in poliomyelitis eradication efforts; 6) report on visits to the WHO project sites in New Zealand and Viet Nam; 7) revision of the “Health for All by the Year 2020” strategy; 8) the changing role of WHO in accordance with global trends; 9) methods to increase the participation of women in the work of WHO in the Western Pacific Region; and 10) preparation of measures to deal with a rapidly aging population and promotion of research on the health of the older people (14). As a subject of concern, the Government

of the Republic of Korea raised the prevention of infectious diseases, such as cholera, between the two Koreas (15).

2.3 Participation in WHO Executive Board

At the thirty-seventh World Health Assembly in 1984, the Republic of Korea was designated as a Member State entitled to name a person to serve on the WHO Executive Board for the first time in 26 years. The Government of the Republic of Korea designated Lee Sung-woo, Director-General of the Bureau of Health Service Policy at the Ministry of Health and Social Affairs, as an Executive Board member for three years (16).

At the forty-eighth World Health Assembly in 1995, the Republic of Korea was again designated as a Member State entitled to appoint a person to serve as a member of the WHO Executive Board. The Government of the Republic of Korea appointed Shin Young-soo, Professor of Health Policy and Management at Seoul National University College of Medicine, as an Executive Board member for three years (17).



■ A delegation of the Republic of Korea, including Dr Shin Young-soo, then a WHO Executive Board Member (far right), at the World Health Assembly in Geneva in 1998.



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■ A community nurse practitioner visits rural villagers. In the 1980s and 1990s, WHO supported a series of primary health-care projects in the Republic of Korea.

3. WHO support for the Republic of Korea

3.1 Pilot projects to strengthen primary health care

After the Declaration of Alma-Ata in September 1978, under the slogan of “Health for All by the Year 2000”, each Member State strived to develop strategies for health enhancement based on the principles of PHC. The concept of the district health system emerged as a new approach to PHC, and it was reconfirmed at an evaluation meeting to commemorate the 10th anniversary of the Declaration of Alma-Ata in 1988 (18). While expanding social health insurance coverage, MOHSA implemented health policies to address gaps between the rich and the poor as well as urban–rural discrepancies. WHO supported the Government’s efforts through a series of pilot projects in the Republic of Korea, including the Gokseong-gun project (1983–1987), the Yeoncheon-gun project (1989–1998) and the Daemyeong-dong project (1989–1996).

3.1.1 Gokseong-gun Project (1983–1987)

In the early 1980s, medical care in Gokseong-gun was delivered by a health centre, health sub-centre and primary health-care post. With support from WHO, the Jeollanam-do provincial office, the Gokseong-gun provincial office and the Department of Preventive Medicine of Chonnam National University College of Medicine jointly carried out a PHC pilot project from 1983 to 1987. After the pilot project was completed, a short-term WHO adviser wrote an evaluation report. The report stated that the PHC project in Gokseong-gun had positive effects on the health of local communities where health-care centres and sub-centres were the main health-care facilities. Most notably, this project strengthened the leadership of the community steering committee, boosted efforts for economic independence, advanced community participation and supported the development of primary health-care activities. The evaluation



■ Participants at a workshop on the District Health System organized by the Gokseong-gun Project team in 1993.



© Lee Jeong-ae

■ A PHC mobile team was an important part of the Gokseong-gun Project.

report was distributed to the six WHO regions through the WHO Regional Office for the Western Pacific (19).

3.1.2 *Yeoncheon-gun Project (1989–1998)*

In 1989, the Institute of Hospital Services at Seoul National University Hospital and the Department of Health Policy and Management at Seoul National University College of Medicine (DHPM) carried out a 10-year pilot project to test the district health system based on PHC. Research funding and administrative support were provided by MOHSA, WHO, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) and the Gyeonggi-do provincial office. The pilot project aimed at enhancing the health of

people in Yeoncheon-gun through the improvement of health-care services, and also resolving health-care issues through the promotion of academic research and the development of relevant policies.

To that end, the project studied the district health system, developed relevant policies, conducted research on the various fields related to local health care, and provided education and training for local residents and health workers. In particular, the project engaged volunteer groups as well as health workers at the Yeoncheon-gun Health Care County Hospital, thereby setting a precedent for local resident participation in health-care activities. Furthermore, the project took advantage of all the health-care resources within the region, availing of the cooperation of the relevant sectors, to provide comprehensive health-care services that meet the demands of the local community. In this way, the project strived to stay true to the notion that the development of the district health system and the conduct of the health-care project should be self-sufficient at the district level.

During the first period of the project (1989–1991), the emphasis was on strengthening the weak points of the existing health programmes while carrying out new activities, such as fostering community participation, laying the foundation for the village health workers project, revitalizing health sub-centres and community health practitioner (CHP) posts, and providing education and training for human resources for health.

During the second period of the project (1992–1994), more opportunities were provided for community participation, new health-care projects were selectively introduced, and organizations that provided health-care services and their financial and information systems were strengthened. In addition, a variety of projects were developed at the health-centre level, the first of which were the local mental health project and the mobile bath service project for dementia patients.

During the third period of the project (1995–1997), the pilot project for the district health system in Gyeonggi-do concluded and the activities of the pilot project group were transferred to the central or local governments. As such, a general evaluation of the results of the first and second periods of the project was not performed as planned. Instead, an evaluation was conducted in the form of a consultation on the relocation and establishment of health-care county hospitals. In addition, a series of reports were issued, including the *Report on the implementation of the mental health-care project in the local community of Yeoncheon-gun, Gyeonggi-do* in 1997 and 1999, and *Research on the operation of the Yeoncheon-gun health-care county hospital and the enhancement of health-care projects* in 1998.

At that time, a number of foreign public figures, including advisers from WHO and UNDP and ministers and vice-

ministers of health, visited the hospital and project site in Yeoncheon-gun to learn about the project. Also, students majoring in medicine, nursing and health science received training there during field trips. Moreover, personnel who participated in the pilot project are currently working as professionals in the fields of health policy and management, preventive medicine and social medicine at graduate schools of public health across the country as well as various government research institutes. In particular, Lee Jong-koo and Yang Byung-guk served as the directors of the Korea Centers for Disease Control and Prevention, using their experiences from the pilot project in the fieldwork.

In particular, the Yeoncheon-gun pilot project issued a community newsletter, *Magpies Chattering*, through which the pilot project group directly communicated with the residents. The newsletter was named *Magpies Chattering*



■ Officials, including Shin Young-soo (third from left), unveil a plaque for the Yeoncheon-gun Project.



■ Health-care workers tend to an older patient inside the Yeoncheon-gun mobile-care vehicle.

because of the Korean saying: “If magpies chatter in the morning, a welcome guest will come,” and also because Koreans considered the magpie to be a symbol of health and happiness. Starting from the spring issue of 1990 to the fall issue of 1995, a total of 16 editions were published on a quarterly basis. More than 5000 copies were printed for each edition and distributed to residents in Yeoncheon-gun and to graduate schools of public health at medical colleges across the country (20).

3.1.3 Daemyeong-dong project (1989–1996)

With support from WHO, the Department of Preventive Medicine at Youngnam University College of Medicine implemented a health-care system development project in the urban area of Daemyeong-dong, Nam-gu, Daegu. Mainly led by professors Kang Bok-soo and Lee Gyung-soo, the project carried out research on the development of the district health system in urban areas. The system was based on PHC services.

The project aimed to protect and strengthen the health of residents in poor urban areas by designing and developing a model health centre branch for urban areas that functions like public health centres in rural areas. Considering the differences between urban and rural areas, the urban project focused not only on medical treatment, but also on educational counselling, provision of health information, and publicity of activities in small, local communities (populations of 2000–3000). This project later contributed to the successful development of the Korean model of health sub-centres in urban areas (21).



■ Opening ceremony of the Daemyeong-dong Project.

3.1.4 Wanju-gun project (1982–1992)

From 1982 to 1992, the Presbyterian Medical Centre in Jeonju, Jeollabuk-do, implemented a community health project in Wanju-gun, a rural county surrounding Jeonju. The project established a hospital branch in Gosan-myeon to serve six targeted myeons, and engaged in primary health-care services, preventive health services and rehabilitation services for local communities. Moreover, it established a health-care delivery system by building a network with four health sub-centres and 12 community nurse practitioner posts within the jurisdiction, which drew much attention from those engaged in health projects at home and abroad. Han Sang-tae, WHO Regional Director for the Western Pacific, made a site visit to the project in Gosan-myeon, and Shuichi Hatano, WHO adviser on chronic disease control, gave advice on the control programme for high blood pressure in local communities. The project in Gosan-myeon was a trial community-based rehabilitation programme, which confirmed the applicability of rural-type rehabilitation services that enabled physically challenged residents to receive rehabilitation treatment at home using available equipment.

Kim Ki-soon, a former professor at Chosun University who participated in the project, remembered the time as follows (22):

Thanks to the project, I came to know Shuichi Hatano, WHO adviser on chronic disease control. He arranged for me to make a presentation at the Asian Regional Community High Blood Pressure Control Symposium held in Japan, and also encouraged me to conduct more epidemiological research on cardiovascular diseases. Based on this experience, when I was appointed as a professor at Chosun University in 1997, I was invited to a seminar organized by the WHO Regional Office for the Western Pacific and held in Kuala Lumpur, Malaysia. The seminar was on the simultaneous management



© Park No-yai

■ A community-based rehabilitation programme was part of the Wanju-gun project.

of cardiovascular diseases and diabetes, and I had the opportunity to exchange opinions with other experts on the subject during my week there. In 1987, I visited PHC project sites in Thailand, Sri Lanka and Malaysia for two weeks. And in 1989, I went on a field trip to the project sites in the Philippines, Malaysia and Thailand with five high-ranking public officials in charge of public health. In all the countries we visited, we were told that the basic model for the development of the health-care delivery systems of the respective countries were based on the ideas gained from our project for the development of a health-care delivery system in the Gosan-myeon. I had hoped that our experience would be shared with more countries through WHO, and I believe that more Korean experts should have the opportunity to do volunteer work in developing countries.

3.2 Development of human resources for health

3.2.1 Scholarships for the graduate schools of public health

From 1982 to 1987, WHO provided scholarships to civil servants working in the environment and health sector to study at the Graduate School of Public Health at Seoul National University (SNU GSPH). From 1988 to 2003, this scholarship programme was expanded to other graduate schools of public health at national universities. The number of scholarship recipients fluctuated during this period, starting with three students in 1988 (total budget of 1.4 million won), up to 62 students in 1998 (total budget of 11.7 million won), and back down to eight students in 2003. From 1988 to 2003, a total of 410 public health and environmental health workers received WHO scholarships.

In 2004, WHO discontinued its scholarship programme in the Republic of Korea in order to expand its support to other developing countries (23).

3.2.2 Training of community health practitioners

To address the issue of remote areas without doctors, the Government enacted and proclaimed the Act on the Special Measures for Public Health and Medical Services in Agricultural and Fishing Villages in 1980, and with support from WHO, it prepared a training programme for community health practitioners (CHP) who would be assigned to these areas.

As a first step, the Government developed curriculum and held a training workshop for nursing professors. The workshop was led by Lee Kyung-sik, who was in charge of PHC services at the WHO Regional Office for the Western Pacific. In 1982, the Government supported an



■ The Ministry of Health and Social Affairs with support from WHO organized a workshop on PHC for community health practitioners in 1991.

expert meeting on the revision of the training curriculum for community health practitioners, and later completed the Competency-Based Curriculum for Community Health Practitioners. In accordance with a four-year pilot project for the development of the community health practitioner system, the Government put forth a plan to produce 500 community health practitioners every year from 1981, with the expectation of deploying 2000 CHPs across the country by 1985 (24).

3.2.3 Study on primary care approach to school health

Kim Hwa-jung, a professor at SNU GSPH, led a research and development project for school nurses from 1985 to 1989. The project aimed at developing a curriculum to expand the role of school nurses in PHC services. To that end, a series of expert meetings and training sessions on PHC services for school nurses at Seoul Education Committee-affiliated schools were conducted. The research project delineated the role of the school nurse, including medical check-ups and common disease treatment in school, and also developed appropriate health education coursework for each school grade (24, 25).



■ Participants at the midterm evaluation meeting of a WHO-supported research project on the PHC approach for school health in 1988

3.3 Communicable and noncommunicable disease control

3.3.1 Leprosy

WHO continued to support efforts to control leprosy in the Republic of Korea throughout the 1980s, holding leprosy control seminars in 1980 and 1981.

Dapsone had long been used as a monotherapy for leprosy, but resistance became problematic. To solve the issue, WHO recommended and applied a multidrug therapy for all leprosy patients through outpatient clinics and mobile clinics. As a result, the number of new leprosy patients significantly decreased from 448 in 1982 to 39 in 1995, and the infection rate per 10 000 went down from 1.14 in 1982 to 0.09 in 1995 (26).

In 1994, WHO extended its support for two Austrian nuns who had been volunteering on Sorok Island since the 1960s by supporting the provision of medical services that enabled the nuns to extend their stay and to fully concentrate on their work without any difficulties (27).



■ A nurse dresses the wound of a leprosy patient in her home.

3.3.2 AIDS

In 1990, WHO organized the International Congress on AIDS in Asia and the Pacific in Canberra, Australia. The congress served as a wake-up call for countries to curb the spread of AIDS. Encouraged by this conference, Choi Kang-won at Seoul National University College of Medicine and Kim Jun-myung at Yonsei University organized the Korean Alliance to Defeat AIDS (28).

3.3.3 Cancer

The WHO Regional Office for the Western Pacific held meetings in Australia in 1978 and in China in 1979 on international cooperation to fight cancer. The meetings were a platform for WHO to share cancer management techniques and to gather information on the status of cancer in the countries within the Region.

To reinforce the Republic of Korea's efforts to fight cancer, WHO provided support for the pathological diagnosis of cancer, given its importance in cancer treatment and prevention. Moreover, from 1980 to 1982 WHO supported a training programme for tumour cell biology and a cancer control project, providing equipment, human resources and financing (29).



■ The International Congress on AIDS in Asia and the Pacific organized by WHO encouraged the establishment in 1993 of the Korean Alliance to Defeat AIDS.

3.4 Environmental health

In response to the United Nations designation of the International Drinking Water Supply and Sanitation Decade from 1981 to 1990, the World Health Assembly adopted a resolution recommending that Member States strengthen their national health agencies and involve them in planning and implementing programmes for the drinking water and sanitation decade (30).

During this same period, environmental pollution became a significant problem in the Republic of Korea due to the country's rapid economic growth and industrial development. As such, WHO and the Republic of Korea strengthened their cooperation in the environmental health sector, and in 1977, a WHO adviser on air pollution and quality control was assigned to work in MOHSA.

In 1980, with the establishment of the National Environmental Agency, the Government revised the Environment Conservation Act and Wastes Control Act. Along with this, the Government devised pollution control measures that directly affected the lives of the people, such as improving water quality testing methods and the setting of drinking-water standards. In addition, the National Environmental Agency, with support from the Asian Development Bank and WHO, carried out a large-scale investigation of water pollution in the Han River (31).

Wilfried Kreisel, a WHO adviser in the Republic of Korea for six years, was helpful in understanding the serious state of environmental pollution at the time (see the Biographies section for more on Kreisel). He explained (32):

While I was working in the field of air quality control at a university in Germany, I received an offer from WHO to work in the Republic of Korea and came to Seoul in June 1977. At that time, the Republic of Korea was experiencing a remarkable change in its economy,

environment and society. Regarding the rapid growth, in the 1970s and 1980s, the major cities and the newly established industrial complexes, including Ulsan and Pohang, suffered from serious environmental problems, especially air and water pollution.

For example, in 1980, the annual arithmetic mean concentration of SO₂ [sulfur dioxide] in Seoul was 0.094 ppm, which was almost double the national standard, and in April 1981, the arithmetic mean of the total suspended particulates in Gwanghwamun was 389 µg/m³ with a maximum of 661 µg/m³ for 24 hours. At that time, there was no real monitoring service with the ability to regularly check the fine particulates with a diameter of less than 2.5 microns, which are particularly harmful to human health. But some available data show that the size of about 50% of the particulates was less than 1 micron, and that of 90% was less than 10 microns.

In those days, there was no observance of the air quality standard for lead in the Republic of Korea, and some data observed in Guro-dong and Gwanghwamun in 1982 showed that the arithmetic mean value of the high volume sample collected for 24 hours in each area was 6.78 µg/m³ and 1.23 µg/m³ of concentration, respectively. Compared to the United States, where the air quality standard for lead was 1.5 µg/m³ for three months, air pollution in Guro-dong turned out to be very serious.

Kreisel stressed that air pollution in Seoul in the 1970s was “so serious to the point that you were afraid to go outside”. In the 1980s and 1990s, the Republic of Korea and WHO collaborated on research in the field of health and the environment. WHO and UNDP provided technical and financial assistance in establishing a comprehensive training programme in environmental pollution control at the National Environmental Protection Institute in the Republic of Korea.



■ Hiroshi Nakajima, WHO Regional Director for the Western Pacific, meets Park Seung-kyu, Director of the National Environmental Agency, in March 1980.

3.5 Improvement of the national health statistics system

The introduction of the national health insurance system highlighted the importance of the national health statistics system. The health insurance system encouraged the public to use more medical services, and the subsequent increase in the health expenditure laid a burden on the Government. Accordingly, the Government of the Republic of Korea requested WHO to continue providing support for statistical consultations and health-care management. With financial support from WHO, the Government of the Republic of Korea held large-scale workshops on the national health statistics system in 1981 and 1982, and also implemented an extended demonstration project for the development of the system in 1986 and 1987 (33).

4. Contribution of the Republic of Korea to WHO

4.1 Financial contributions to WHO

The operations of WHO are supported by contributions and donations from its Member States and other partners. In January 1996, the Government of the Republic of Korea and the WHO Regional Office for the Western Pacific concluded a memorandum of understanding (MOU). The MOU specified that the Government would actively support and cooperate with the WHO Regional Office for the Western Pacific on activities that promote a healthy future for the Region. The MOU also stipulated that the Government would set up a cooperation fund to appropriate the project expenses that were mutually agreed between the two parties, and that the Regional Office for the Western Pacific would take responsibility for managing the fund (34).

4.2 WHO collaborating centres

After the designation of the Industrial Medical Research Institute (IMRI) at Catholic University of Korea as the first WHO collaborating centre (occupational health) in the Republic of Korea in 1972, two other institutions followed in the 1970s. Those were Institute of Reproductive Medicine and Population Medical Research Center in Human Reproduction at Seoul National University (research in human reproduction) and Institute of Tropical Medicine at Yonsei University (research on parasitic diseases).

During this period, another 16 institutions in the Republic of Korea were designated for various terms as WHO collaborating centres. Five of these institutions are still contributing to WHO work as WHO collaborating centres. These include College of Nursing Yonsei University (Research

and Training for Nursing Development in Primary Health Care), East-West Medical Research Institute, Kyung Hee University (traditional medicine), Natural Products Research Institute, Seoul National University (traditional medicine), Department of Preventive Medicine, College of Medicine, Yonsei University (health system research), and Korean Institute of Tuberculosis at the Korean National Tuberculosis Association (KNTA) (research, training and reference laboratory on tuberculosis).

4.3 Contribution of Korean experts

Following the first wave of Korean experts who served on the WHO Secretariat in the late 1960s and 1970s, several more Korean experts were recruited by WHO during this period. These included Lee Jong-wook (leprosy), Ahn Seong-gyu and Ahn Dong-il (tuberculosis).

In addition, Korean experts in the fields of medicine and nursing were deployed as WHO temporary advisers to other Member States to support the development of primary health-care services, specifically, training human resources for health and providing consultation on the development of a health-care delivery system. These were Park Jung-han (American Samoa), Han Dal-seon (Papua New Guinea), Park No-yai (Brunei Darussalam), and Kang Bok-soo and Kim Hwa-jung (Kiribati).

In 1988, Han Sang-tae was elected as the WHO Regional Director for the Western Pacific for a five-year term (1989–1994) and re-elected in 1993 for another five-year term (1994–1999) (see Biographies section for more on Han).



© Yonsei University College of Nursing

■ Yonsei University College of Nursing was designated in 1988 as a WHO Collaborating Centre for Research and Training for Nursing Development in Primary Health Care.



© KNTA

■ The Korean Institute of Tuberculosis at the Korean National Tuberculosis Association was designated in 1996 as a WHO Collaborating Centre for Research, Training and as a Reference Laboratory on Tuberculosis.



© Kwon E-hyock

■ In 1980, Hiroshi Nakajima, WHO Regional Director for the Western Pacific, visits the Institute of Reproductive Medicine and Population Medical Research Center in Human Reproduction at Seoul National University. The institute was designated a WHO Collaborating Centre for Research in Human Reproduction.



© DHPM

■ Participants at a meeting on the District Health System hosted by the Institute of Hospital Service at Seoul National University: The institute served as a WHO Collaborating Centre for Hospital Administration from 1984 to 1992.



© Park Jung-han

■ Park Jung-han contributed to WHO work in maternal and child health since the 1980s. Park (centre) at a WHO consultation on hepatitis B in 1986.



© Han Dal-seon

■ In the 1980s, growing numbers of Korean experts participated in WHO activities and supported other developing countries in the Western Pacific Region. At a WHO meeting in March 1986, Han Dal-seon (right) and Hur Jung (second from left) met with Lee Kyung-sik (left), a WHO staff member.



© Park No-yai

■ Park No-yai from the Department of Training of the National Institute of Health supported Brunei Darussalam as a WHO consultant on primary health care.



© Lee Gyung-soo

■ Kang Bok-soo (far right) from Yeongnam University College of Medicine visited Fiji as a WHO consultant in 1991, as part of an effort by Korean experts to share experiences with other Member States.



© Ahn Dong-il

■ Ahn Dong-il joined the WHO Secretariat in 1995 and served until retirement in 2016. Ahn (second from left) at a tuberculosis training course jointly organized by WHO and Korea Institute of Tuberculosis in 1998.

5. Summary

Between 1980 and 1996, the global development agenda gained importance at the United Nations. In the health sector, the global eradication of smallpox and the bold launch of “Health for All by the Year 2000” were overshadowed by the global HIV/AIDS epidemic.

The economy of the Republic of Korea maintained high growth, mainly driven by the heavy-chemical industry. The Government of the Republic of Korea gradually transformed itself from an aid-recipient country to an emerging donor country. In 1996, the Republic of Korea became a member of OECD. Its GDP per capita (current US\$) exceeded US\$ 10 000 in 1994. WHO continued to provide support to the Republic of Korea but shifted its focus. While WHO

lessened its support for communicable diseases and MCH programmes, it strengthened its support to address emerging health issues such as HIV/AIDS, cancer and environmental pollution. WHO’s support to primary health care was focused on piloting the district health-care system based on primary health care, and building the capacity of public health officials with scholarships to graduate schools of public health in the Republic of Korea.

The Republic of Korea also expanded its support to WHO in terms of financial contributions and technical expertise. In 1988, Han Sang-tae was elected as WHO Regional Director for the Western Pacific for a five-year term and was re-elected in 1993.



■ Han Sang-tae (centre, front row) was elected as WHO Regional Director for the Western Pacific in 1988.

6. Biographies

Han Sang-tae

Pioneer of International Health



© WHO

■ Han Sang-tae

Han Sang-tae was born in Sajik-dong, Jongno-gu, Seoul, in 1928 when the Republic of Korea was still under Japanese control. After graduating from Kyungbok High School and Seoul National University College of Medicine, he went on to get his master's degree in public health at the Graduate School of Public Health at the University of Minnesota. He received his doctoral degree in medicine at his alma mater, Seoul National University, in 1967.

Han had an excellent command of English. Even foreigners who met him expressed their admiration for his fluent English. His English skills can be traced to the influence of his father who was an English teacher and Han's work as

an interpreter for a United Nations medical officer during the Korean War.

After graduating from Seoul National University College of Medicine in 1955, Han began his career as a government officer at the Ministry of Health and Social Affairs (MOHSA) on the recommendation of his uncle who was the vice-minister of Health and Social Affairs. Throughout his career, he held various posts at the Ministry of Health and Social Affairs, including director of the Health Medical Care Equipment Management Division, leader of the mobile leprosy diagnosis and treatment team, director of the Planning Division, director of the Communicable Disease Control Division, and director-general of the Health Service Policy Bureau.

Han pushed various projects that seemed unimaginable under the circumstances of the country at the time, such as the establishment of the public health centre network, administration of poliomyelitis vaccine and the construction of settlements for leprosy patients. From 1958 to 1967, when Han was working at MOHSA, the national budget and the outlays for human resources for health were insufficient to promote these activities. As such, Han used his excellent English and interpersonal skills to secure assistance from many development partners such as WHO, UNICEF and United States Operations Mission (USOM).

In 1967, after shifting his career focus to international health, Han joined WHO as a health development adviser in Western Samoa (now Samoa). In April 1968, he was appointed as the first WHO Country Liaison Officer in Samoa. In 1970, he became the first Korean national to work at the WHO Regional Office for the Western Pacific in Manila when he accepted the post of regional adviser for health systems. He was promoted to the position of direc-

tor of the Family Health Division in 1973, and further to director of Programme Management in 1979, which was the number two position for a Regional Office, reporting directly to the Regional Director.

Han was elected WHO Regional Director for the Western Pacific at the thirty-ninth session of WHO Regional Committee for the Western Pacific in 1988. He served for two consecutive terms, from 1989 to 1999. One of Han's greatest achievements during his terms in office was the eradication of poliomyelitis in the Western Pacific Region.

In 1988, poliomyelitis cases totalled 35 251 globally and 2126 in the Western Pacific Region. In September 1988, the Regional Committee for Western Pacific adopted a resolution calling for the eradication of poliomyelitis in the Region by 1995. Han led the development of the *Regional Plan of Action for Poliomyelitis Eradication in the Western*



■ Han Sang-tae (second from right) worked at the Ministry of Health and Social Affairs of the Republic of Korea from 1958 to 1967.

Pacific in 1991, and oversaw the organization of large-scale immunization activities in the Region, including national immunization days in Member States. In China, more than 83 million children under age 4 were immunized during the first national immunization campaign, which took place over four days (5–6 December 1993 and 5–6 January 1994). The Region declared the eradication of poliomyelitis in 2000, three years after the last case was reported on 19 March 1997 in Cambodia.

In 1994, Han launched *New Horizons in Health*, a regional policy framework to achieve the global goal of “Health for All by the Year 2020”. *New Horizons in Health* stressed that local and national governments are responsible to provide supportive environments that encourage an individual to make healthy choices. Many countries in the Region adopted the framework as part of their health policy development



■ Han Sang-tae on his first day as the WHO Regional Director for the Western Pacific with Francisco Dy, Regional Director Emeritus, and Kwon E-hyock, Minister of Health and Social Affairs, on 3 February 1989.



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■ Han Sang-tae (left), WHO Regional Director for the Western Pacific, meets Kim Young-Sam (right), President of the Republic of Korea, in 1998.



© Han Sang-tae

■ Han Sang-tae receives the Sikatuna Medal, Distinguished Order of Diplomatic Service, from Joseph Ejercito Estrada, President of the Philippines, in 1999.

and planning process. Examples include China's long-term health plan to the year 2010, Singapore's National Healthy Lifestyle Campaign and Green Plan for the New Century, and the Yanuca Island Declaration for Healthy Islands in the Pacific, endorsed by Pacific health ministers.

For his outstanding contributions to public health in the Region, Han received the Sikatuna Medal, Distinguished Order of Diplomatic Service, from the president of the Philippines on 6 January 1999, and also the Order of Civil Merit, Rose of Sharon Medal, from the president of the Republic of Korea on 7 April 1999 (35–37).

Lee Sung-woo

A smiling face in the midst of health problems



■ Lee Sung-woo

Lee Seong-woo was born in Seoul in 1934. After graduating from Seoul National University College of Medicine in 1959, he joined the Ministry of Health and Social Affairs, starting his career on the malaria control task force in 1962. He served in many positions at the Ministry of Health and Social Affairs and the National Institute of Health until his retirement in 1993.

While serving as head of the Vector Control Division in 1967, Lee stayed in Yeongju-gun, Gyeongsangbuk-do, where malaria was endemic, to care for patients. He invited the K-0025 project team (see Chapter 2 for more on the K-0025 project) from Chungcheongnam-do to learn how to implement a project based on a single household as the smallest unit. To that end, he trained health-care personnel in the use of family health records for malaria control in that area.

In the 1980s, when cholera was sweeping the nation, the Government remained silent. It did not make official statements on the outbreak and required treatment of the disease to be carried out in secret. The press worked hard to find out the reasons for this approach, but health-care workers had to follow government orders. Lee, then director of the Health Service Division at the Ministry of Health and Social Affairs, handled the situation well without offending the press. Whenever the media reported on an outbreak of acute infectious diseases, it was Lee who always appeared on the screen with his unique smile.

From 1974 to 1977, Lee also worked as a WHO medical officer in Malaysia. When the Republic of Korea was designated to appoint a member of the WHO Executive Board in 1984, Lee was named as the representative of the Republic



■ Lee Sung-woo worked as a WHO medical officer in Malaysia from 1974 to 1977.



© Lee Sang-chul

■ Lee Sung-woo (centre) served as WHO Executive Board Member for three years from 1984.

of Korea and participated at annual sessions of the World Health Assembly.

Lee did not slow down after his retirement. He took up the positions as head of KIHASA, vice-president of the Korea Public Health Association, member of the Rural Area Development Commission, head of the Medical Expenses Review Committee of the Health Insurance Federation, chairman of the Helpline for the Elderly, vice-president of the Social Welfare Council, and chairman of the Automobile Insurance Dispute Mediation Committee. Lee died on 25 August 2002 at the age of 69.

Lee encouraged his co-workers and junior staff members to “work really hard” and “don’t worry”. Even when the situation appeared grave, with no end in sight, he instilled

in them a sense of hope that the Republic of Korea’s control of infectious diseases would advance to the level of developed countries.

Lee was also adept at communicating with professionals at different fields. As such, he attracted skilled professionals who wanted to work with him on his projects. Wherever Lee was, there were many people and much laughter. Perhaps this best describes the “health team approach” that Lee practised in his life.

When remembering Lee, one high-ranking administrative officer highly praised him by saying: “Lee Sung-woo was such a respectable health worker who, in my opinion, strived harder than any other public health official to put theory into practice” (38, 39).

Wilfried Kreisel
Environmental Health Specialist
who cherished the Republic of Korea



© Wilfried Kreisel

■ Wilfried Kreisel

After obtaining a doctorate in physics at Heidelberg University in Germany, Wilfried Kreisel continued his research on energy and the environment at Dortmund University in Germany. While working at WHO, he served as an air pollution control adviser in the Republic of Korea for six years, from 1977 to 1983. At that time, the number of factories and vehicles in the Republic of Korea was increasing exponentially under the Government's five-year economic development plan. Accordingly, the environmental problems caused by exhaust fumes and industrial waste emerged as a major issue, but the Republic of Korea, like most developing countries, believed it could not afford to give consideration to environmental concerns.

When he first came to the Republic of Korea, Kreisel was surprised by the rapid economic growth of the country. But

he also was concerned about the lack of countermeasures to deal with the worsening environmental problems, such as air pollution, water pollution and heavy-metal contamination. He therefore provided concrete data and actively engaged with media to raise the public's awareness of environmental issues. Through his efforts, more people came to realize the seriousness of environmental problems.

Furthermore, Kreisel played a critical role in determining the key issues related to national health and environment. With the establishment of the Ministry of Environment in the 1990s, the environment came to have more importance in the health sector, and Kreisel made a great contribution to the collection of basic data required for environmental management and the restoration of the natural environment.

After serving as the WHO air pollution control adviser in the Republic of Korea for six years, Kreisel served as



© Wilfried Kreisel

■ Wilfried Kreisel and his family wearing the hanbok, a traditional Korean outfit.

the health and environment adviser to the Philippines and Malaysia from 1986 to 1993, and then worked as the director of the Environmental Health Project Division at WHO headquarters in Geneva.

While in that position, he helped the WHO Director-General establish plans to develop health projects through the enhancement of environmental health in many countries. He also contributed to laying the foundation for various projects in the environment sector, especially in protecting

the environment from water pollution, air pollution and radiation; in setting up development plans on healthy cities and climate change; and in encouraging Member States to implement those plans.

Kreisel and his family cherished their time in the Republic of Korea. According to his co-workers, Kreisel acted like a typical Korean that others did not consider him as a foreigner (32, 40).



■ Wilfried Kreisel and his colleagues attend a gosa, a traditional Korean ritual wishing good luck. Kreisel served in the Republic of Korea for six years and acted like a typical Korean.

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From recipient to donor: transition of the Republic of Korea and support of WHO

1. Historical background

1.1 Global situation

1.1.1 *New international development goals in the 21st century*

Globalization is a process of interaction and integration among people, businesses and governments of different countries, driven in large part by international trade and investment and aided by information technology. This process is shaping life in the 21st century, presenting both opportunities and challenges.

With a view towards the new century, the United Nations convened the Millennium Summit at its headquarters in New York in September 2000. The Summit proposed freedom, equality, solidarity, tolerance, respect for the environment and shared responsibility as the values fundamental to international relations in the new century. By unanimously adopting the Millennium Declaration, heads of state and

government agreed to action points to resolve a variety of issues including peace, security and disarmament; development and poverty eradication; environmental protection; human rights, democracy and good governance; protection of the vulnerable; meeting the special needs of Africa; and strengthening the United Nations (1).

Action points for development and poverty eradication were further elaborated into the Millennium Development Goals (MDGs), a set of eight goals to be achieved by 2015, namely: 1) eradicate extreme poverty and hunger; 2) achieve universal primary education; 3) promote gender equality and empower women; 4) reduce child mortality; 5) improve maternal health; 6) combat HIV/AIDS, malaria and other diseases; 7) ensure environmental sustainability; and 8) develop a global partnership for development (2).



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■ In the 21st century, health and development became an important agenda to the United Nations and WHO. Lee Jong-wook, WHO Director-General (left), meets Kofi Annan, United Nations Secretary-General (right) at WHO headquarters in 2003.

Substantial progress has been made on the MDGs. For example, regarding extreme poverty, the number of people living on less than US\$ 1.25 per day has declined by more than half, from 1.9 billion in 1990 to 836 million in 2015. Despite the overall achievements, the MDGs did not address several important issues. For example, the MDGs did not specifically target disparities within countries, thus efforts required to improve conditions for the poorest and most deprived populations were not always addressed. In September 2015, the United Nations General Assembly adopted a post-2015 development agenda – Transforming our world: the 2030 Agenda for Sustainable Development.



© WHO

■ Climate change became another important global common agenda. In 2013, Shin Young-soo, WHO Regional Director for the Western Pacific (left), travelled to Pacific island countries with Ban Ki-moon, United Nations Secretary-General (right), to discuss how to mitigate the health impact of climate change.



© WHO

■ Cooperation between WHO and the World Bank Group has been strengthened in the last decade. Margaret Chan, WHO Director-General (centre), with Jim Kim, President of the World Bank Group (second from right), during the World Health Assembly in Geneva in 2013.

The Sustainable Development Goals (SDGs) evolved from the MDGs, but set a broader sustainability agenda and addressed the universal needs of all people. There are 17 SDGs in the new development agenda that integrate economic, social and environmental dimensions of sustainable development around the themes of people, planet, prosperity, peace and partnership (3).

Evidence of global climate change in the late 20th century indicated that greenhouse gases, including water vapor, carbon dioxide, methane and nitrous oxide, had grown to a level above what would be expected to occur naturally. Many of these gases, which have had a warming effect on the climate, are the result of human activities. Having acknowledged that change in the Earth's climate and its adverse effects are a common concern for all people, countries agreed in 1992 on an international treaty, the United Nations Framework Convention on Climate Change (UNFCCC), to limit average global temperature increases and the resulting climate change. The Convention entered

into force in 1994. In 1997, the parties to the UNFCCC adopted the Kyoto Protocol that set binding emission-reduction targets for industrialized countries to stabilize greenhouse gas emissions based on the principles of the Convention. Due to a complex ratification process, however, it entered into force eight years later in February 2005. In December 2015, the parties to the UNFCCC adopted the Paris Agreement that set out a long-term temperature goal (less than 2 °C above pre-industrial levels) and an implementation principle of common but differentiated responsibilities and respective capabilities, in the light of different national circumstances (4).

1.1.2 *WHO Framework Convention on Tobacco Control and the International Health Regulations (2005)*

Since the late 1990s, increasing globalization has affected health by rapidly impacting social and environmental



■ A legacy group in global health — In 2003, Lee Jong-wook (right), newly elected WHO Director-General, collaborated with his three predecessors: Halfdan Mahler (1973–1988); Hiroshi Nakajima (1988–1998); and Gro Harlem Brundtland (1998–2003).



■ The WHO Global Policy Group, composed of the Director-General (second from left, front row), Deputy Director-General (second from left, back row) and six regional directors, gathered in Oman in 2015. The group meets several times a year to discuss and make decisions on important global health matters.

factors, exacerbating the rich–poor gap and expanding consumerism. Even though health promotion has had a beneficial impact on many populations, setbacks have included the HIV/AIDS epidemic and increases in adult mortality in several countries, including sub-Saharan Africa and the countries of the former Union of Soviet Socialist Republics.

As three of the eight MDGs addressed health, they spurred the establishment of global partnerships and increased investments in health. In 2000, Gavi, the vaccine alliance, was created to bring together the public and private sectors with a shared goal of creating equal access to new and underused vaccines for children living in the world's poorest countries. In 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria, an innovative fundraising agency, was established to achieve MDG 6 – Combat HIV/AIDS, malaria and other diseases.

Although the health consequences of smoking were known as early as the 1960s and the World Health Assembly adopted resolutions on tobacco use in the 1970s, it was only in 1996 that the Health Assembly agreed to develop an international tobacco-control instrument. After several years of negotiation, in May 2003, the Health Assembly adopted the WHO Framework Convention on Tobacco Control (FCTC), which was the first international treaty negotiated under the auspices of WHO. The WHO FCTC entered into force on 27 February 2005 (5).

In the early 1990s the return of old epidemics such as cholera and the emergence of new infectious agents such as Ebola virus disease resulted in a resolution at the 1995 Health Assembly calling for the revision of the International Health Regulations (IHR). In 2003, the world was shocked again by the international outbreak of severe acute respiratory syndrome (SARS), with a nearly 10% case-fatality rate. The outbreak helped accelerate an agreement on the revision of IHR. Hence, the Health Assembly adopted the IHR (2005) by acclamation on 23 May 2005 (6).

Major differences between IHR adopted in 1969 and the 2005 revision include a shift from containment at borders to containment at the source of the event, a shift from a rather limited list of diseases required to be reported to a broader range of all public health risks including chemical and radio-nuclear threats, and a shift from pre-set measures to tailored responses with more flexibility to deal with the local situations on the ground with the advice of an emergency committee (7). IHR (2005) requires a broad spectrum of capacity-building to prevent and to respond to public health emergencies, however, this has not been easy to achieve fully nationally and globally. With the IHR (2005), the world has coped with challenges of newly emerging infectious diseases including the Influenza A(H1N1) pandemic in 2009, Middle East Respiratory Syndrome (MERS) in 2012, avian influenza A(H7N9) human infection in 2013, and the Ebola virus disease outbreaks in West Africa in 2014.

In 1998, Gro Harlem Brundtland of Norway was elected as the fifth WHO Director-General and served a five-year term (8). In 2003, Lee Jong-wook of the Republic of Korea was elected as the sixth WHO Director-General. He passed away suddenly in May 2006 (9, 10). In November 2006, Margaret Chan of China was elected as the seventh WHO Director-General and her current term will expire on 30 June 2017 (11, 12).

In the Western Pacific Region, Shigeru Omi of Japan was elected as the fourth WHO Regional Director for the Western Pacific and served in the office for 10 years from February 1999 to January 2009 (13, 14).

Shin Young-soo of the Republic of Korea was elected as the fifth WHO Regional Director for the Western Pacific and took office in February 2009. His term of office ends in January 2019 (15, 16).

1.2 Situation in the Republic of Korea

1.2.1 *A member of Organisation for Economic Co-operation and Development*

At the end of 1997, with an international economic recession and a lack of foreign exchange, the Republic of Korea faced an economic crisis and turned to the International Monetary Fund (IMF) for support. The GDP per capita dropped from US\$ 13 255 in 1996 to US\$ 8134 in 1998. The country bounced back from the 1997 Asian financial crisis, paid back a loan from the IMF in 2001 and resumed economic growth. GDP per capita increased again to US\$ 24 454 in 2012 (17).

This was a period of political stability in the Republic of Korea. Political power turned over peacefully every five

years. Kim Dae-jung, who was the eighth president from 1998 to 2003, won the 2000 Nobel Peace Prize for his “Sunshine Policy”, an effort to restore democracy and a policy of engagement with the Democratic People’s Republic of Korea (18). The Republic of Korea’s remarkable economic development led to its membership in OECD in 1996, followed by its participation in OECD’s Development Assistance Committee (DAC) in 2010. The Fourth High Level Forum on Aid Effectiveness was held in Busan, Republic of Korea, in 2011. The forum culminated in the signing of the Busan Partnership for Effective Development Co-operation by ministers of developed and developing nations, emerging economies, providers of South–South cooperation and triangular cooperation (usually involving a DAC member, an emerging donor in the global South, and a beneficiary in the global South), and civil society – marking a critical turning point in development cooperation (19).



■ On 12 December 1996, the Republic of Korea became a member of the Organisation for Economic Co-operation and Development (OECD). Gong Ro-myung, Minister of Foreign Affairs of the Republic of Korea (left), and Jean-Claude Paye, OECD Secretary-General (right), sign the agreement.



■ Officials unveil the signage for the Ministry of Food and Drug Safety in 2013.



■ Officials inaugurate the Korea Centers for Disease Control and Prevention and the Korea National Institute of Health in 2003.

1.2.2 *The establishment of the Ministry of Food and Drug Safety and the Korean Centers for Disease Control and Prevention*

Average life expectancy in the Republic of Korea at birth extended from 74.4 years in 1997 to 82.4 years in 2014. The total fertility rate decreased from 1.52 in 1997 to 1.21 in 2014. The total population size increased from 45.9 million in 1997 to 50.4 million in 2014. The proportion of the total population aged 65 years old and older increased from 6.4% in 1997 to 12.7% in 2014 (20).

The country's low fertility rate and ageing population became a major health policy issue in the Republic of Korea. In 2005, the Government of the Republic of Korea enacted the basic Act on Ageing Society and Population Fertility and established the Presidential Committee on Ageing Society and Population Fertility (21).

The Government of the Republic of Korea began an effort to strengthen its capacity for food and drug safety. In 1996, Korea Food and Drug Safety headquarters and six regional

offices were established under the Ministry of Health and Welfare. In 1998, those were raised to the status of an independent agency – the Korea Food and Drug Administration (KFDA). In 2013, it was further elevated to the ministry level – the Ministry of Food and Drug Safety (MFDS) with an expanded mandate of comprehensive food safety management including agricultural, livestock and fisheries products (22).

In order to address emerging health issues more effectively, the Government of the Republic of Korea established the Korea Centers for Disease Control and Prevention (KCDC) and the Korea National Institute of Health (KNIH) under the umbrella of the Ministry of Health and Welfare after the SARS outbreak in 2002–2003 (23).

In 2006, the Government also established a foundation that focused on international cooperation in health – the Korea Foundation for International Healthcare (KOFIH). It is committed to fulfil the growing roles and responsibilities of the Republic of Korea in international health by carrying out health aid projects for developing countries (24).

2. Relations between WHO and the Republic of Korea

2.1 Joining the International Agency for Research on Cancer (IARC)

The Republic of Korea joined the International Agency for Research on Cancer (IARC) on 18 May 2006. IARC was established in 1965 through a World Health Assembly resolution as an extension of WHO. The objective of IARC is to promote international collaboration in cancer research. IARC has 24 participating states and its own governance structure. Joining IARC has enabled the Republic of Korea to conduct cancer research with other countries, to strengthen the foundation for cancer research, to strengthen the quality of cancer-related research, to have a say in the development of international cancer policies and to enhance its position in the international community by promoting its national project for the early detection of cancer (25).



■ Delegates of the Republic of Korea (far right and far left), with senior management of the International Agency for Research on Cancer, after becoming the agency's 17th participating state.

2.2 Joining the WHO Framework Convention on Tobacco Control

The WHO FCTC is the first international treaty negotiated under the auspices of WHO. It was adopted by the World Health Assembly on 21 May 2003. By the initial 29 June 2004 deadline, 168 states had signed on to become Parties to the convention. It entered into force on 27 February 2005, 90 days after the 40th state had acceded to, ratified, accepted or approved the convention. As of 4 March 2015, the total number of Parties to the WHO FCTC had increased to 180. The Republic of Korea signed the WHO FCTC on 21 July 2003 and ratified it on 16 May 2005 (26).

The Republic of Korea hosted the fifth session of the Conference of the Parties (COP) from 12 to 17 November 2012 in Seoul. The session was attended by the delegations



■ Choi Seok-young, Ambassador and Representative of the Permanent Mission of the Republic of Korea to the United Nations in Geneva, signs the Protocol to Eliminate Illicit Trade in Tobacco Products on 10 January 2013.

of more than 140 Parties, as well as the representatives of seven states that are not party to the Convention and 18 intergovernmental and nongovernmental organizations accredited as observers. The COP elected Moon Chang-Jin of the Republic of Korea as president. On 12 November 2012, in a landmark step in the strengthening of treaty instruments, the COP adopted the Protocol to Eliminate Illicit Trade in Tobacco Products, following a four-year negotiation that ended in 2012. It was designed to combat the worldwide illicit tobacco trade and contains provisions that require a ratifying state to take a variety of measures regarding the tobacco trade. It is currently open for ratification, acceptance, approval or accession by the Parties to the WHO FCTC. As of 18 December 2015, 54 parties had signed the protocol. The Republic of Korea signed the protocol on 10 January 2013. The Parties also made a collective commitment, in the Seoul Declaration, to accelerate implementation of the Convention and to protect it from

interference by the tobacco industry, as well as to cooperate with each other, with the Convention Secretariat and other international bodies to strengthen their capacity to implement the Convention (27).

2.3 WHO Regional Committee for the Western Pacific

The fifty-eighth session of the WHO Regional Committee for the Western Pacific was hosted by the Republic of Korea. The meeting was held at the International Convention Center on Jeju Island from 10 to 14 September 2007. Issues discussed at the meeting included the establishment of countermeasures against newly emerging communicable diseases such as avian influenza, the prevention of lifestyle (noncommunicable) diseases, the promotion of anti-smoking campaigns and research on traditional medicine (28).



■ The Republic of Korea in 2007 hosted the fifty-eighth session of the WHO Regional Committee for the Western Pacific on Jeju Island.

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2.4 WHO Executive Board

The Executive Board of WHO is composed of 34 individuals technically qualified in the health field, each one designated by a Member State elected to do so by the World Health Assembly. Member States are elected for three-year terms. The main functions of the Executive Board are to give effect to the decisions and policies of the World Health Assembly to advise it and to facilitate its work.

Between 1949 and 1996, the Republic of Korea was elected as a Member State entitled to designate a person to serve on the Executive Board only three times – in 1960, in 1984 and in 1995. Since 1995, however, representatives from the Republic of Korea have served on the Executive Board more frequently: Om Young-jin, Assistant Minister for Social Welfare Policy at the Ministry of Health and Welfare (MOHW) from 2001; Sohn Myong-sei, Professor at Yonsei University College of Medicine from 2007; and Jeon Mahn-bok, Assistant Minister for Planning and Coordination at MOHW from 2013 (29–31).



■ Jeon Man-bok, then Director of International Cooperation at the Ministry of Health and Welfare (centre), was named as a member of the WHO Executive Board in 2013. He is shown here with J.A. Vanderburg (left), WHO Country Liaison Officer in the Republic of Korea.



■ Sohn Myong-sei (left), WHO Executive Board Member from 2007 to 2010, with Shin Young-soo, WHO Regional Director of the Western Pacific (right) and Reiko Lee (centre), the widow of Lee Jong-wook.



■ The delegation of the Republic of Korea at the World Health Assembly in 1995: Om Young-jin (far right, front row), then the Minister Councillor in Health at the Mission of the Republic of Korea to the United Nations and other international organizations in Geneva, was named as a member of the WHO Executive Board in 2001.

2.5 WHO Office in the Republic of Korea

In December 1992, following the departure of J. Bertaux who had served as WHO Representative in the Republic of Korea since June 1987, H.D. Mehta of the United Kingdom of Great Britain and Northern Ireland was appointed as his replacement. He served until 23 April 1999 and was the last person to serve as WHO Representative in the Republic of Korea.

As the need for WHO support to the Republic of Korea decreased, the WHO Office in the Republic of Korea in 2000 was downgraded to Country Liaison Office. J.A. Vanderburg of United States of America served as WHO Country

Liaison Officer in the Republic of Korea from 15 January 2000 to 1 March 2002. G. Slama of Czech Republic then served from 1 March 2002 to 17 January 2004.

After the departure of Slama, the WHO Office in the Republic of Korea was further downsized. The Director of Programme Management at the WHO Regional Office in Manila, Philippines, took the role of non-resident head of the WHO Office with the support of one administrative assistant locally hired and one driver (32). On 30 September 2012, the Government of the Republic of Korea and WHO finally agreed to close the WHO Office. The decision to close the WHO Office recognized the fact that the Republic of Korea was no longer a developing country that required health assistance from WHO and other donors (33).



■ The WHO Office in the Republic of Korea closed on 30 September 2012, ending 50 years of operation that began in 1962.

3. WHO support for the Republic of Korea

3.1 Communicable disease control

3.1.1 *Measles*

Measles is a highly contagious, serious disease caused by a virus. The disease remains one of the leading causes of death among young children globally, despite the availability of a safe and effective vaccine. Measles vaccination resulted in a 79% drop in measles deaths between 2000 and 2014 worldwide. However, when the vaccination rate dropped below 95%, a periodic outbreak of measles occurred.

Measles-containing vaccine became available in the Republic of Korea in 1965 and was added to the national immunization programme in 1983. In 2000 and 2001 more than 50 000 people were infected by measles virus. In 2001, the Government immunized 5.7 million people against measles and made the confirmation of measles vaccination compulsory for children enrolling in preschool, all part of an effort to maintain a vaccination rate of over 95%. Jeffrey McFarland from the WHO Regional Office for the Western Pacific was dispatched to the Republic of Korea as an adviser and provided consultation on the project to fight against measles (34).

In 2006, KCDC declared the nationwide elimination of measles and held an international conference in Seoul on 7 November 2006 to commemorate the declaration. In March 2014, the WHO Regional Office for the Western Pacific certified measles elimination in the Republic of Korea along with certification for Australia, Macao Special Administrative Region (China) and Mongolia (35).

3.1.2 *Leprosy and hepatitis B*

While promoting projects to eradicate major infectious diseases that pose a threat to human health, WHO granted

certification to Member States that achieved control, elimination or eradication. During this period, in addition to measles elimination the Republic of Korea received WHO certifications for leprosy elimination and hepatitis B control.

At a WHO strategy meeting on leprosy elimination in Manila in November 2004, the Republic of Korea's leprosy programme was recognized for successful implementation, resulting in less than 1 case per 10 000 population (36). 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 (HBsAg) positive rate of those aged 4–6 years and 10–14 years less than 0.2% (37).

3.1.3 *Tuberculosis*

From 1950 to 2010, the Republic of Korea worked tirelessly to eliminate tuberculosis (TB), which led to a significant decrease in the incidence rate. Since 2010, however, the number of TB patients has been on the rise. Recognizing the importance of TB control, the Government of the Republic of Korea and WHO jointly convened a meeting in August 2011 to discuss plans for TB elimination. During the meeting, they set the key objectives of the two-phase TB management project and adopted the revised version of the 2020 TB elimination plan (38).

3.1.4 *Middle East Respiratory Syndrome*

Middle East Respiratory Syndrome (MERS) is a viral respiratory disease caused by a novel coronavirus (MERS-CoV) that was first identified in Saudi Arabia in 2012. On 20 May 2015, KCDC confirmed the first MERS case from a trav-



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■ Participants at an international expert meeting on hepatitis B control in the Western Pacific in Manila in September 2008, when the Republic of Korea received certification of achievement of hepatitis B control.



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■ WHO in 2011 supported the development of a new 2020 plan for TB elimination in the Republic of Korea.



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■ The Republic of Korea receives a certificate of measles elimination from the WHO Regional Office for the Western Pacific in March 2014.



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■ Officials from the Republic of Korea–WHO joint mission on MERS answer questions during a press conference in June 2015.

eller returning from the Middle East, causing the largest outbreak outside the Middle East. The outbreak caused anxiety domestically and internationally as to whether it was caused by a newly adapted virus strain that would continue to spread, including to other countries.

The Government of the Republic of Korea and WHO agreed to conduct a joint mission to assess the outbreak

and the country's response, and to make recommendations to strengthen the response and outbreak preparedness.

The joint mission was conducted on 9–13 June 2015. High-level recommendations for Government included: immediate strengthening of infection prevention and control in health facilities nationally; guidance to health workers on questions to ask patients presenting with fever or respira-

tory symptoms; appropriate reporting; and monitoring of suspected cases and close contacts. On 18–19 June 2015, WHO Regional Director for the Western Pacific Shin Young-soo and WHO Director-General Margaret Chan travelled to the Republic of Korea. Meetings were held with the President of the Republic of Korea, the Speaker of the National Assembly, the Prime Minister, the Minister of Foreign Affairs and the Minister of Health and Welfare.

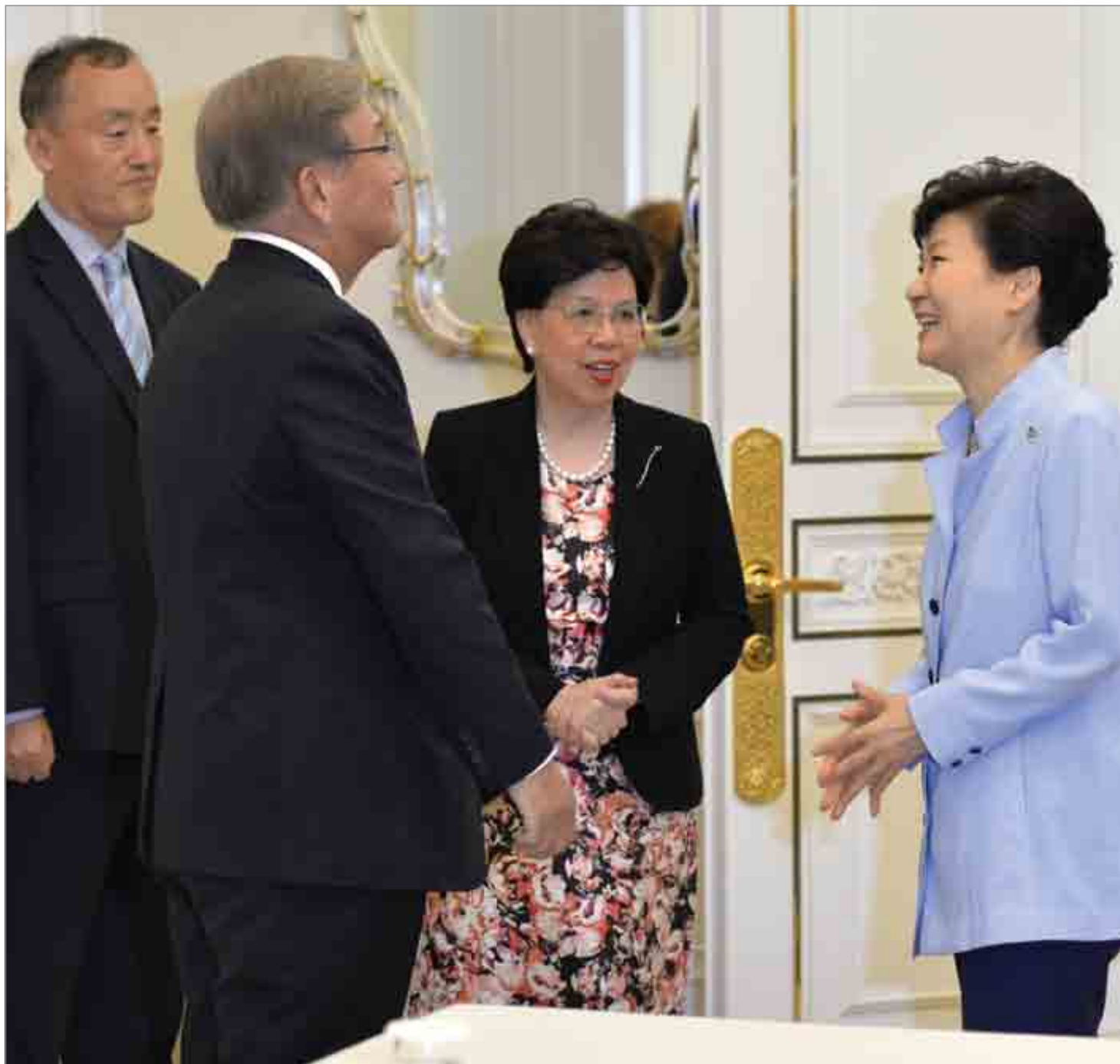
On 24 June 2015, Park Guen-hye, President of the Republic of Korea, met with national health authorities and WHO to discuss the national communicable disease surveillance system. On 15–16 December 2015, WHO and the Republic

of Korea jointly organized an international meeting to share experience and knowledge gained from the recent MERS outbreak and related studies (39, 40).

The MERS outbreak in 2015 demonstrated that collaboration between WHO and the Republic of Korea should continue even though the country enjoys high-income status. On 3 May 2016, WHO and KCDC agreed a special field epidemiology training programme (FETP) for KCDC FETP fellows. A total of 17 newly recruited KCDC FETP fellows will receive a ten-week course of rumour surveillance and risk assessment training at the WHO Western Pacific Regional Office on rotation basis (41).



■ Shin Young-soo, WHO Regional Director for the Western Pacific (left), and Jung Ki-suck, Director of Korea Centers for Disease Control and Prevention (right), agree on 3 May 2016 to offer special training on rumour surveillance and risk assessment to Korean field epidemiologists.



© Newsis

■ Shin Young-soo, WHO Regional Director for the Western Pacific, and Margaret Chan, WHO Director-General, meet Park Guen-hye, President of the Republic of Korea (right), on 19 June 2015 to provide advice on controlling the MERS outbreak and strengthening the public health system.

3.2 Noncommunicable disease control

3.2.1 *Sexual rehabilitation programme for the disabled*

Since May 1996, the National Rehabilitation Center (NRC) has been offering sexual rehabilitation education for patients with spinal cord injuries and has been providing education, consultation, evaluation and research results to related institutes across the country. WHO supported a Seminar on the Medical Approach to the Sexual Rehabilitation of the Disabled, organized by the NRC in September 2003. The seminar provided rehabilitation experts with an opportunity to contribute to the revitalization of sexual rehabilitation activities for the disabled by exchanging information and introducing research on practical rehabilitation methods (42).

3.2.2 *Hospice for terminally ill cancer patients*

The hospice and palliative care services of the Republic of Korea started with the establishment of the Calvary Hospice in Gangreung by the Little Company of Mary in 1965. In 1981, Catholic University of Korea introduced hospice and palliative care services, but they were not promoted. Hospice services led by the Government began in 2003. Five organizations were selected through a public contest to implement the Pilot Hospice Project for Terminally Ill Cancer Patients from 2003 to 2004. In September 2003, WHO supported a Workshop on the Operation and Enhancement of the Pilot Hospice Project for Terminally Ill Cancer Patients. At the workshop, participants exchanged information on the status of institutionalized hospice and palliative care of other countries and discussed the current status and development plans of the Republic of Korea's pilot projects. They also contributed to the development of a hospice and palliative care management system appropriate for home circumstances and the establishment of relevant policies (43).



■ Participants at a WHO-supported workshop on hospice and palliative care for terminally ill cancer patients in September 2003.

3.2.3 *Tobacco control*

According to WHO statistics, the prevalence of smoking any tobacco product among persons aged over 15 years-old in the Republic of Korea was 51.7 % in males and 4.4 % in females in 2012. This figure was higher than the average figure in the WHO Western Pacific Region (48.5% in males and 3.4% in females). The difference in male smoking prevalence is bigger when comparing against the figures for the average prevalence of countries in the high-income group which was 32.8 % in 2012 (44).

The fifth session of FCTC COP held in Seoul in November 2012 provided a turning point to further strengthen legal measures to control tobacco in the Republic of Korea. WHO supported efforts of the Government of the Republic of Korea to reduce the smoking prevalence rate through advocacy to the general public as well as policy makers. The National Health Insurance Service (NHIS) of the Republic of Korea filed a lawsuit in April 2014 against the tobacco companies operating in the Republic of Korea to recoup 50 billion won in insurance payments made to victims of tobacco-related disease and their families.

In August 2014, the WHO Regional Office for the Western Pacific and NHIS agreed and signed a memorandum of understanding to take more aggressive measures against smoking and enhance cooperation in the areas of universal health coverage including health care financing and health promotion including tobacco control (45). Since then, WHO is supporting international symposia on tobacco control and law organized by NHIS every year.

Effective from 1 January 2015, the Republic of Korea increased taxes and health promotion fund surcharges imposed on tobacco products by 2000 Korean won which resulted in an 80% increase of the final tobacco price. The Republic of Korea also revised The National Health Promotion Act in June 2015 which will require all tobacco products to display pictures on the harms of tobacco smoking effective from 23 December 2016. WHO recognized these accomplishments and awarded World No Tobacco Day 2016 awards to the Ministry of Health of Welfare (46).



■ WHO jointly organized an international symposium on tobacco control and law in August 2014 with the National Health Insurance Services of the Republic of Korea, the Korean Association on Smoking and Health, and the Korean Society for Research on Nicotine and Tobacco.

3.3 Support to the Democratic People's Republic of Korea through WHO

3.3.1 Malaria

In the late 1990s, malaria re-emerged in the Republic of Korea, especially in areas near the border with Democratic People's Republic of Korea. Effective malaria control requires cooperation with the Democratic People's Republic of Korea, which is a difficult proposition as the countries do not have diplomatic relations and direct support from the Republic of Korea is a sensitive issue in Democratic People's Republic of Korea. As a result, the Government of the Republic of Korea asked WHO to play a facilitating role. For six years from 2001 to 2006, KCDC provided WHO with voluntary contributions specified to support the malaria control programme in the Democratic People's Republic of Korea. The amount of support increased over time from US\$ 530 000 in 2001 to US\$ 619 000 in 2002, US\$ 700 000 in 2003 and 2004 and US\$ 877 000 in 2005. In 2006, material worth US\$ 1 136 410 was sent to the Democratic People's Republic of Korea by WHO.



■ Public health officials from the Republic of Korea and the Democratic People's Republic of Korea met and discussed malaria control issues in the Korean Peninsula at a biregional meeting convened by WHO in 2004.

The material included anti-malarial drugs for treatment and chemoprophylaxis, mosquito nets, and diagnostic and educational materials for the public health workers. WHO also organized annual consultations on malaria and invited public health officials both from the Republic of Korea and the Democratic People's Republic of Korea. With support and coordination from WHO, interventions on both sides of the border helped control this vector-borne communicable disease (47).

3.3.2 *Women's and Children's Health*

In the 1990s, the collapse of socialist economies, compounded by numerous natural disasters, seriously impacted the economic and health situations in the Democratic People's Republic of Korea. The liberal administration of

the Republic of Korea under the Sunshine Policy offered support to the Democratic People's Republic of Korea via multiple channels, including indirect support through the United Nations system. In March 2006, the Government of the Republic of Korea and WHO launched a five-year joint project – Improving Women's and Children's Health in the Democratic People's Republic of Korea (IWCH). The IWCH project was a full-scale initiative driven by the Government based on a systematic review of the needs and priorities of the Democratic People's Republic of Korea. It included nutrition, disease management, and child and maternal care, and was successfully carried out between 2006 and 2009. However, the project was discontinued in 2009 due to changes in the political situation between the two Koreas. Since 2014, the Government of the Republic of Korea and WHO have tried to relaunch the project (47).



■ Gro Harlem Brundtland, WHO Director-General (left), meets Kim Dae-jung, President of the Republic of Korea (right), in 2001, following the opening of the WHO Office in the Democratic People's Republic of Korea. Her visit resulted in health aid from the Republic of Korea to the Democratic People's Republic of Korea through WHO.

4. Contributions of the Republic of Korea to WHO

4.1 Financial contributions

With its growing economy, the Republic of Korea has continuously increased its assessed contributions to WHO since the late 1990s. The scale of assessed contributions of the Republic of Korea among the whole WHO membership has increased from 0.80% in 1998–1999 biennium to 1.9941% in 2014–2015 in biennium (US\$ 4 631 300 per year) (48, 49).

In addition to assessed contributions, the Republic of Korea also makes voluntary contributions to WHO. 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 providing US\$ 300 000 of in-cash voluntary contributions. Since then, the Republic of Korea has continuously increased its voluntary contributions to WHO. In 2014, it gave US\$ 20 432 924, ranking 10th among all Member States (50, 51).

4.2 WHO collaborating centres

Since the later 1990s, an additional 15 institutions in the Republic of Korea were designated as WHO collaborating centres, while 14 institutions completed their missions and were discontinued. The activities of collaborating centres included technical consultations and support at the request of WHO, participation in meetings for collaborating centres, publication of annual reports and training of professionals from Member States. As of December 2015, some 18 institutions are contributing to WHO work as WHO



■ An alliance of WHO collaborating centres in the Republic of Korea was formalized at meeting with the WHO Director-General and Regional Director for the Western Pacific in September 2015.

collaborating centres (52). (See Annex 6 for the list of WHO collaborating centres in the Republic of Korea.)

4.3 Korean experts working with WHO

Since 1967, when Han Sang-tae was appointed as the WHO Country Liaison Officer in Samoa, many experts from the Republic of Korea have engaged in WHO activities. The country has so far produced a WHO Director-General, Lee Jong-wook, and two Regional Directors for the Western Pacific, Han Sang-tae and Shin Young-soo. Although there is a growing number of WHO staff members from the Republic of Korea working at various levels of WHO (headquarters in Geneva, the Regional Office for the Western Pacific in the Philippines and several WHO country offices including Cambodia, Fiji, the Lao People's Democratic Republic, Mongolia and Samoa), the Republic of Korea is still classified as an under-represented country in terms of geographical representation of the total staff (53).



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■ The Asian Institute of Bioethics and Health Law at Yonsei University became a WHO Collaborating Centre for Health Law and Bioethics in February 2014.



© SNU GSPH

■ The Seoul National University School of Public Health became a WHO Collaborating Centre for Health System and Financing in February 2014.



© National Cancer Center

■ The National Cancer Center, a WHO Collaborating Centre for Cancer Registration, Prevention and Early Detection since 2005, organizes annual workshop on leadership and capacity-building for cancer control.



© Soonchunhyang University

■ The Research Institute for Healthy City and Health Impact Assessment at Soonchunhyang University became a WHO Collaborating Centre for Healthy Cities and Health in All Policies in December 2014.



© NIER

■ The National Institute of Environmental Research became a WHO Collaborating Centre for Vulnerable Population and Environment Health in January 2014.

5. Summary

Globalization is a driving force in the 21st century, presenting both opportunities and challenges. Chief among those challenges is the need to promote development and eradicate poverty. In September 2000, heads of state and government meeting at the United Nations in New York unanimously adopted the Millennium Declaration and the related Millennium Development Goals intended to guide progress over the next 15 years. In September 2015, the United Nations General Assembly adopted a new development agenda and the related SDGs, setting a broad sustainability agenda that addresses the universal needs of all people.

In the Republic of Korea, a growing economy over the past two decades decreased the need for donor assistance and WHO support that was once so critical. As a result, the WHO Office in the Republic of Korea was downgraded to Country Liaison Office in 2000 and finally closed in 2012. In fact, the Republic of Korea has established a stronger cooperative relationship with WHO, becoming a

member of the International Agency for Research on Cancer and signing on to the WHO Framework Convention on Tobacco Control. Despite those changes, WHO support to the Republic of Korea continued in selected areas, including measles elimination, the development of a new tuberculosis control policy, the control of a MERS outbreak and facilitating the Republic of Korea's support to the Democratic People's Republic of Korea.

The Republic of Korea's ongoing development allowed it to increase its financial contributions to WHO, offer various institutions to serve as WHO collaborating centres, and provide expert staff members to work with WHO at the global, regional and country levels. The late Lee Jong-wook became the first Korean to serve as WHO Director-General, and Han Sang-tae was the first Korean to serve as WHO Regional Director for the Western Pacific, a post now held by his countryman, Shin Young-soo. Over the last several decades, the Republic of Korea has evolved from a recipient of WHO support to a donor.



■ Shin Young-soo is re-elected for a second term and will serve as WHO Regional Director for the Western Pacific until January 2019.

6. Biographies

Lee Jong-wook

From volunteer leprosy doctor
to a global leader in Public Health



© WHO

■ Lee Jong-wook

Lee Jong-wook was born in Bugahyeon-dong, Seodaemun-gu, Seoul, on 12 April 1945. After graduating from Seoul National University College of Medicine, he practised medicine at a provincial hospital in Chuncheon from 1976 to 1979. While studying at Seoul National University and working in Chuncheon, Lee took care of leprosy patients as a volunteer doctor at St Lazarus Village in Anyang, Gyeonggi-do. After obtaining a master's degree in public health at the Graduate School of the University of Hawaii, he began his career as a clinician at the Lyndon B. Johnson Tropical Medical Center in American Samoa for two years beginning in 1981.

In late 1983, Lee was recruited by WHO as a medical officer in leprosy in the Office of the Representative in the South Pacific in Suva, Fiji. In 1986, he moved to the WHO Regional Office for the Western Pacific in Manila, Philippines, where he served as the regional adviser on leprosy. Five years later, he was promoted to director of the Disease Prevention and Control unit in 1991. Under the leadership of WHO Regional Director Han Sang-tae, he led the final push for poliomyelitis eradication in the Western Pacific Region, together with Shigeru Omi, newly recruited immunization programme head.

In 1994, he was appointed by WHO Director-General Hiroshi Nakajima as Director of the Global Programme for Vaccines and Immunization and as the executive secretary of the Children's Vaccine Initiative at WHO headquarters in Geneva. Lee worked tirelessly on the global vaccination



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■ Lee Jong-wook (far left) as a medical student at Seoul National University.



■ Lee Jong-wook (right) and his long-time friend, Shin Young-soo (left), then a WHO Executive Board member



■ Lee Jong-wook, WHO Director-General, greets a group of well-wishing children during a visit to Africa.



■ Chung Chin-youb, Minister of Health and Welfare, addresses the commemorative ceremony of the 10th anniversary of the passing of Lee Jong-wook in May 2016 in Geneva.

programme, which achieved a polio prevalence rate of 1 case per 10 000 population. This achievement resulted in Lee being named the “Vaccine Czar”.

Under WHO Director-General Brundtland, he oversaw WHO’s information and communication system for a year and was then tasked to lead a global effort to stop the spread of tuberculosis. While serving as the director of the Bureau of Tuberculosis, Lee encouraged more than 250 nongovernmental organizations to participate in the tuberculosis project under the Stop TB Partnership. He also developed and introduced innovative public health strategies, such as purchasing medicines through the establishment of the WHO Global Drug Facility.

In 2003, Lee was elected to serve as WHO Director-General for a five-year term. In his inaugural speech to the Fifty-sixth World Health Assembly, he launched the “3 by 5 Initiative”, with the ambitious goal of providing antiretroviral treatment to 3 million people living with HIV/AIDS in developing countries by 2005.

On 20 May 2006, just two days before the opening of the World Health Assembly, Lee collapsed suddenly. He died in the early morning of 22 May 2006 at Geneva University Hospital at 61 years of age. His death came as a shock to the international health community. Leaders around the globe expressed their deep condolences. Funeral services were held in both Seoul and Geneva, and his final resting place is Daejeon National Cemetery in the Republic of Korea.

Lee may be best known for his commitment to international health as the head of WHO, but he will also be remembered for 20 years of dedicated service to those less fortunate, starting with the leprosy patients in St. Lazarus Village. Lee’s philosophy guided his life and will continue to guide those of others: “We must do the right things, we must do them in the right places and we must do them the right way” (10).

Shin Young-soo

A visionary leader in health for the Western Pacific Region in 21st century



© WHO

■ Shin Young-soo

Shin Young-soo was born on Gadeok Island, Gangseo-gu, Busan, Republic of Korea, in 1943. He graduated *magna cum laude* from Seoul National University College of Medicine in 1969. He went on to earn a master's degree in public health at the Graduate School of Public Health at Seoul National University in 1971 and a doctoral degree in public health at Yale University in the United States in 1977.

After returning to the Republic of Korea, Shin was appointed as a professor at Seoul National University College of Medicine and established the Department of Health Policy and Management. While serving as professor, Shin pioneered research on hospital management, medical service quality management and health-care payment systems. He helped establish several academic societies including

the Korean Society of Public Health Administration and the Korean Society for Quality Assurance in Health Care.

Shin not only laid the academic foundation for health policy and management science in the Republic of Korea, but also promoted its application in various fields of public health service. In the 1980s, he served as the Director of the Planning and Management Department of the Seoul National University Hospital, where he introduced a modern hospital management system. In the 1990s, as the Director of the Institute of Health Policy and Management, a government-affiliated research institute, he provided advice on health-care reform policies and served as a member of the Presidential Advisory Council on Science and Technology. In 2002, he oversaw the medical insurance system in the Republic of Korea as the president of the Health Insurance Review and Assessment Service.



© Shin Young-soo

■ Shin Young-soo earned a doctoral degree in public health at Yale University in the United States of America in 1977.

Shin's relationship with WHO dates back to the 1980s. In 1984, he was appointed as the Director of the WHO Collaborating Centre for Hospital Administration at the Institute of Hospital Services of Seoul National University, and in 1989 he launched a WHO-supported pilot project for district health systems based on primary health care in Yeoncheon-gun, Gyeonggi-do. In 1995, he was designated as a WHO Executive Board member by the Government of the Republic of Korea and served on the position for three years. In the 1990s, he also served as a consultant to WHO health system development work in developing countries, including China in the 1990s. Over the years, he took on more than 30 assignments as a WHO consultant and adviser.

With the second five-year term of Shigeru Omi, WHO Regional Director for the Western Pacific, set to expire in January 2009, Shin was asked by his Government to stand for election to the post. At the fifty-ninth session of the WHO Regional Committee for the Western Pacific in September 2008, Shin was elected as the sixth WHO Regional Director – marking the first time someone from outside the Organization was chosen.

Shin began his first term in February 2009, emphasizing the need for the Organization to get back to fundamentals. In his first address to staff he shared plans for internal and external assessments to examine the way WHO worked in the Region.

Those evaluations, as well as his face-to-face consultations with Member States, were the first steps in a process that led to significant reforms and restructuring in the WHO Regional Office for the Western Pacific and WHO country offices. He streamlined 31 Regional Office units, some working in isolation from colleagues in related areas, into just 17 crosscutting teams – a move that broke down walls between units and encouraged collaboration.



© Park Kidong

■ Shin Young-soo studied the diagnosis-related group system as part of his doctoral research and paved the way for its application in the Republic of Korea.



© Shin Young-soo

■ Shin Young-soo served as a WHO consultant on health system development in China and other developing countries in the 1990s.



© DHPM

■ Shin Young-soo (third from left) was elected as the sixth WHO Regional Director in 2008, marking the first time someone from outside the Organization was chosen.

In August 2009, Shin established the Country Support Unit, tasked with implementing a country focus policy to ensure results at the country level. Country Strategic Frameworks and Technical Strategic Frameworks were introduced to ensure WHO was meeting the needs of individual Member States and making a difference at the country level. While WHO has always worked at the global, regional and national levels, Shin pioneered work at the subnational level, such as Western Area Health Initiative in China.

In August 2010, Shin created the Division of Pacific Technical Support, based in Suva, Fiji, to serve more directly Pacific island countries and areas. Many of these countries and areas are small and isolated with unique demographics and cultures, and they require Pacific-specific guidance rather than global and regional guidelines.

Shin initiated reforms in human resources policies that increased the mobility of both professional and general staff, ensuring that the right people are in the right positions in the right places. These mobility reforms, as well as many other innovations introduced in the Western Pacific Region, have since been adopted in other WHO regions and at WHO headquarters.

Shin also successfully led WHO's efforts to respond to disasters and emergencies in the Region, including pandemic influenza A(H1N1) outbreaks in 2009, outbreaks of avian influenza A(H7N9) in China in 2013, and multiple typhoons in the Philippines and other countries. He also drew attention to the growing threat of noncommunicable diseases and population ageing.

Shin was re-elected as the Regional Director at the sixty-fourth session of the WHO Regional Committee for the

Western Pacific in Manila in October 2013. While Shin demands much of himself and his staff, he is known for his quick smile and an open-door policy.

In April 2015, the Government of the Republic of Korea, recognizing Shin's contribution to public health, awarded him the Order of Civil Merit, Rose of Sharon Medal, which is the highest Order of Merit awarded by the Republic of Korea (15, 16, 54, 55).



© Ministry of Health and Welfare

■ Shin Young-soo receives the Order of Civil Merit, Rose of Sharon Medal in 2015. It is the highest Order of Merit awarded by the Government of the Republic of Korea.



■ Shin Young-soo meets the Prime Minister of Cambodia Hun Sen in 2009.



■ Shin Young-soo meets Sükhbaataryn Batbold, Prime Minister of Mongolia, in 2010.



■ Shin Young-soo meets Benigno Aquino III, President of the Philippines, on World Health Day in 2013.



■ Shin Young-soo meets Xi Jinping, President of the People's Republic of China, in 2013.



■ Shin Young-soo meets Peter O'Neill, Prime Minister of Papua New Guinea (centre), in 2014.



■ Shin Young-soo meets Nguyen Xuan Phuc, Prime Minister of Viet Nam, in 2016.



■ Shin Young-soo visits the highlands provinces in Papua New Guinea.



■ Shin Young-soo, recognized as *Pulele-lte* or visionary leader in Samoa, marches with health officials after a traditional ceremony in his honour.



■ Shin Young-soo (centre) talks with health workers in a mountainous village in China.



■ Shin Young-soo (left) greets a farmer in rural Cambodia.



■ Shin Young-soo (right) visits Christchurch, New Zealand, after a devastating earthquake in 2011.

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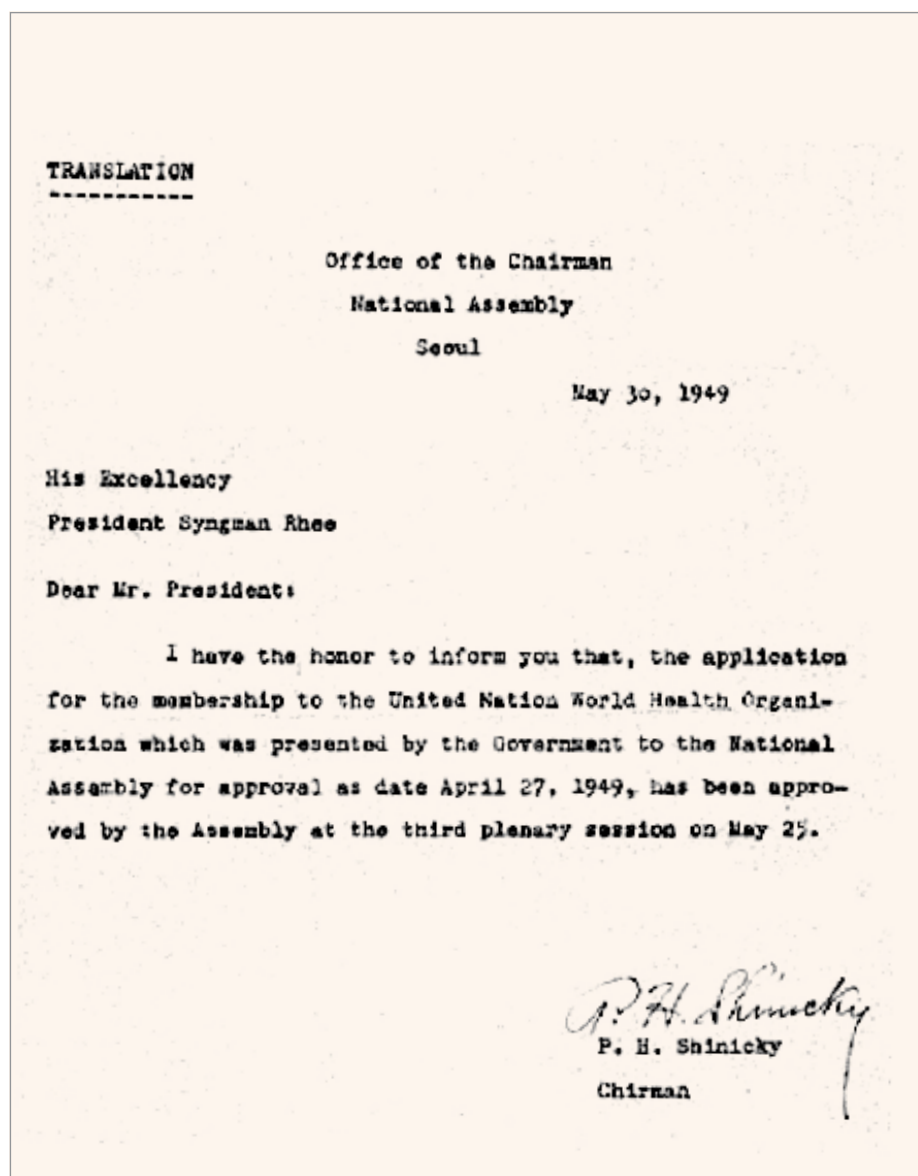
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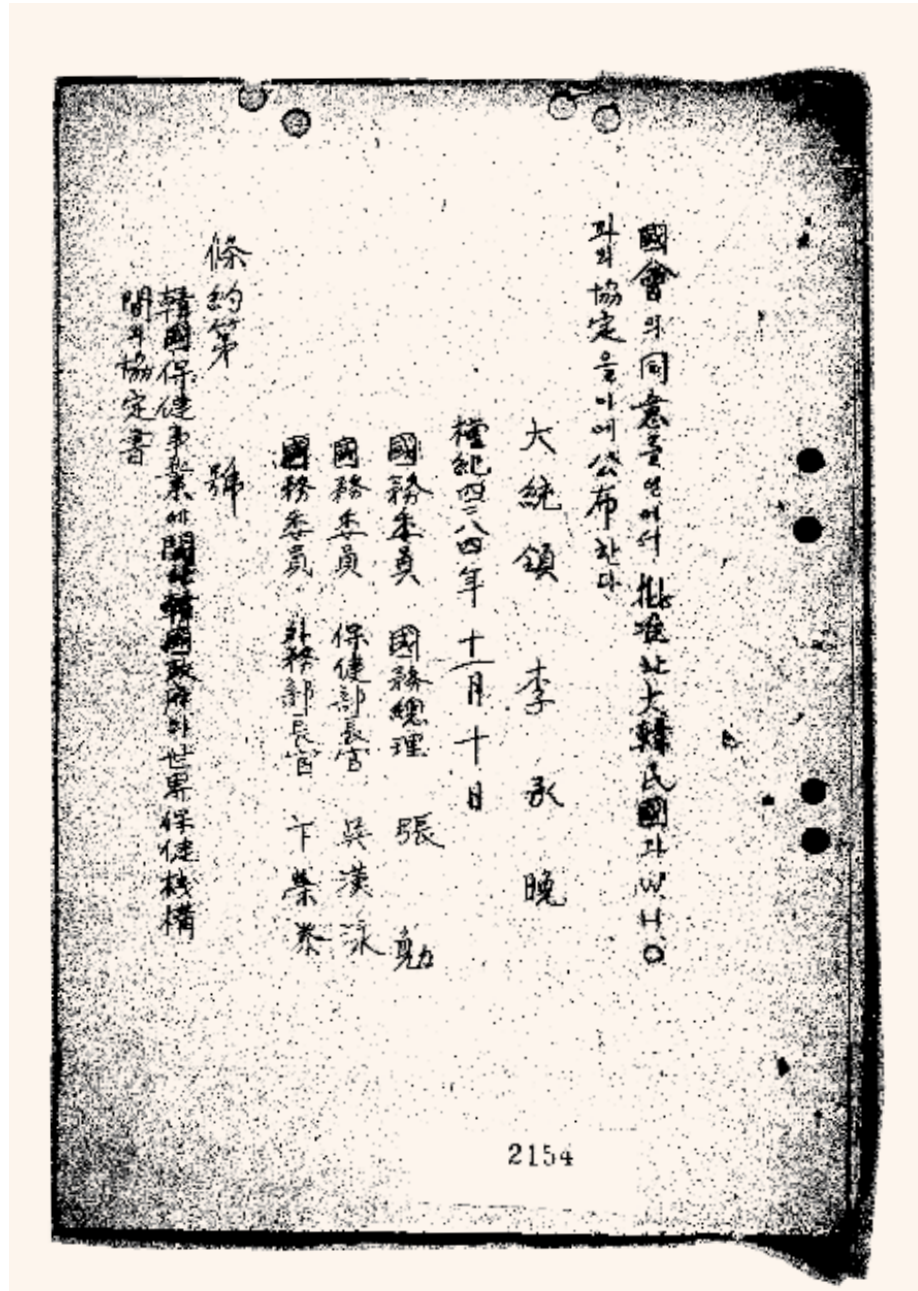
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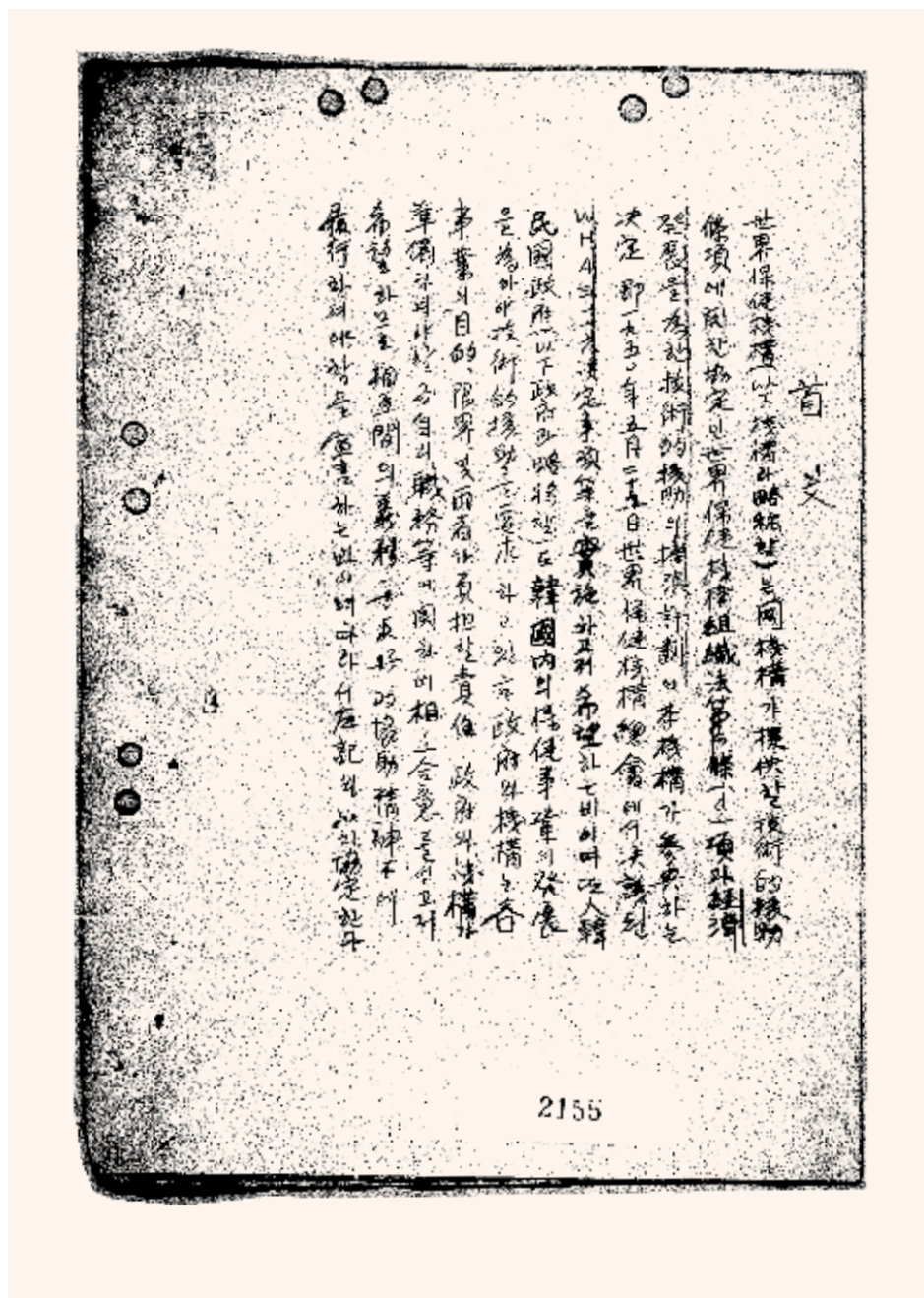
ANNEX 1. The official letter of the World Health Assembly Chair approving the Republic of Korea's application to WHO membership



ANNEX 2. The Basic Agreement between WHO and the Republic of Korea in 1951



ANNEX 2. The Basic Agreement between WHO and the Republic of Korea in 1951 (continuation)



中華民國三十四年十一月二十七日
 大韓民國政府公報處 發行

官 報

(1) (號外)

世界保健機關(以下簡稱WHO)與我國政府間之基本協定

世界保健機關(以下簡稱WHO)與我國政府間之基本協定，係於一九五〇年五月二十二日在日內瓦世界保健會議中，由WHO與我國政府代表簽訂。該協定之宗旨，在於促進我國人民之健康，並協助WHO之各項工作。此項協定之簽訂，標誌着我國與WHO之合作關係進入了一個新的階段。

根據該協定，我國政府將向WHO提供必要之技術與財政援助，以支持其在我國境內之各項保健工作。同時，WHO亦將向我國政府提供技術指導、專家諮詢及藥品器材等援助。此項協定之實施，將有助於提高我國人民之健康水平，並促進我國保健事業之發展。

條約

本協定係根據一九五〇年五月二十二日在日內瓦世界保健會議中，由WHO與我國政府代表簽訂。其宗旨在於促進我國人民之健康，並協助WHO之各項工作。

本協定之條文如下：

第一條 本協定之目的，在於促進我國人民之健康，並協助WHO之各項工作。

第二條 我國政府將向WHO提供必要之技術與財政援助，以支持其在我國境內之各項保健工作。

第三條 WHO亦將向我國政府提供技術指導、專家諮詢及藥品器材等援助。

第四條 本協定之有效期間為五年，自一九五〇年五月二十二日起算。如無異議，將自動延長五年。

第五條 本協定之修改，須經我國政府與WHO雙方同意。

第六條 本協定之解釋，須經我國政府與WHO雙方同意。

第七條 本協定之簽訂，標誌着我國與WHO之合作關係進入了一個新的階段。

目次抄錄

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第一二條 WHO亦將向我國政府提供技術指導、專家諮詢及藥品器材等援助。

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(2) (火 曜 日) 11 月 24 日 1954 年 報 官 (外 外)

第五條

本協定之履行應由韓國政府與世界衛生組織之技術顧問委員會共同負責。該委員會之組織及職權應由本協定之附件所規定。該委員會之報告應由韓國政府與世界衛生組織共同負責。

(a) 本協定之履行應由韓國政府與世界衛生組織之技術顧問委員會共同負責。該委員會之組織及職權應由本協定之附件所規定。該委員會之報告應由韓國政府與世界衛生組織共同負責。

(b) 本協定之履行應由韓國政府與世界衛生組織之技術顧問委員會共同負責。該委員會之組織及職權應由本協定之附件所規定。該委員會之報告應由韓國政府與世界衛生組織共同負責。

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THE WORLD HEALTH ORGANIZATION
and
THE GOVERNMENT OF THE
REPUBLIC OF KOREA

Agreement
Signed at Manila, the Philippines, 21 September 1951
For health projects in the Republic of Korea

本協定之履行應由韓國政府與世界衛生組織之技術顧問委員會共同負責。該委員會之組織及職權應由本協定之附件所規定。該委員會之報告應由韓國政府與世界衛生組織共同負責。

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The World Health Organization (the initials referred to as "the O. Organization") desire to give effect to Article 2 (d) of the Constitution concerning the provision of technical advisory assistance by the O. Organization, and Resolution W.H.A. 3.119 adopted by the World Health Assembly on 25 May 1953, concerning the assistance of the O. Organization in an expanded programme of Technical Assistance for Economic Development; and

The Government of the Republic of Korea (hereinafter referred to as "the Government") having requested technical advisory assistance for the development of health projects in the Republic of Korea;

Being desirous of obtaining mutual agreement concerning the fulfilment of such projects and the responsibilities which should be assigned and the services which shall be provided by the Government and the O. Organization;

Desiring that their mutual responsibilities shall be fulfilled in a friendly and cooperative spirit;

HAVE AGREED AS FOLLOWS:

Article I

(1) The O. Organization shall render technical advisory assistance to the Government on the matters and in the manner described in Supplementary Article 1, paragraph 1, of this Agreement.

(2) The O. Organization shall cooperate with the Government in connection with the matters referred to in paragraph 1 of this Article, and shall, in the exercise of its functions, render such assistance as may be requested by the Government, and shall, in the exercise of its functions, render such assistance as may be requested by the Government, and shall, in the exercise of its functions, render such assistance as may be requested by the Government.

(3) The Government shall, in the exercise of its functions, render such assistance as may be requested by the O. Organization.

(4) The Government shall, in the exercise of its functions, render such assistance as may be requested by the O. Organization.

(5) The Government shall, in the exercise of its functions, render such assistance as may be requested by the O. Organization.

(6) The Government shall, in the exercise of its functions, render such assistance as may be requested by the O. Organization.

(7) The Government shall, in the exercise of its functions, render such assistance as may be requested by the O. Organization.

(8) The Government shall, in the exercise of its functions, render such assistance as may be requested by the O. Organization.

(9) The Government shall, in the exercise of its functions, render such assistance as may be requested by the O. Organization.

(10) The Government shall, in the exercise of its functions, render such assistance as may be requested by the O. Organization.

ANNEX 2. The Basic Agreement between WHO and the Republic of Korea in 1951 (continuation)

<p>(3)</p> <p>(註 外)</p> <p>日 報</p>	<p>第 284 号 年 1 月 27 日 (火 日 發)</p>
<p>as part of an agreed Plan of such goods shall be administered in accordance with the Organization's financing regulations;</p> <p>(e) Any loanable or other equipment or supplies provided by the Organization in connection with any technical advisory assistance furnished by the Organization shall remain the property of the Organization unless and until the donor is transferred in terms and conditions agreed between the Organization and the Government.</p> <p>(f) As part of the technical advisory assistance furnished the Organization may make arrangements for the carrying out of laboratory or other tests, experiments or research outside the country.</p> <p style="text-align: center;">Article II</p> <p>The Organization and the Government agree to be guided by and to observe as appropriate the policies established by the World Health Assembly and its observations on any guiding principle of its Expanded Programme of Technical Assistance for Economic Development set forth in Article 10, Part IV of Resolution 222 (XX) of the Economic and Social Council of the United Nations.</p> <p style="text-align: center;">Article III</p> <p>In the planning and execution of projects for which Supplementary Agreements are made pursuant to this Agreement, the Organization shall provide and pay for the purchase of equipment, supplies and fellowship.</p> <p>Specified in each Supplementary Agreement under particularity as follows:</p> <p>(a) <u>Treasury:</u> The Organization shall pay salaries, allowances and travel outside the country, and insurance of the personnel;</p> <p>(b) <u>Equipment and Supplies:</u> The Organization shall be responsible for the purchase and carriage of materials, supplies and equipment to arrive from the country;</p> <p>(c) <u>Other Expenses:</u> The Organization shall meet any other expenses outside the</p>	<p>country and necessary in connection with the provision of technical assistance.</p> <p style="text-align: center;">Article IV</p> <p>1. In the planning and execution of projects for which Supplementary Agreements are made pursuant to this Agreement the Government shall provide for the personnel, equipment, supplies and facilities, as specified in each Supplementary Agreement and assume responsibility for such part of the cost of the technical assistance furnished by the Organization under this Agreement as can be paid for in local currency or otherwise to the following effect:</p> <p>(a) The lodging expenses of the international personnel;</p> <p>(b) The cost of travel, including a per diem allowance for the international personnel while travelling on official business within the country away from their duty station;</p> <p>(c) The cost of official telephone, telegraph, postal and other means of communication;</p> <p>(d) The cost of medical care and hospitalization for the international personnel in the country;</p> <p>(e) Appropriate office, expendable office material and furniture, fuel, printing and telephone services as may be necessary, including communications;</p> <p>(f) Taxes or other charges or levies collected by the Government and covered by the privileges and immunities under Article V.</p> <p>2. In the event of any other expenses, services or facilities mutually agreed upon, the Government shall provide for them.</p> <p>3. The right of making payment in accordance with paragraph (1) above, the Government may give supplies and services in kind, to the extent that may be agreed upon between the Government and the Organization.</p> <p>4. In appropriate cases, the Government shall also provide such land, labour, equipment or property as may be required to be determined as the most wise, in agreement with the Organization.</p>

ANNEX 2. The Basic Agreement between WHO and the Republic of Korea in 1951 (continuation)

(號外) 官 報 號記 238 年 11 月 7 日 文 華 民 國 (4)

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Action V

Notwithstanding that the Government may or may not have already ratified or acceded to the Convention on the Privileges and Immunities of the Specialized Agencies, the Government shall accord to the Organization, its personnel, property and assets in so far as the performance of this Agreement and any Supplementary Agreement between, all the Privileges and Immunities normally accorded to the Organization, its property, assets, offices and experts under the provisions of that Convention.

Besides the ratification of the Convention on the Privileges and Immunities of the Specialized Agencies, the Government shall accord to the Organization, its personnel, property and assets in connection with the performance of this Agreement and any Supplementary Agreement between, the privileges and immunities normally accorded to the United Nations, its property, assets, officials and experts under the provisions of the Convention on the Privileges and Immunities of the United Nations.

Article VI

(a) This Agreement and any Supplementary Agreement hereto may be modified by mutual consent of the Government and the Organization.

(b) This Agreement may be terminated by either Party upon written notice to the other and shall terminate sixty days from the receipt of such notice. Termination of this Agreement shall constitute termination of any Supplementary Agreement hereto. Any such Supplementary Agreement may also be separately terminated on like notice.

(c) Any difference arising out of the interpretation or application of this Agreement or any Supplementary Agreement hereto which is not otherwise settled by the parties shall be referred to arbitration. In that case each party shall appoint one arbitrator. Any differences that these cannot settle between themselves shall be submitted to a third arbitrator appointed by them to decide without further recourse.

(d) This Agreement and any Supplementary Agreement hereto shall be transmitted to the Director-General of the Organization.

to the Secretary-General of the United Nations for registration in accordance with Article 106 of the Charter of the United Nations.

IN WITNESS WHEREOF the Government and the Organization have signed this Agreement at Manila, the Philippines, on 21 September 1951.

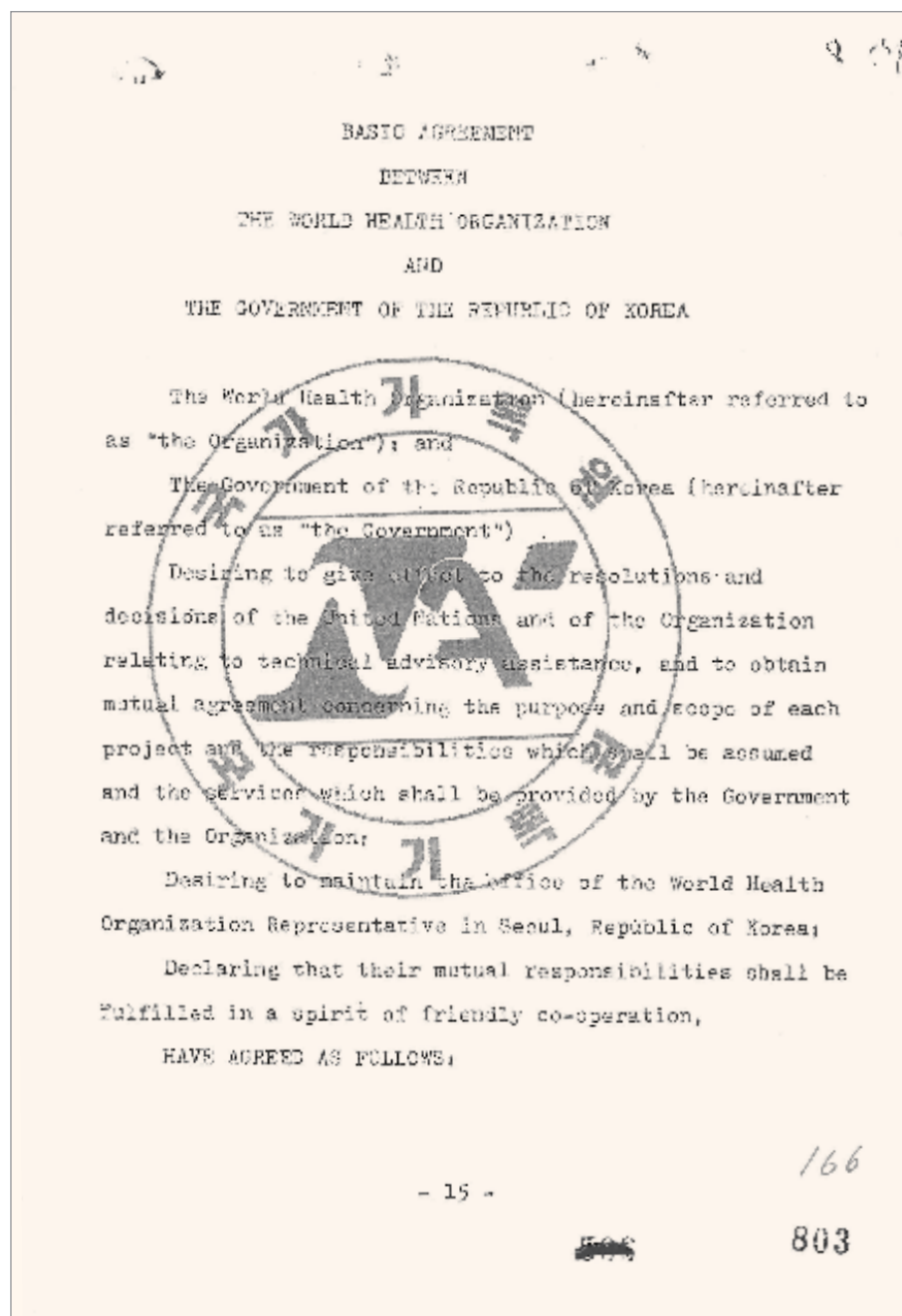
For the Government of the Republic of Korea

H. V. Oh, M. D.
Minister of Public Health

I. C. Kang, M. D.
Regional Director
Health Organization

大 韓 民 國 衛 生 部 印

ANNEX 3. The revised Basic Agreement between WHO and the Republic of Korea in 1974



ANNEX 3. The revised Basic Agreement between WHO and the Republic of Korea in 1974 (continuation)

ARTICLE I

Furnishing of Technical Advisory Assistance

1. The Organization shall render technical advisory assistance to the Government, subject to budgetary limitation or the availability of the necessary funds. The Organization and the Government shall co-operate in arranging, on the basis of the requests received from the Government and approved by the Organization, mutually agreeable plans of operation for the carrying out of the technical advisory assistance.
2. Such technical advisory assistance shall be furnished and received in accordance with the relevant resolutions and decisions of the World Health Assembly, the Executive Board and other organs of the Organization.
3. Such technical advisory assistance may consist of:
 - (a) making available the services of advisers in order to render advice and assistance to or through the Government;
 - (b) organizing and conducting seminars, training programmes, demonstration projects, expert working groups and related activities in such places as may be mutually agreed;
 - (c) awarding scholarships and fellowships or making other arrangements under which candidates nominated by the

ANNEX 3. The revised Basic Agreement between WHO and the Republic of Korea in 1974 (continuation)

Government and approved by the Organization shall study or receive training outside the country;

(d) preparing and executing pilot projects, tests, experiments or research in such places as may be mutually agreed upon;

(e) providing any other forms of technical advisory assistance which may be agreed upon by the Organization and the Government.

4. (a) Advisers who are to render advice and assistance to or through the Government shall be selected by the Organization in consultation with the Government. They shall be responsible to the Organization;

(b) in the performance of their duties, the advisers shall act in close consultation with the Government and with persons or bodies so authorized by the Government, and shall comply with instructions from the Government as may be appropriate to the nature of their duties and the assistance to be given and as may be mutually agreed upon between the Organization and the Government;

(c) the advisers shall, in the course of their advisory work, make every effort to instruct any technical staff the Government may associate with them, in their professional methods, techniques and practices and in the principles on which these are based.

ANNEX 3. The revised Basic Agreement between WHO and the Republic of Korea in 1974 (continuation)

5. Any technical equipment or supplies which may be furnished by the Organization shall remain its property unless and until such time as title may be transferred in accordance with the policies determined by the World Health Assembly and existing at the date of transfer.

6. The Government shall be responsible for dealing with any claims which may be brought by third parties against the Organization and its advisers, agents and employees and shall hold harmless the Organization and its advisers, agents and employees in case of any claims or liabilities resulting from operations under this Agreement, except where it is agreed by the Government and the Organization that such claims or liabilities arise from the gross negligence or willful misconduct of such advisers, agents or employees.

ARTICLE IV

Co-operation of the Government concerning
Technical Advisory Assistance

1. The Government shall do everything in its power to ensure the effective use of the technical advisory assistance provided.

ANNEX 3. The revised Basic Agreement between WHO and the Republic of Korea in 1974 (continuation)

2. The Government and the Organization shall consult together regarding the publication, as appropriate, of any findings and reports of advisers that may prove of benefit to other countries and to the Organization.

3. The Government shall actively collaborate with the Organization in the furnishing and compilation of findings, data, statistics and such other information as will enable the Organization to analyse and evaluate the results of the programme of technical advisory assistance.

ARTICLE III
Administrative and Financial Obligations of the Organization

1. The Organization shall bear, in full or in part, as may be mutually agreed upon, the costs necessary to the technical advisory assistance which are payable outside the country, as follows:

- (a) the salaries and subsistence (including duty travel per diem) of the advisers;
- (b) the costs of transportation of the advisers during their travel to and from the point of entry into the country;
- (c) the cost of any other travel outside the country;
- (d) insurance of the advisers;

ANNEX 3. The revised Basic Agreement between WHO and the Republic of Korea in 1974 (continuation)

(c) purchase and transport to and from the point of entry into the country of any equipment or supplies provided by the Organization;

(f) any other expenses outside the country approved by the Organization.

2. The Organization shall defray such expenses in local currency as are not covered by the Government pursuant to Article IV, paragraph 1, of this Agreement.

ARTICLE IV
Administrative and Financial Obligations of the Government.

1. The Government shall contribute to the cost of technical advisory assistance by paying for, or directly furnishing, the following facilities and services:

(a) local personnel services, technical and administrative, including the necessary local secretarial help, interpreter-translators and related assistance;

(b) the necessary office space and other premises;

(c) equipment and supplies produced within the country;

(d) transportation of personnel, supplies and equipment for official purposes within the country;

(e) postage and telecommunications for official purposes;

- 20 -

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ANNEX 3. The revised Basic Agreement between WHO and the Republic of Korea in 1974 (continuation)

(f) facilities for receiving medical care and hospitalization by the international personnel.

2. The Government shall defray such portion of the expenses to be paid outside the country as are not covered by the Organization, and as may be mutually agreed upon.

3. In appropriate cases the Government shall put at the disposal of the Organization such labour, equipment, supplies and other services or property as may be needed for the execution of its work and as may be mutually agreed upon.

ARTICLE 4
Facilities, Privileges and Immunities

1. The Government, insofar as it is not already bound to do so, shall apply to the Organization, its staff, funds, properties and assets the appropriate provisions of the Convention on the Privileges and Immunities of the Specialized Agencies.

2. Staff of the Organization, including advisers engaged by it as members of the staff assigned to carry out the purposes of this Agreement, shall be deemed to be officials within the meaning of the above Convention. The WHO

ANNEX 3. The revised Basic Agreement between WHO and the Republic of Korea in 1974 (continuation)

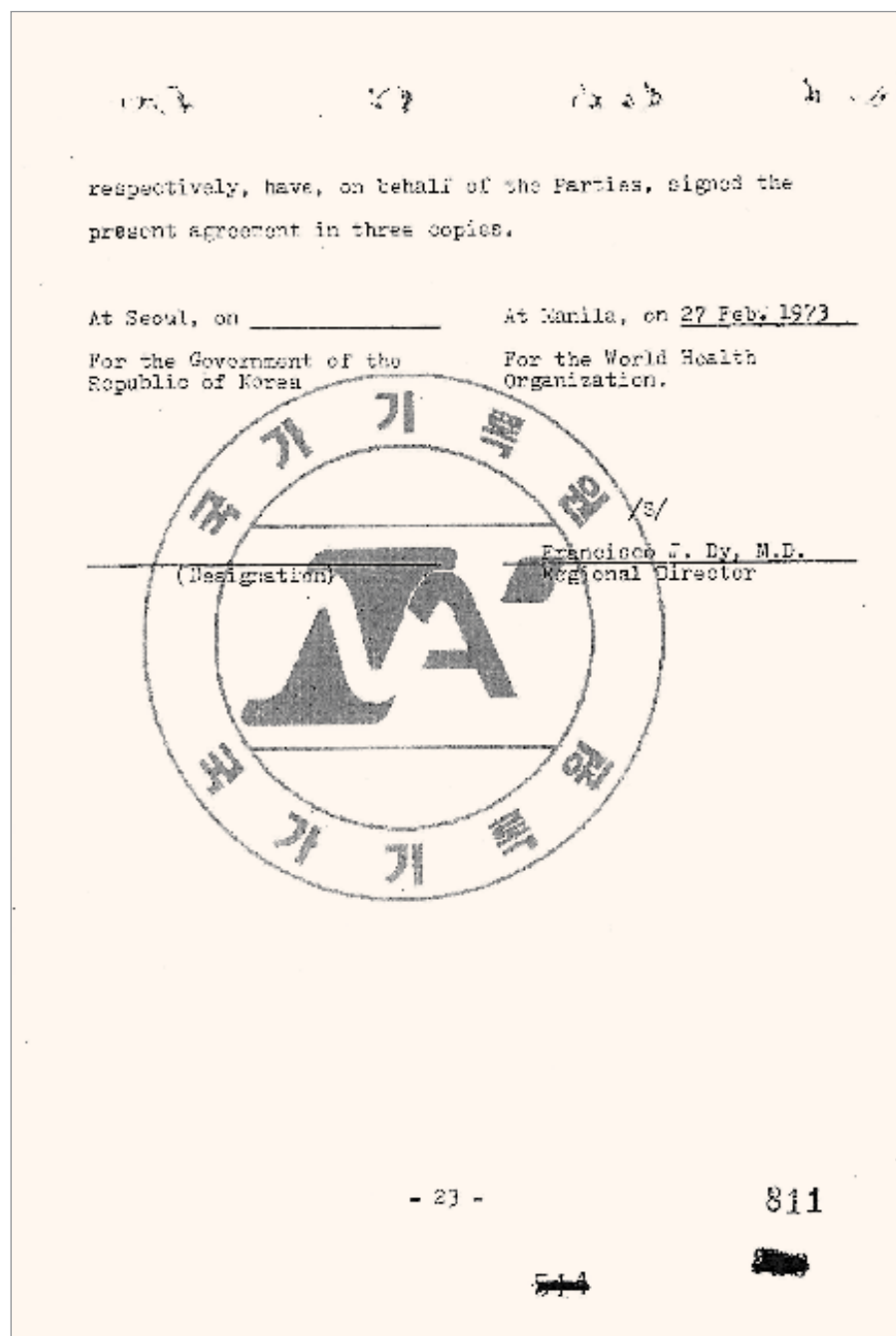
Representative appointed to the Republic of Korea shall be afforded the treatment provided for under Section 21 of the said Convention.

ARTICLE VI

1. This Basic Agreement shall enter into force upon signature by the duly authorized representatives of the Organization and of the Government.
2. This Basic Agreement may be modified by agreement between the Organization and the Government, each of which shall give full and sympathetic consideration to any request by the other for such modification.
3. This Basic Agreement may be terminated by either party upon written notice to the other party and shall terminate 60 days after receipt of such notice.
4. This Basic Agreement shall supersede the Basic agreement concerning the provision of technical advisory assistance concluded with the Government of the Republic of Korea on 24 June 1961.

IN WITNESS WHEREOF the undersigned, duly appointed representatives of the Organization and the Government

ANNEX 3. The revised Basic Agreement between WHO and the Republic of Korea in 1974 (continuation)



ANNEX 4. Documents regarding the support of the Republic of Korea to Viet Nam through WHO in 1978

MINISTRY OF FOREIGN AFFAIRS
REPUBLIC OF KOREA

OGI- 1011

11 November 1978

Dear Dr. Dy,

I wish to acknowledge the receipt of your letter No. VIN/MPD/001-D, dated 24 October, 1978, concerning my Government's assistance to Vietnam of DDT sprayers.

Upon receipt of your letter, necessary action is now under way for purchase and consignment of the sprayers as mentioned in your letter. I was informed that it would take approximately two months for manufacturers to make the sprayers and, therefore, the earliest possible date of shipment will be in the latter part of January, 1979. We, on our part, will do our best to expedite speedy delivery so that the sprayers could be utilized in Vietnam as soon as possible.

I will, of course, send you copies of the Bill of Lading as soon as they are available.

Yours sincerely,

Woo Young CHUNG
Director-General
Bureau of the International
Organizations

Dr. Francisco J. Dy
Regional Director,
WHO Regional Office for the Western Pacific
Manila, the Philippines

ANNEX 4. Documents regarding the support of the Republic of Korea to Viet Nam through WHO in 1978
(continuation)

~~CONFIDENTIAL~~

AIDE-MEMOIRE

1. The Government of the Republic of Korea, as a member of the World Health Organization, has decided to extend medical assistance to the Government of the Socialist Republic of Vietnam in a humanitarian spirit and in accordance with the relevant resolutions of the World Health Assembly (WHA 29.24 and WHA 30.25).
2. The initial assistance will be US\$ 20,000 worth of Korean-made pharmaceutical goods.
3. It is requested that the WHO Secretariat consult the Vietnamese authorities regarding which items they would prefer and inform the Korean Government of the preferred pharmaceutical items.
4. The Korean Government will select from among the preferred items the particular items which it can supply and forward them through the WHO Secretariat.

1978. 12. 31 (일반회로재분류)

1978. 12. 31
SECRET

~~CONFIDENTIAL~~

ANNEX 4. Documents regarding the support of the Republic of Korea to Viet Nam through WHO in 1978
(continuation)

The consignment has so far been delayed due to the scarcity availability of cargo ships sailing for Vietnam.

OGI- *mf* 10 February 1979

Dear Dr. Dy,

With reference to your letter No. VTN/MPD/001-D and my previous letter No. OGI-1011, dated 24 October and 10 November 1978 respectively, concerning my Government's assistance to Vietnam of DDT sprayers, I wish to inform you that a total of 640 DDT sprayers (Model AS-13) has been shipped to the WHO Programme Coordinator in Ho-Chi-Minh Ville.

Enclosed herewith are copies of the relevant Bill of Lading covering the above consignment.

With best regards,

Yours sincerely,


Encl: as mentioned

Woo Young CHUNG
Director-General
Bureau of the International
Organizations



Dr. Francisco J. Dy
Regional Director,
WHO Regional Office for the Western Pacific
Manila, the Philippines

양 구 재	담 담 기	과 장	국 장	차 장	차 관	장 관

ANNEX 4. Documents regarding the support of the Republic of Korea to Viet Nam through WHO in 1978
(continuation)




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Agriculture and Fishery Republic of Korea

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ANNEX 4. Documents regarding the support of the Republic of Korea to Viet Nam through WHO in 1978
(continuation)

관리 번호 76
124

~~III~~ ~~비밀~~
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기 안 용 지

분류기호	방기 7334 -	(전화번호)	대 동 명
문서번호			
처리기한		외무부장관	국무총리
시행일자	1976. 4. 27.	[Handwritten Signature]	강관 구두 24가 필
보존년한			
보 조 기 관	자 관	국	
	차 관 보	국	
	국 장	아주국장 [Handwritten Signature]	
기안제임자	신호연 [Handwritten Signature]	국제지구과장 [Handwritten Signature]	
경 유 수 신 참 조	건의	신	서
제 목	월맹 및 공산월남에 대한 WHO 원조건고에 따른 대책		
<p>1. WHO 는 남북월남에서의 보건문제가 현재 전반적으로 심각한 상태에 있으며 이를 복구 하는 데에는 약 7천 5백만불의 원조가 필요한 것으로 판단하고 있습니다.</p> <p>2. WHO 는 75. 5월의 제 28차 총회에서 남북월 보건분야 특별원조 사업에 각 회원국이 적극 참여 할 것을 결의한 바 있고 76. 3월에는 서태평양지역 특별회의가 개최되어 연내 회원국간에 남북월 보건실정에 대한 검토와 각국의 입장 설명이 있었습니다.</p> <p>3. 동 회의에 정부는 주비대사관 직원 1명을 참석케 하여 아국 으로서는 급번회의 결과를 면밀히 검토한후 정부입장을 WHO 당국에 통보할 것임을 밝힌 바 있으며 동 회의에서 여하 회원국이 취할 리드는 아래와 같습니다.</p> <p>비 율 빈 : 향후 3년간 2만불 상당의 백신원조 약속.</p> <p>말메시아 : 8천불상당 원조용의 표명.</p>			

0301 -1- 10 A
1969. 11. 10 승인

~~III~~ ~~비밀~~
CONFIDENTIAL

190mm x 268mm (복합인쇄용지 6087/m²)
표 날 창 (10,000여 신 세)

ANNEX 4. Documents regarding the support of the Republic of Korea to Viet Nam through WHO in 1978
(continuation)

~~III 기밀~~
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일본, 뉴질랜드 : 포외적 교역 약속.
호주 : 언급되지 않음.
미국 : 불참.
4. 동회의에 참석한 남북월 대표는 아국대표에게 정중한 태도를 보였으며 아국이 WHO 를 통한 원조를 제외할 경우 이를 받아들일 기입을 명백히 하면서 과거지사를 논란하지 않겠다는 입장을 취한 바 있습니다.
5. 본건에 관하여는, 그간 관계부처와 협의한 결과, 장기적 견지에서 남북월과의 관계안화를 도모하고 월남간판코모의 조지출국을 위한 외교적 제스처어를 취하고 아국의 인도주의적 정책에 대한 국제적 신망을 높일 수 있다는 견지에서 아며와 같이 정부입장을 정할것을 건의합니다.
기본입장 : 남북월이 희망하면 WHO 회원국으로서
인도주의적 견지에서 남북월 보건복지 원조사업 을 실시 WHO 의 조지를 지지할 것이 라는 원조를 할 용의가 있는 원칙을 재우고 이러한
정부입장을 제 29차 WHO 총회 대표단 (수석대표 보건사회부 장관)이 총회 기조연설을 홍하여 밝힘.
규모 및 방법 :
원조규모는 1만불 정도 (의약품)로 학과 심계원조 집행여부 및 그 시기는 남북월의 반응을 보아 추후 결정키로 함. 같.
검토된 1976.6.30. 한용진
보통문서로 재분류 (1976.12.31.)
76.12.29

0201-1-43A (2-2)
1972. 12. 29 승인

~~III 기밀~~
CONFIDENTIAL

190mm X 268mm (2급인쇄용지 60g/m²)
조 단 정 (1,000,000여 인 세)

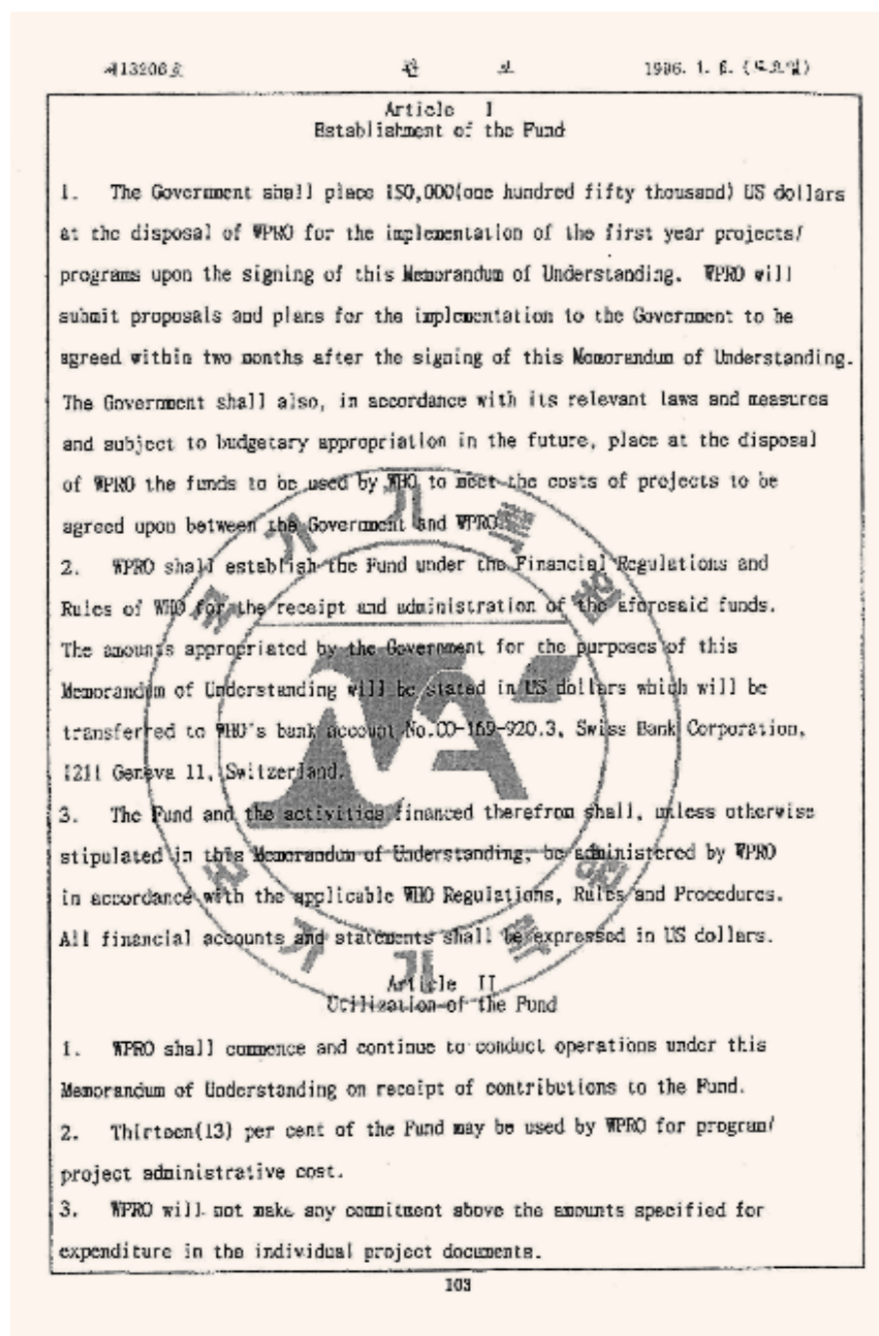
ANNEX 5. The Memorandum of Understanding between WHO and the Republic of Korea regarding the establishment of a cooperation fund in 1996

제13206호	관	보	1996. 1. 6. (토요일)
<p>㉔의무부고시제1996-283호 대한민국정부와세계보건기구사태정양지역사무소간협력기금설립에관한양해각서</p> <p>대한민국정부(이하 "정부"라 칭한다)는 서해평양 지역의 보다 나은 건강향상 비례를 위해 노력하고 있는 세계보건기구 사태정양지역 사무소(이하 "사무소"라 칭한다)의 활동을 지지하며, 정부와 사무소는 특히 서해평양지역에서 세계보건기구(이하 "기구"라 칭한다)가 실시하고 있는 "모든 사람들을 위한 건강"사업 이행에 있어 협력하기를 희망하며, 정부는 상호합의된 사업에 소요되는 비용을 충당하기 위해 협력기금(이하 "기금"이라 칭한다)의 형태로 자금을 공여하고자 하며, 사무소는 본 양해각서 문안에 따라 정부가 부여한 기금관리에 대하여 책임을 지고, 이에 정부와 사무소는 아래와 같이 합의한다.</p> <p>제1조 기금설립</p> <ol style="list-style-type: none"> 1. 정부는 우선 설립된 동시에 1차년도 사업이행을 위해 사무소에 150만 원을 제공한다. 사무소는 1차년도 사업이행에 필요한 예산 및 계획을 정부에 제출, 가서 시정후 2개월내에 통계를 제출하여야 한다. 정부는 관련 법률과 조지 및 주주 상주의 등 관련법에서 정부와 사무소간에 합의된 사업비율을 충당하기 위하여 기구에 필요한 자금을 사무소에 제공한다. 2. 사무소는 위에서 언급된 기금의 수령 및 관리를 위한 기구의 제정 규정 및 규칙에 본 기금을 설치한다. 이 양해각서의 목적을 위하여 대한민국 정부가 존속하는 해수는 이란리화보 표시되며, 이 금액은 기구의 은행계좌 No.CB-169-920.3 Swiss Bank Corporation, 1211-Geneva 11, Switzerland에 입금된다. 3. 기금 및 중 기금에 의하여 지원되는 활동은 이 양해각서가 달리 규정하지 않는 한, 격을 가동한 기구 및 규정, 규칙 및 절차에 따라 사무소에 의하여 관리된다. 모든 재정규칙 및 명세서는 미합리화보 표시된다. <p>제2조 기금의 활용</p> <ol style="list-style-type: none"> 1. 사무소는 본 기금에의 기여금 수령시 본 양해각서에 따라 사업을 게시하고 계속한다. 2. 사무소는 기금의 15%를 사업관련 행정경비로 사용할 수 있다. 3. 사무소는 어떤 사업계획서에 명시된 자출비용 이상의 어떠한 약속도 하지 않는다. 	<ol style="list-style-type: none"> 4. 만약 예상하지 못했던 비용이 발생하는 경우, 사무소는 필요 추가 재원을 명시한 보증금에 상환할 경우" 제출한다. 만약 이와 같은 추가 재원이 확보되지 않는 경우에는 본 양해각서에 따라 사업이 제공될 자원은 감축되거나, 필요한 경우 사무소에 와력의 중단된다. 어떠한 경우에도, 사무소는 기금이 제공된 자금을 초과하여 책임을 부담하지 않는다. <p>제3조 합의</p> <ol style="list-style-type: none"> 1. 정부와 사무소는 이 양해각서상의 사업안건을 검토하고, 새로운 활동을 위한 세민을 고려하며, 차기년도의 우선순위 및 재정상의 소요등을 평가하기 위하여 협의한다. 2. 정부와 사무소는 제6조에 따른 평가단이 평가결과와 합의 결과를 검토한다. 3. 협의의 목적 지우소는 정부에 자기 서류를 제출한다. <ul style="list-style-type: none"> (a) 혹은 제출서류를 포함하여 현재 승인되어 진행중인 사업에 대한 간단한 현황보고서 (b) 각 지방주민 사업에 대한 차기년도 일정 및 예산, 그리고 추후년도 예상 소요상세 (c) 상해사업내용, 일정 및 예산을 포함한 신규 사업제안 <p>제4조 보고서</p> <ol style="list-style-type: none"> 1. 사무소는 기구의 회계 및 보고 절차에 따라 작성된 회계의 명세서 및 보고서에 정부에 제공한다. <ul style="list-style-type: none"> (a) 연간사업계획서 (b) 연간 기구회계 전반적인 현황에 관한 연간 재정명세서 (c) 감사사업은 완료한 후 6개월이내, 정부 및/또는 국제기구가 취한 후속조치에 관한 평가와 관련된 경우, 설명을 포함한 사업수행을 평가하는 실행보고서 2. 사무소는 어떤 사무회계의 보고서에 정부의 기금이 지원한 사업과 계획의 최근 진행상황을 포함시켜야 한다. 3. 정부의 공여금과 관련된 수입 및 지출은 연례적으로 세계보건총회에 제출되는 기구의 재정보고서에 명시된다. <p>제5조 소유권</p> <p>기금으로부터 지원된 장비, 물자 및 기타 재산의 소유권은 사무소에 주어진다. 지원사업의 종료시, 소유권 문제는 정부와 사무소</p>		

ANNEX 5. The Memorandum of Understanding between WHO and the Republic of Korea regarding the establishment of a cooperation fund in 1996 (continuation)

제13206호	관	보	1996. 1. 6. (보요일)
<p>간의 협회에 의해 결정된다.</p> <p>제6조 평가</p> <p>1. 정부, 사무소 및 수혜자는 기금으로부터 지원된 활동에 대한 공동평가를 실시할 수 있다. 평가비용은 기금에서 지출된다. 평가단의 위원사항 및 구성은 정부와 사무소의 협회에 의해 합의되어야 하며, 심기 평가에 기초한 어떤 권고도 후속 협회시 검토된다.</p> <p>제7조 감사</p> <p>기금은 기금의 재정규정, 규칙 및 절차에 규정된 내부 및 외부 감사절치에 따라 따른다.</p> <p>제8조 발효 및 종료</p> <p>1. 이 양해각서는 서명일에 유효하여 3년간 유효하다. 이 양해각서는 그이후 인방당사자에 의하여 3개월전에 서면통고로 종료되지 않는한 1년간</p>	<p>자동 연장된다.</p> <p>2. 이 양해각서가 종료하는 경우, 사무소에 의해 발생한 모든 비용이 기금으로부터 지출될 때까지 사무소는 기금을 계속 보유한다. 그 이후 남아있는 잉여금은 달리 합의되지 않는한 정부에 반환된다.</p> <p>3. 이 양해각서는 서명자간의 사한 교환으로 합시 개정될 수 있다.</p> <p>이상의 증서로, 각기 서명자는 각각 정부와 사무소를 대표하여 영이로 작성된 원본 2종의 양해각서에 서명하였다.</p> <p>1995년12월27일 서울에서 작성하였다.</p> <p>대한민국 정부총 세계보건기구 서태평양지역 대표하여 사무소를 대표하여 /시 명/ /시 명/</p>	<p>MEMORANDUM OF UNDERSTANDING BETWEEN THE GOVERNMENT OF THE REPUBLIC OF KOREA AND THE WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR THE WESTERN PACIFIC CONCERNING THE ESTABLISHMENT OF A COOPERATION FUND</p> <p>WHEREAS the Government of the Republic of Korea (hereinafter referred to as "Government") supports the efforts of the World Health Organization Regional Office for the Western Pacific (hereinafter referred to as "WPRO") for the better and healthier future for the Region;</p> <p>WHEREAS in particular the Government and WPRO desire to cooperate in the implementation of the Health-for-All Strategies in the countries of the Western Pacific Region of the World Health Organization (hereinafter referred to as "WHO");</p> <p>WHEREAS the Government is willing to contribute funds in the form of a Cooperation Fund (hereinafter referred to as "the Fund") to meet the costs of projects to be mutually agreed upon;</p> <p>WHEREAS WPRO shall be responsible under the terms of this Memorandum of Understanding for the management of the Fund contributed by the Government;</p> <p>NOW THEREFORE, the Government and WPRO hereby agree as follows:</p>	

ANNEX 5. The Memorandum of Understanding between WHO and the Republic of Korea regarding the establishment of a cooperation fund in 1996 (continuation)



ANNEX 5. The Memorandum of Understanding between WHO and the Republic of Korea regarding the establishment of a cooperation fund in 1996 (continuation)

제13206호

관 보

1998. 1. 6. (프요일)

4. If unforeseen expenditures arise, WPRO will submit a supplementary budget to the Government showing the further financing that will be necessary. If no such further financing is available, the cooperation provided to the projects under this Memorandum of Understanding may be reduced or, if necessary, terminated by WPRO. In no event will WPRO assume any liability in excess of the funds provided in the Fund.

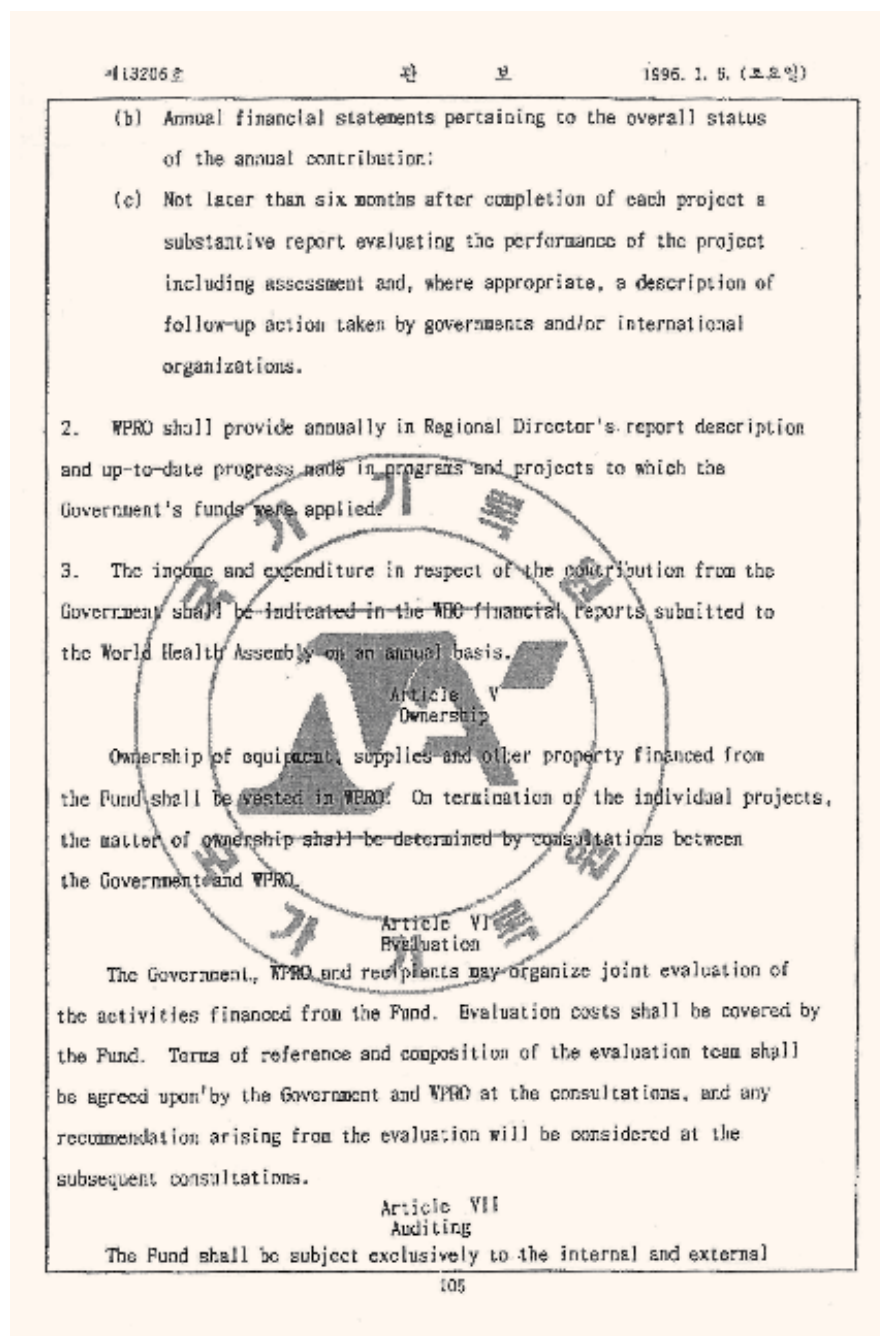
Article III
Consultations

1. The Government and WPRO shall have consultations in order to review the development of the projects under this Memorandum of Understanding, consider proposals for new activities and assess the priorities and financial requirements for the coming year.
2. The Government and WPRO shall consider the results of evaluation and the recommendations made by the evaluation team under Article VI.
3. WPRO shall submit to the Government following documents for the consultations:
 - (a) Brief status reports on each approved and ongoing project including latest expenditure figures;
 - (b) Time table and budget for each ongoing project for the coming year and indicative figures for disbursement for the subsequent years;
 - (c) Proposals for new activities containing a detailed project description, time table and budget.

Article IV
Reports

1. WPRO shall provide the Government with the following statements and reports prepared in accordance with the WHO accounting and reporting procedures:
 - (a) Annual Work Plan;

ANNEX 5. The Memorandum of Understanding between WHO and the Republic of Korea regarding the establishment of a cooperation fund in 1996 (continuation)



ANNEX 6. The list of WHO collaborating centres in the Republic of Korea as of 30 June 2016

Reference No.	Institution name	Title	Period of designation
KOR-9	Catholic Industrial Medical Centre, the Catholic University of Korea	WHO Collaborating Centre for Occupational Health	01 January 1972 – current
KOR-11	Institute of Reproductive Medicine & Population Medical Research Center in Human Reproduction, Seoul National University	WHO Collaborating Centre for Research in Human Reproduction	01 January 1974 – 30 January 2006
KOR-13	Institute of Tropical Medicine, Yonsei University	WHO Collaborating Centre for Research on Parasitic Diseases	01 March 1979 – 20 February 2004
KOR-1	Institute for Viral Diseases College of Medicine, Korea University	WHO Collaborating Centre for Virus Reference and Research (Haemorrhagic Fever with Renal Syndrome)	01 January 1981 – 02 June 1995
KOR-14	Institute of Endemic Diseases, College of Medicine Seoul National University	WHO Collaborating Centre for Research on Helminthiasis	01 March 1981 – 19 February 2004
KOR-15	Catholic Institute of Liver Diseases, the Catholic University of Korea	WHO Collaborating Centre for Research on Viral Hepatitis	01 October 1982 – 13 September 2004
KOR-2	Institute of Hospital Services, Seoul National University	WHO Collaborating Centre for Hospital Administration	01 April 1984 – 01 March 1992
KOR-16	College of Nursing, Yonsei University	WHO Collaborating Centre for Research and Training for Nursing Development in Primary Health Care	27 January 1988 – current
KOR-17	East-West Medical Research Institute, Kyung Hee University	WHO Collaborating Centre for Traditional Medicine	18 April 1988 – current
KOR-18	Natural Products Research Institute, Seoul National University	WHO Collaborating Centre for Traditional Medicine	18 April 1988 – current
KOR-19	Department of Preventive Medicine, College of Medicine, Yonsei University	WHO Collaborating Centre for Health Systems Research	26 June 1989 – current
KOR-20	Mogam Biotechnology Research Institute	WHO Collaborating Centre for the Research and Development of Vaccines and Diagnostic Reagents	13 November 1989 – 16 July 2004
KOR-21	Central Institute of Electron Microscopic Research, Kyungpook National University	WHO Collaborating Centre for Research and Training in Diagnostic Electron Microscopy	08 March 1990 – 11 May 2004
KOR-22	Biomedical Research Laboratories, Kyungpook National University	WHO Collaborating Centre for Immunological Research on the Prevention and Control of Viral Hepatitis & its Related Diseases	23 June 1990 – 13 September 2004
KOR-3	Korea Institute of Health Services Management	WHO Collaborating Centre for Health Services Management	06 April 1993 – 11 February 1999
KOR-23	The Aging and Physical Culture Research Institute, Seoul National University College of Medicine	WHO Collaborating Centre for Physical Culture and Ageing Research for Health Promotion	10 November 1994 – 15 November 2007

ANNEX 6. The list of WHO collaborating centres in the Republic of Korea as of 30 June 2016 (continuation)

Reference No.	Institution name	Title	Period of designation
KOR-24	Korean Institute of Tuberculosis, the Korean National Tuberculosis Association	WHO Collaborating Centre for Research, Training and Reference Laboratory on Tuberculosis	16 May 1995 – current
KOR-25	College of Nursing, the Catholic University of Korea	WHO Collaborating Centre for Hospice/ Palliative Care	28 September 1995 – 18 February 2010
KOR-26	Asan Institute for Life Sciences	WHO Collaborating Centre for Virus Reference and Research (Hantaviruses)	21 August 1996 – 13 September 2004
KOR-27	Yongin Mental Hospital	WHO Collaborating Centre for Psychosocial Rehabilitation and Community Mental Health	15 April 2003 – 27 October 2015
KOR-28	Mogam Biotechnology Research Institute	WHO Collaborating Centre for the Research and Development of Vaccines and Diagnostic Reagents	25 February 2005 – 01 February 2013
KOR-84	National Cancer Center	WHO Collaborating Centre for Cancer Registration, Prevention and Early Detection	12 July 2005 – current
KOR-85	Biomedical Research Institute, Kyungpook National University	WHO Collaborating Centre for Immunological Research on the Prevention and Control of Viral Hepatitis and its Related Diseases	11 October 2005 – 07 January 2010
KOR-86	Korea Occupational Safety and Health Agency	WHO Collaborating Centre for Occupational Health	07 October 2008 – current
KOR-90	Ministry of Food and Drug Safety	WHO Collaborating Centre for standardization and evaluation of biologicals	28 January 2011 – current
KOR-89	Korea Institute of Oriental Medicine	WHO Collaborating Centre for Traditional Medicine	24 February 2011 – current
KOR-94	Korea Health and Welfare Information Service	WHO Collaborating Centre for the WHO Family of International Classifications, Terminologies, and Standards	17 December 2012 – current
KOR-97	National Institute of Environmental Research	WHO Collaborating Centre for Vulnerable Population and Environment Health	06 January 2014 – current
KOR-98	School of Public Health, Seoul National University	WHO Collaborating Centre for Health System and Financing	06 February 2014 – current
KOR-99	College of Medicine Library, Seoul National University	WHO Collaborating Centre for Health information and library services	17 February 2014 – current
KOR-96	The Asian Institute of Bioethics and Health Law, Yonsei University	WHO Collaborating Centre for Health Law and Bioethics	20 February 2014 – current
KOR-100	Korean Red Cross Blood Service	WHO Collaborating Centre for Blood Transfusion Safety	10 July 2014 – current
KOR-101	Research Institute for Healthy Cities and Health Impact Assessment, Soonchunhyang University	WHO Collaborating Centre for Healthy Cities and Health in All Policies	29 December 2014 – current
KOR-102	JW Lee Center for Global Medicine, Seoul National University	WHO Collaborating Centre for Educational Development	15 September 2015 – current
KOR-104	Research Institute for Hospice/Palliative Care, College of Nursing, Catholic University of Korea	WHO Collaborating Centre for Training in Hospice and Palliative Care	1 April 2016 – current

ANNEX 7. The list of WHO Director-Generals, Regional Directors for the Western Pacific, Heads of WHO office



Brock Chisholm
Canada
1948–1953



Marcolino G. Candau
Brazil
1953–1973



Halfdan T. Mahler
Denmark
1973–1988

WHO DIRECTOR-GENERALS



Fang I-Chi
China
1951–1965



Francisco J. Dy
Philippines
1965–1979



Hiroshi Nakajima
Japan
1979–1988

WHO REGIONAL DIRECTORS FOR THE WESTERN PACIFIC

F. C. Tsai
China
1962–1966

A. W. Angara
Philippines
1967–1967

C. C. Ma
Australia
1967–1969

H. H. Dix
Germany
1969–1971

C. H. Chong
Malaysia
1971–1976

A. M. Rankin
Australia
1976–1980

R. Okamoto
Japan
1981–1985

HEADS OF WHO OFFICE IN THE REPUBLIC OF KOREA

Lee Yong-seung
1960–1963



Lee Sung-woo
1984–1987

EXECUTIVE BOARD MEMBERS FROM THE REPUBLIC OF KOREA

in the Republic of Korea and Executive Board Members from the Republic of Korea



Hiroshi Nakajima
Japan
1988–1998



Gro H. Brundtland
Norway
1998–2003



Lee Jong-wook
Republic of Korea
2003–2006



Margaret Chan
China
2007–current



Han Sang-tae
Republic of Korea
1989–1999



Shigeru Omi
Japan
1999–2009



Shin Young-soo
Republic of Korea
2009–current

J. Bertaux
France
1987–1992

H. D. Mehta
United Kingdom of Great
Britain and Northern Ireland
1992–1999

J. A. Vanderburg
United States of America
2000–2002

G. Slama
Czech Republic
2002–2004



Shin Young-soo
1995–1998



Om Young-jin
2001–2004



Sohn Myong-sei
2007–2010



Jeon Man-bok
2013–2016

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The Republic of Korea was the first country in the Region to evolve from an aid-dependent country to a donor country, taking on a significant role as a technical and development partner in global health initiatives, working in tandem with WHO. The health status of the Korean people in the late 1940s was wretched, and it deteriorated even further during the Korean War (1950–1953).

As the Government of the Republic of Korea worked to improve the health of its people, WHO became a close ally, supporting the establishment and expansion of public health services. The experience and lessons learnt from the history of cooperation between WHO and the Republic of Korea can benefit other countries following a similar trajectory.

As always, WHO and the Republic of Korea will continue to work closely with other Member States towards our shared goal of attaining the highest possible level of health for all people.