Infectious Disease Field Management Training Program for Safe Life for All

November 10 (Thurs.) - November 23 (Wed.), 2016

Seongnam & Cheongju, Republic of Korea

KOICA CIAT

Korea International Cooperation Agency

KOHI

Korea HRD Institute for Health and Welfare

CONTENTS

KOICA

The Korea International Cooperation Agency (KOICA) is a development aid agency of the Republic of Korea which was established in 1991. KOICA's mission is to reduce poverty, promote living standards and help realize sustainable, equitable and inclusive development in developing countries. To accomplish its mission, KOICA has been actively involved in enhancing developing countries' socio-economic infrastructure and institutions, empowering and providing the people of the developing world with opportunities for better lives and improving their well-being.

CIAT (Capacity Improvement & Advancement for Tomorrow) Programs

Human Resource Development (HRD) has been one of the most important factors in Korea's escape from the vicious cycle of poverty and underdevelopment which had existed for many decades. With scarce natural resources, HRD played a vital role in Korea's development; thus, Korea has emerged as an exemplary showcase of national development powered by HRD. From its own experience Korea came to fully recognize the significance of HRD. With extensive experience and know-how in HRD, Korea contributes greatly to the international community by sharing its unique development experience with other countries.

The CIAT Program provides opportunities to participants to gain first-hand knowledge of Korea's development experience. The programs are designed to enable the participants to apply what they have learned for the development of their home countries. Since 1991, KOICA has offered about 3,700 courses to more than 58,000 participants from 172 countries. There are a wide range of topics in the Program, including public administration, economic development, science and technology, agriculture and health, etc. In order to meet the changing needs of partner countries, KOICA always strives to renovate and improve its HRD programs.

| Part I | **PROGRAM OVERVIEW** |

1. Title: Infectious Disease Field Management Training Program for Safe Life for All

2. Duration: November 10 (Thurs.) - November 23 (Wed.), 2016

3. Objectives

    a) To build capacity on control of infectious diseases at a national level;

    b) To develop ideas for policies on control of infectious disease through learning Korea's experience of building up its disease control system and discussions among participants;

    c) To understand the contents and structures of the Global Health Security Agenda (GHSA) Action Packages;

    d) To assess the infectious disease control system of each country and devise roadmaps for its development;

    e) To assess public health laws regarding infectious diseases in each country and discover areas for improvement;

    f) To understand processes and tools of the GHSA Country Assessment and Joint External Evaluation (JEE)

4. Number of Participants

    35 participants from 15 countries:

    Cambodia (3), Côte d'Ivoire (2), DR Congo (2), Ethiopia (3), Ghana (3), Guinea (2), Jordan (2), Laos (3), Liberia (2), Mali (2), Peru (3), Philippines (2), Sierra Leone (2), Uzbekistan (2), Vietnam (2)

5. Language of Instruction: English

6. Venue: Seongnam & Cheongju, Republic of Korea

7. Implementing Agency: Korea Human Resource Development Institute for Health and Welfare (KOHI)

(Korean website: http://www.kohi.or.kr/)

8. Accommodations: Seoul – TBD, Cheongju - KOHI

9. Qualifications of Applicants:

Mandatory	a) Be nominated by his / her government; b) Be in good health both physically and mentally, to undergo the course; c) Has not participated in the same KOICA fellowship program in the past 3 years - unless otherwise specified; d) Show a high level of commitment to participate in the course and contribute to the improvement of infectious disease control programs in his / her country e) Selection priorities 　　1) Government officers working on building national system for control of infectious disease 　　2) Officers at central government working at departments responsible for control of infectious disease 　　3) Officers at regional government working at departments responsible for control of infectious disease f) Target ministries or organizations listed below
Preferable	a) Have good understanding on national system for control of infectious disease b) Be a government employee in a managerial position c) Sufficient proficiency in spoken English d) Working knowledge of computers and MS Word, PowerPoint software e) 15+ years of relevant experience, over the age of 30

Part II	PROGRAM CONTENTS

1. PROGRAM MODULE

Module	Main Lectures & Discussions	Study Visit
Module 1. Korea's Experience of Building Up Its Disease Control System	▷ Trend and prospect of infectious disease ▷ Korea's disease surveillance, reporting system ▷ Development of Korea's disease control system ▷ Law and organizations regarding disease control ▷ Success factors of and lessons from Korea's experience	o Centers for Disease Control & Prevention o The Korean Institute of Tuberculosis o Sejong gov't complex o Korean Assembly
Module 2. Korea's Experience of Preparing for GHSA JEE	▷ Introduction of WHO International Health Regulations (IHR) ▷ Field Management Training Program II: Understanding of main infectious diseases ▷ Korea's disease control and quarantine system ▷ Introduction of JEE	o National Quarantine Station o National Medical Center o National Research Institute of Health o Yonsei Severance Hospital o Jung-gu Health Center
Module 3. GHSA Action Packages	▷ GHSA overview and Action Packages ▷ Prevent: Zoonotic disease, immunization ▷ Detect: National laboratory system, real-time surveillance, reporting, workforce development ▷ Respond: Emergency operations centers, multisectoral rapid response, medical countermeasures and personnel deployment	o Centers for Disease Control & Prevention o National Center for Medical Information and Knowledge o Korea Armed Forces Nursing Academy o Korea Digital Hospital Export Agency

Module	Main Lectures & Discussions	Study Visit
Module 4. Country Report & Action plan	▷ Country report: Infectious disease control system, public health laws, GHSA Country Roadmap ▷ Action Plan - 1st Meeting: Assessment of infectious disease control system - 2nd Meeting: Assessment of public health laws regarding infectious diseases - 3rd Meeting: Identification of main problems and issues - 4th Meeting: Establishment of country implementation plan - 5th Meeting: Drafting of GHSA Country Roadmap - 6th Meeting: Presentation of workshop outputs	
Module 5. Analysis Tool to Assess Public Health Law & Capacity Building for Legislation	▷ Introduction of analysis tool to assess public health law ▷ National public health law system ▷ Process of assessment and use of results ▷ Cases of assessment	o Centers for Disease Control & Prevention
Module 6. GHSA Country Assessment & JEE	▷ Introduction of GHSA country assessment tool ▷ Introduction of GHSA JEE process and tool ▷ Verification of each country's status of preparation for JEE ▷ Cases of completed JEE	o Centers for Disease Control & Prevention o National Research Institute of Health
Module 7. GHSA Country Roadmap	▷ Overview of GHSA country roadmap ▷ Elements of GHSA country roadmap and considerations for establishing a 5-year plan ▷ Reflecting national needs and issues on the GHSA country roadmap ▷ Cases of and lessons from completed roadmaps	o Centers for Disease Control & Prevention o National Research Institute of Health
Cultural Experience	1. Seoul - City tour, Korean Folk Village, Insa-dong, Namsan Mountain, National Museum of Korea 2. Daejeon - Hanbat Arboretum, Daejeon O-world, National Science Museum 3. Jeonju - Jeonju Hanok Villlage and culture tour	

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Part III	**PREPARATION OF COUNTRY REPORT**

1. GUIDELINES FOR THE PREPARATION OF THE COUNTRY REPORT

Program participants are requested to prepare and submit their country report individually or as a group to the KOHI Program Manager via e-mail at **worldpeace@kohi.or.kr** or **worldpeace7910@gmail.com** no later than **October 27, 2016**.

Note. The KOICA's Fellowship Program includes a 'Country Report' session where participants have an opportunity to analyze each country's current status and circumstances in the program subject and share it with other participants and Korean experts. It aims to provide appropriate solutions and insights to the identified problems and issues of their countries.

The Country Report should be in MS PowerPoint or Word format. The length of the report should not exceed twenty A4-sized pages. The report should be written in English and double-spaced.

All participants are required to give a 15-minute presentation on their country report individually or as a group. For more effective presentations, a projector, slide projector, overhead projector, and multimedia TV will be available (PowerPoint presentations are preferred).

2. TOPICS TO BE COVERED IN THE COUNTRY REPORT

O Presentation and use of country reports

- Presentation: Participants from the same country will be assigned as a team and each country team will make a presentation for 7 minutes on the first day.

- Use: Contents of the country reports will serve as the basis for developing strategies to establish a national disease control system throughout the course. Each country will develop a 5-year plan to build up its disease control system through the Action Plan activities and present the final outputs on the last day.

O Main topics

① Control system and main issues regarding infectious disease

② Public health laws (law, enforcement decree, enforcement regulation) and policies regarding infectious disease

③ GHSA Country Roadmap (Please prepare your country's roadmap if available)

○ Contents to be included in country report

　① Control system of infectious disease

　- National authority responsible: name, role, organization chart, governance, and etc.

　- Participant's organization: location, role, size of workforce, and etc.

　- Statistics on main infectious disease: waterborne foodborne disease, vaccine preventable disease, insect/animal-borne disease, air spread disease, blood-borne and sexually transmitted disease, vector-borne disease, and etc. (Please include the source of the data.)

　- Number of disease control personnel, types of relevant education programs (if applicable)

　- Control system of infectious disease (Sentinal surveillance, pathogen surveillance, surveillance of overseas influx of infectious disease, epidemiological research)

　- Reporting system of infectious disease (e.g. organizations with duty to report such as hospitals and health centers)

　- Management of infected patients (facilities and resources, measures for occurrence of patients with acute infections)

　- Current status of control system of infectious disease (Please fill out attached **Form 1. Joint External Evaluation Summary**)

　- Current issues regarding infectious disease

　- National priorities and needs to consider when establishing a national disease control system

　② Public health laws and policies regarding infectious disease

　- National system: laws (law, enforcement decree, enforcement regulation), long-term strategy, policies, guidelines, plans, projects, committees, and etc.

　- Current status of public health laws and policies (Please fill out attached **Form 2. International Health Regulation Assessment**)

　- List of relevant laws (full document as appendix)

　- Types and classification of legal infectious disease

　- Immunization (regular / temporary immunization, standards, certificates, preservation of records, reporting, and etc.)

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- Role of organizations responsible for disease control and quarantine as designated by law

- Current efforts for relevant legislation or policy making

- Information on focal point for WHO IHR (2005) in the country

③ Infectious disease control strategy for Safe Life for All

- GHSA country roadmap

- GHSA country assessment, JEE

  * Please prepare the above documents only if your country has already completed them.

[FORM 1. JOINT EXTERNAL EVALUATION SUMMARY]

Element	Indicator	Score
National Legislation, Policy and Financing	P.1.1 Legislation, laws, regulation, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR	
	P.1.2 The State can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangement to enable compliance with IHR (2005)	
IHR Coordination, Communication and Advocacy	P.2.1 A functional mechanism is established for the coordination and integration of relevant sectors in the implementation IHR	
Antimicrobial Resistance	P.3.1 Antimicrobial resistance (AMR) detection	
	P.3.2 Surveillance of infections caused by AMR pathogens	
	P.3.3 Healthcare associated infection (HCAI) prevention and control programs	
	P.3.4 Antimicrobial stewardship activities	
Zoonotic Disease	P.4.1 Surveillance systems in place for priority zoonotic diseases / pathogens	
	P.4.2 Veterinary or Animal Health Workforce	
	P.4.3 Mechanisms for responding to infectious zoonoses and potential zoonoses are established and functional	
Food Safety	P.5.1 Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination	
Biosafety and Biosecurity	P.6.1 Whole-of-government animal biosafety and biosecurity system is in place for human, animal, and agriculture facilities	
	P.6.2 Biosafety and biosecurity training and practices	
Immunization	P.7.1 Vaccine coverage (measles) as part of national program	
	P.7.2 National vaccine access and delivery	
National Laboratory System	D.1.1 Laboratory testing for detection of priority diseases	
	D.1.2 Specimen referral and transport system	
	D.1.3 Effective modern point of care and laboratory based diagnostics	
	D.1.4 Laboratory quality system	
Real-Time Surveillance	D.2.1 Indicator and event based surveillance systems	
	D.2.2 Inter-operable, interconnected, electronic real-time reporting system	
	D.2.3 Analysis of surveillance data	
	D.2.4 Syndromic surveillance systems	
Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE	
	D.3.2 Reporting network and protocols in country	

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Element	Indicator	Score
Workforce Development	D.4.1 Human resources are available to implement IHR core capacity requirements	
	D.4.2 Applied epidemiology training program in place such as FETP	
	D.4.3 Workforce strategy	
Preparedness	R.1.1 Multi-hazard national public health emergency preparedness and response is developed and implemented	
	R.1.2 Priority public health risks and resources are mapped and utilized	
Emergency Response Operations	R.2.1 Capacity to activate emergency operations	
	R.2.2 Emergency Operations Center operating procedures and plans	
	R.2.3 Emergency Operations Program	
	R.2.4 Case management procedures are implemented for IHR relevant hazards	
Linking Public Health and Authorities Security	R.3.1 Public health and security authorities, (e.g. Law Enforcement, Border Control, Customs) are liked during a suspect or confirmed biological event	
Countermeasures Personnel Medical and Deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency	
	R.4.2 System is in place for sending and receiving health personnel during a public health emergency	
Risk Communication	R.5.1 Risk Communication Systems (plans, mechanisms, etc.)	
	R.5.2 Internal and Partner Communication and Coordination	
	R.5.3 Public Communication	
	R.5.4 Communication Engagement with Affected Communities	
	R.5.5 Dynamic Listening and Rumour Management	
Points of Entry (PoEs)	PoE.1 Routine capacities are established at PoE	
	PoE.2 Effective Public Health Response at Points of Entry	
Chemical Events	CE.1 Mechanisms are established and functioning for detecting and responding to chemical events or emergencies	
	CE.2 Enabling environment is in place for management of chemical events	
Emergencies Radiation	RE.1 Mechanisms are established and functioning for detecting and responding to radiological and nuclear emergencies	
	RE.2 Enabling environment is in place for management of Radiation Emergencies	

* Please mark the score for each element in a scale of 5, based on your own assessment.
* Level of scores: 1 – no capacity, 2 – limited capacity, 3 – developed capacity,
                 4 – demonstrated capacity, 5 – sustainable capacity
* Each participant must complete this form individually.

[FORM 2. INTERNATIONAL HEALTH REGULATION ASSESSMENT]

National laws relevant to IHR (2005)			
Questions	Y	N	Explanatory Note
1. Does your country have law(s) relating to the designation or establishment of a National IHR Focal Point? (See Article 4)			
2. Does your country have law(s) relating to the designation of the authorities responsible for public health risks and public health emergencies of international concern? (See Article 4)			
3. Does your country have law(s) relating to the capacities for surveillance and notification of public health risks and public health emergencies of international concern? (See Articles 5-10, Annex 1)			
4. Does your country have law(s) relating to the capacities for public health response to public health risks and public health emergencies of international concern? (See Article 13, Annex 1)			
5. Does your country have law(s) relating to the capacities for public health response at designated points of entry, including airports, ports, and ground crossings? (See Articles 19-22, Annex 1)			
6. Does your country have law(s) relating to health measures for travelers? (See Articles 23, 30-32, 35, 42-43)			
7. Does your country have law(s) relating to certificates of vaccination or other prophylaxis for travelers? (See Article 36)			
8. Does your country have law(s) relating to charges for health measures regarding travelers? (See Article 40)			
9. Does your country have law(s) relating to health measures for baggage, cargo, containers, conveyances, goods, postal parcels, and/or human remains? (See Articles 23, 33, 35, 43)			
10. Does your country have law(s) relating to charges for health measures regarding baggage, cargo, containers, conveyances, goods, postal parcels, and / or human remains? (See Article 41)			
11. Does your country have law(s) relating to the application of health measures on containers and / or container loading areas? (See Article 34)			

National laws relevant to IHR (2005)			
Questions	**Y**	**N**	**Explanatory Note**
12. Does your country have law(s) relating to the responsibilities of conveyance operators with respect to health measures? (See Articles 23, 24, 35, 42-43)			
13. Does your country have law(s) relating to health measures for conveyances in transit? (See Articles 23, 25-26, 27, 42-43)			
14. Does your country have law(s) relating to health measures for conveyances at points of entry? (See Articles 23, 27, 28-29, 35, 37-39, 42-43)			
15. Does your country have law(s) relating to health documents for conveyances? (See Articles 37-39)			
16. Does your country have law(s) relating to collaboration and assistance with other States Parties and / or WHO with regard to public health risks and public health emergencies of international concern? (See Article 44)			
17. Does your country have law(s) relating to the treatment of personal data received from another State Party and / or WHO with regard to public health risks and public health emergencies of international concern? (See Article 45)			
18. Does your country have law(s) relating to biological substances, reagents, and materials for diagnostic purposes with regard to public health risks and public health emergencies of international concern? (See Article 46)			

Part IV	**PREPARATION OF ACTION PLAN**

1. GUIDELINES FOR PREPARATION OF THE ACTION PLAN

All participants are requested to prepare a presentation on their action plan individually or as a group at the end of the course. The action plan is to identify each country's current problems and propose appropriate solutions in order to solve these problems.

The participants are encouraged to make the most of their weekends and leisure time to further their knowledge acquired from the program and better prepare their presentation for the action plan.

2. TOPICS TO BE COVERED IN THE ACTION PLAN

○ Action plan topics (expected outputs)

① Assessment of infectious disease control system (JEE: Standard GHSA Milestones)

② Assessment of public health laws regarding infectious disease (Infectious Disease Law Assessment Tool)

③ GHSA Country Roadmap (GHSA Country Roadmap Template)

○ Action plan sessions

- Each team will identify main problems and issues of their country through the assessment of infectious disease control system and public health laws, and draft solutions and development plans through a 5-year country roadmap.

- Facilitators will assist each team in working through the action plans during workshop sessions.

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Part V	USEFUL INFORMATION

1. IMPLEMENTING AGENCY

Korea Human Resource Development Institute for Health and Welfare (KOHI)

(Korean website: http://www.kohi.or.kr/)

KOHI is a public research institute funded by the Ministry of Health, and Welfare focusing on human resource development, education and training — the key of knowledge foundation and talent management in the 21st century.

Interest and investment in human resource development is an important source of enhancing the competitiveness and caliber of not only the individual, but also organizations, societies and nations. As the only Korean educational institute specializing in health and welfare, KOHI provides both online and offline educational programs to nearly 50,000 civil servants in the health and welfare fields, public organization employees, professionals and private health and welfare organization CEOs yearly.

KOHI is endeavoring to go beyond its national function and develop into an international health and welfare human resource education organization. KOHI continues to expand its international education and collaboration programs and establish international networks. KOHI is also participating actively to promote the public welfare of mankind by sharing Korea's knowhow in health and welfare progress with developing countries.

2. REGULATIONS

- Participants should participate in the program to the best of their abilities
- Participants should refrain from engaging in political activity or any form of employment for profit or gain
- Participants must return to their home country upon completion of the program and resume work in their country
- Participants should not extend the length of the program or stay for personal convenience
- Participants are not permitted to change the flight schedule arranged by KOICA for personal convenience
- Participants should not be accompanied by any member of their family
- Participants are to assume responsibility for any personal expenses incurred regardless of implementation of the course
- Participants are required to strictly observe the course schedule and abide by the rules and regulations stipulated by the Korean government in respect to the program
- Participants should cooperate in preventing any sexual harassment and attend a short training session regarding **'Sexual Harassment Prevention'** on the first day of KOICA orientation.

3. CONTACT INFORMATION

- **Korea International Cooperation Agency (KOICA)**
  - **Program Manager: Ms. Songi HAN**
  - Phone: +82-31-740-0416
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  - **Program Coordinator: Ms. Hyunji BAEK**
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Appendix 1.

Brand Name of the KOICA Fellowship Program

KOICA has launched a brand-new name for the KOICA Fellowship Program in order to more effectively raise awareness about the program among the public and its partner countries.

In English, CIAT stands for Capacity Improvement and Advancement for Tomorrow and in Korean it means "seed (씨앗)" with hopes to contributing in the capacity development of individual fellows as well as the organizations and countries to which they belong.

CIAT 씨앗

KOICA Fellowship Program

Appendix 2.

facebook.com/koica.icc

The Fellows' Facebook is a place for fellows to ask questions and write comments on KOICA fellowship programs. So, if you have questions regarding our program, please feel free to join our Facebook community.
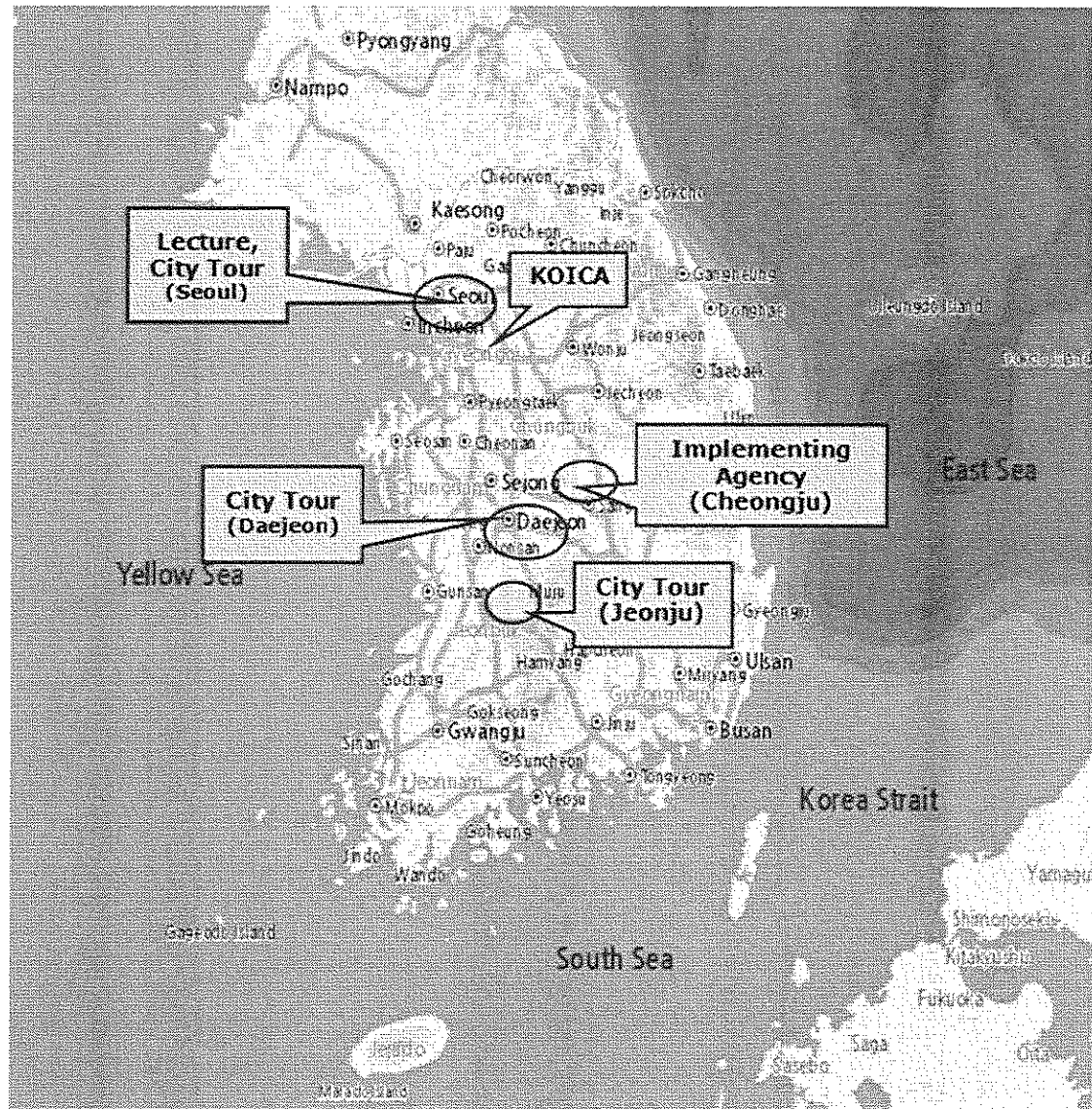

twitter.com/koica.icc

Do you have a Twitter account? It seems everyone does these days. If you have a Twitter account, be sure to follow us @koica_icc

Appendix 3.

Map of Korea

Appendix 4

HOW TO GET TO THE KOICA ICC

• **Route:** Incheon International Airport→ KOICA International Cooperation Center (ICC)

• **Arrival at Incheon International Airport (http://www.airport.kr)**

> **Flow:**
>
> ▶ Fill out Arrival Card (or Immigration Card), Customs Declaration Form, Quarantine Questionnaire (on board)
>
> ▶ Quarantine including animals and plants (on 2nd Floor)
>
> ▶ Present your Arrival Card, Passport and other necessary document to Passport Control
>
> ▶ Claim baggage on 1st Floor
>
> ▶ Customs Clearance
>
> ▶ Pass an Arrival Gate
>
> ▶ Go to the KOICA Counter, which is located between Exit 1~2

• KOICA Counter at Incheon International Airport

Location : Next to Exit 1 on the 1st
floor (No.9- 10)
Tel. : 82-32-743-5904
Mobile : 82-(0)10-9925-5901
Contact : **Ms. Jin-Young YOON**

- After passing through Customs Declaration, please go to the KOICA Counter (located between exit 1~2) at Incheon International Airport. At the KOICA Counter, you can get detailed information about how to get to KOICA International Cooperation Center (ICC) and purchase limousine bus ticket for City Airport, Logis & Travel (CALT).

- All the KOICA staff at the Incheon International Airport wears nametags or has signs for indication. Also, please be aware that there may be illegal taxis at the airport. Even if they approach you first, please do not take illegal taxis and check to see if they are KOICA staff.

"Please remember to read the Fellows' Guidebook. It is available from the Korean Embassy or KOICA Overseas Office in your country and provides valuable information regarding KOICA programs, allowances, expenses, regulations, preparations for departure and etc."