

Abstract

This study is intended to be used as basic data when determining the current status of infectious diseases in KOICA cooperation countries and when KOICA selects the field, country, method, and timing of support for partner countries as a donor. The main method of understanding the status of infectious diseases of cooperation countries was to quantify and analyze JEE and SPAR evaluation results known to present an unbiased standard of IHR by 1-5 points.

As a result of the annual self-investigation of SPAR by focal point(health officials) from cooperation countries, out of the 10 capacities in 2019 compared to 2018, the remaining 9 capacities excluding the “point of entry” sector increased slightly, and the Zoonotic disease capacity rose 2.7%, showing the largest difference increase. The weakest capacities of the JEE standard were Antimicrobial resistance, Point of entry, Linking public health with security authorities, Emergency preparedness. The countries included Afghanistan, Nigeria, DR Congo, East Timor, and Cameroon. The weakest indicators based on SPAR in 2019 were

Workforce development, Risk communication, Medical countermeasures and personnel deployment, Emergency preparedness, Food safety, Zoonotic disease, and countries include East Timor, Laos, Nepal, DR Congo, and Cote d'Ivoire. As a result of analysis by KOICA department(by continent), the indicators of weakness are as follows.

- ① Southeast Asia Department I- Myanmar(Emergency preparedness), Cambodia (Emergency response operations)
- ② Southeast Asia Department II- East Timor(Zoonotic disease, Emergency preparedness, Linking public health with security authorities)
- ③ Southwest and Pacific Asia Department- Afghanistan(National legislation,

Antimicrobial resistance, Food safety, Biosafety and biosecurity, Point of entry), Pakistan(Antimicrobial resistance, Emergency preparedness), Nepal (National legislation, Zoonotic disease, Food safety), Sri Lanka(Emergency preparedness)

- ④ Middle East and Central Asia Department- Iraq(National legislation), Azerbaijan(National legislation, Food safety)
- ⑤ East Africa Department- Kenya(Medical countermeasures and personnel deployment), Rwanda(Antimicrobial resistance), Mozambique(Emergency preparedness)
- ⑥ West Africa Department- DR Congo(Antimicrobial resistance, Food safety, Emergency preparedness, Linking public health with security authorities, Medical countermeasures and personnel deployment, Point of entry), Cote d'Ivoire(Antimicrobial resistance), Senegal(Point of entry), Ghana(Antimicrobial resistance, Medical countermeasures and personnel deployment), Nigeria(National legislation, Emergency preparedness, Linking public health with security authorities, Medical countermeasures and personnel deployment, Point of entry), Cameroon(National legislation, Point of entry).

From the results of this study, it was possible to know the current status of vulnerable health care in KOICA partner countries, and it was an opportunity to use basic data to search for the timing, fields, and methods of support for Korea as a donor country. Even in the recent Corona-19 situation, Korea has been receiving attention from all over the world as it has been well controlled by utilizing a high health care system. Now that it can be said that sufficient qualifications as a donor country have been verified, it is necessary to find a role and method for supporting the donor country and exporting K-quarantine.

Key words: JEE, SPAR, Cooperation country, Health care facilities, Health care aid