

Korea Foundation for International Healthcare

2006 - 2016

10th 

KOFIH

10th Anniversary



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KOFIH: its Legacy, Passion and Future



As a modern society revolves around digital convergence and information, there have been unprecedented changes in the pace of development. Amid such rapid change, the publication of the History of the Korea Foundation for International Healthcare has given us an invaluable opportunity to look back and learn of the organization's experiences over the last decade.

The Korea Foundation for International Healthcare (KOFIH) was born in the year 2006 as a support organization for Dr. Lee Jong-wook, the sixth Director-General of the World Health Organization. With the backing of healthcare professionals of Korea, the organization played a significant role in the election of Dr. Lee as Director-General. It is significant to note that he became the first Korean to head an international organization. It was originally named the Korea International Foundation for Health and Development (KIFHAD) and changed the name to what today we know as KOFIH, or the Korea Foundation for International Healthcare.

From the beginning, KOFIH faced many challenges. Dr. Lee, the spiritual pillar of our foundation, passed away right after the foundation was established.

Yet, tirelessly, KOFIH has made efforts to respond to high expectations. This includes initial efforts for support programs for North Korea and overseas Koreans. Thereafter, there were growing calls for official development assistance. Over the last decade, KOFIH has not only strengthened itself, but has also

changed to adapt to evolving needs. We have become sensitive to the needs of those that we serve by establishing partnerships and consulting with those who receive our aid. With this close cooperation, we have become more passionate and successful in our sustainable development goals.

With ten years of experience in international healthcare assistance, KOFIH continues to strive to be a global partner towards healthcare improvement with three basic aims: sustainable development cooperation, sustainable healthcare assistance, and sustainable reform. It is our hope to reach the ultimate goal of making the world free from diseases.

I would like to take this opportunity to offer my heartfelt gratitude to the Ministry of Health & Welfare, the Ministry of Foreign Affairs, local and overseas partner agencies of the Korean government and the people of Korea. Your continued support has brought KOFIH to where we stand today.

Thank you.

Ihn Yohan (John A. Linton)
The 4th President of Korea Foundation for International

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Chapter

1

Dr. LEE, the Spiritual Pillar of KOFIH

01

Dr LEE Jong-wook, the
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Intense WHO Director-General
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03

Take Actions if it's the Right
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01 — Dr LEE Jong-wook, the Vaccine Czar



A Belated Decision to Be a Doctor

It would not be an overstatement to say that Dr LEE Jong-wook was behind the establishment of KOFIH. In fact, the history of the foundation cannot be told without him. The first Korean to head an international organization (World Health Organization), Dr LEE had just prepared for the World Health Assembly in 2006 when he died suddenly of a blood clot in the brain at the age of 61. The history of KOFIH is interwoven with the story of a man who dedicated his entire life to the research of leprosy, volunteer work, and the control of tuberculosis, AIDS, and other contagious diseases.

LEE Jong-wook was born on April 12, 1945, the year when Korea was freed from the Japanese rule. When Jong-wook turned six, the Korean War broke out. His family became dispersed in the midst of the war, and for some time, there was no knowing whether they were dead or alive. After the armistice agreement was signed, life seemed to be peaceful again until another hardship struck. Jong-wook's



father suddenly died of laryngeal cancer. To make a living and send the children to school, Jong-wook's mother sold their home and moved to a smaller house. After graduating from high school, Jong-wook found himself in Hanyang University studying engineering and architecture before he was conscripted for military service. By the end of three and a half years in the military, Jong-wook decided to read medicine at Seoul National University. He took the entrance examination again and got admission into the university. Those who studied medicine with him knew that Jong-wook was seven years older than them, so they naturally made him a leader of the group. For the first two years in medical school, Jong-wook could earn money to support himself by giving private lessons to schoolchildren, but after that the medical school program was too demanding that he had to study full-time.

St Lazarus Village

By the time LEE graduated in 1976, he decided to go to the United States to expand his experience in the world. While preparing to get to America, he found a job at a public health center in Seoul. One of the activities of the center included support for St Lazarus village in the southern suburbs (Uiwang-si) of Korea. This turned out to be an opportunity for him to meet a person that would be most important in his life. St Lazarus was founded in 1950 by a Catholic missionary from America as a refuge and care center for people with leprosy. It was the first time that he visited a community of leprosy patients at St Lazarus Village as a doctor. In a letter to Kaufmann who was an American military medical doctor in Seoul and with whom he enjoyed friendship while he was in his last year in medical school, Jong-wook wrote as follows: "In Korea there are about 80,000 leprosy patients. How many doctors who are actually treating them? Correct answer: two. I am one of these two."

At St Lazarus Village, a young Japanese lay missionary called Reiko Kaburaki was responsible for fundraising correspondence, as well as housekeeping and patient care. Reiko had come to the village in 1972 and learned to speak Korean fluently. She showed the new young volunteer doctor round the village and introduced him to the patients. He was impressed by how well she spoke Korean, and the mutual respect and affection between her and the patients. The fact of their being there to serve people who had a disease that had been feared and stigmatized was a strong point in their favor in each other's eyes. Their friendship grew as they discussed English literature. The bitter past history between Korea and Japan could not stop the love they felt for each other. The initial reaction from Jong-wook's

mother was “Why Japanese?” But other than that, there was no opposition from either Jong-wook’s family or Reiko’s and the two got married in a small wedding in Myeongdong Cathedral on December 18, 1976, with the attendance of families and relatives.

Taking up the Challenge into a New World

After their wedding, the couple rented a house in Chuncheon, where Jong-wook was working. They were as happy as any other newlyweds. Then one day, Jong-wook met John Hess, an American doctor, in Chuncheon. The two became good friends. Later, John returned to Hawaii and helped Jong-wook get accepted into the University of Hawaii for a master’s in public health, on a scholarship program that would give him free tuition. This opened a new opportunity for Jong-wook. Though there were uncertainties about the future and no finance to support the life in Hawaii, Jong-wook could not turn down this grateful offer. So the LEEs set off to start their new American life.

LEE took public health courses for PhD students at the University of Hawaii at Manoa and helped his academic adviser with his research on leprosy. But the LEE family was not financially sufficient. Jong-wook, Reiko, and their son Choong-ho lived with the Hesses in their home in Honolulu, and were always having difficulty making ends meet as they didn’t have much income. The following incident well illustrates their hardship.

Reiko used to take her child down the hill to the shopping center about a mile from the house, preferring to walk rather than spend money on the bus fare. One hot day, however, Choong-ho’s face got alarmingly red. Recognizing the symptoms of heatstroke, she picked him up and ran with him to a drugstore nearby. Inside, she found an air conditioner, and held him in front of it till the cool air restored him. From then on she did not risk taking him for long walks in the heat of the day, but spending the bus fare entailing penny-pinching elsewhere. Eating at restaurants was not possible, and she recalled that there were times when she bought one hotdog for both of them, giving him the sausage and herself the bread.

As the second year in Hawaii drew to a close, there were two options for the immediate future: stay on at the University of Hawaii as an assistant lecturer on public health, or take a job as a clinician in American Samoa. Joong-wook decided to take the doctor’s job which offered independence and a proper salary though on a smaller island with a less developed economy. The Samoan Islands in the South Pacific lie halfway between Hawaii and New Zealand. Jong-wook got to work at the Lyndon B. Johnson Tropical Medicine Center in Faga’ula, near Pago-Pago.

Near the hospital buildings, there are some bungalows for staff and their families. With two bedrooms, a large living-room, kitchen, bathroom and attic all to themselves, the LEEs enjoyed having a place

they could call their own, after two years of living in a friend's home in Hawaii. On ordinary days, LEE worked at the outpatient clinic and performed surgeries. But LEE did not just enjoy the new island life. He studied hard to pass the American visa qualifying exam and finally passed it. He also continued his research on leprosy, doing the ELISA research (Enzyme-Linked Immunosorbent Assay) for the detection of preclinical leprosy. His thesis Proceedings of the Work on Serological Tests for Detecting Subclinical Infection on Leprosy, which he had worked on jointly with a professor team of the University of Hawaii, appeared in the International Journal of Leprosy. His specialization in leprosy that began in St Lazarus Village had continued in Samoa.

Around this time, LEE met with Dr. Kwon E-hyock (President of Seoul National University at the time) who was on a visit to the University of the South Pacific. Dr. Kwon had been LEE's respected teacher while he was attending the Seoul National University College of Medicine. He would later lead the LEE Jong-wook Supporters' Association in support of his election campaign for the post of WHO director-general. Dr. Kwon recounts his meeting with Dr LEE in the South Pacific:

"I knew LEE when I was a professor of the Seoul National University College of Medicine, prior to becoming president of the university. I remember him because he was taking care of leprosy patients in St Lazarus Village. He heard that I was coming to Fiji so he traveled from Samoa to Fiji just to say hello. When he told me that he was conducting research on leprosy and doing volunteer work in Samoa, I asked if he was doing it personally or with support from an organization. He answered that he was doing it all by himself. I asked "So why don't you do this work as part of an international group like the World Health Organization? That would make your leprosy research and volunteer work much easier."

That was when LEE began to take an interest in WHO. Soon afterwards, he received a proposal that would be a turning point in his life.



The World Health Organization

It was a Spanish doctor who made the proposal. He was working at the WHO South Pacific Office in Fiji. Leprosy was still a major public health problem in that part of the world, and they really needed someone. The Spanish doctor asked LEE whether he would be interested in working at the WHO South Pacific office, and LEE seized the opportunity. After several steps of procedures, LEE became staff at the Office. LEE traveled from one Pacific island to another by plane and boat, and going inland by jeep and on foot to find leprosy cases and get the patients onto treatment. After three years of treating leprosy patients in Fiji, LEE moved to the WHO Regional Office for the Western Pacific based in Manila, Philippines in 1986.

LEE's new responsibilities at the WHO Regional Office for the Western Pacific included the whole expanded programme on immunization (aimed at preventing tuberculosis, diphtheria, pertussis, tetanus, and measles, as well as polio), the new programme on AIDS, acute respiratory infections control, and control of other communicable diseases. Five years later in 1991, LEE was appointed to head the bureau for disease prevention and control of the WHO Regional Office for the Western Pacific. At that time, the Japanese WHO director-general Nakajima was reorganizing WHO's immunization activities as a single entity to be called the Global Programme on Vaccines. It was designed to complement the Children's Vaccine Initiative (CVI), which had been started a few years earlier by UNICEF, United Nations Development Programme (UNDP), the World Bank, WHO, and the Rockefeller Foundation. The new programme required a new director in charge of both the WHO programme and the secretariat of the multi-agency initiative. It needed a director who was both strong enough and endowed with a flexible enough intelligence to see the issues from several points of view. The position also called for someone who could win the trust of both western and eastern donors. Nakajima chose LEE for this important position. Though LEE was not well known outside the Western Pacific region, it was his eagerness to get the job, his potential as a counterweight to western interests, and his skills that may have in fact made him the best person for the position. From April 1994, LEE worked at the WHO Headquarters in Geneva as the director of the Global Programme on Vaccines.

In 1995, he was praised as the Vaccine Czar by the Scientific American in recognition of his achievement in reducing polio incidence while in his new job as the director of the Global Programme on Vaccines. In 2000, he was put in charge of a global effort to stop the spread of tuberculosis. In that position, he supplied tuberculosis medicine for 60,000 people in North Korea and enthusiastically managed a tuberculosis eradication program in 22 countries with a high incidence of tuberculosis.



02 — Intense WHO Director-General Election



Running for the Post of WHO Director-General

In the year 2002, Korea was in the midst of great excitement as the 2002 FIFA World Cup was being held there. On days when the Korean national football team was playing, crowds of cheering supporters in red T-shirts could be heard all night long. In fact, 2002 was not only the year of the World Cup, but it was also the year that Korea was preparing for the election of the first Korean national to head an international organization (WHO). LEE, who was at the time the director of the Global Programme on Vaccines, applied for the position of WHO director-general, which was the highest position within the organization. Candidate applications were accepted over a five-month period from July 19 to November 19, 2002, after which the WHO Executive Board would elect the new director-general in January 2003. Having worked at WHO for nearly twenty years, LEE was already recognized by the WHO Headquarters in Geneva for his professionalism and competence, but very few people in Korea knew him because

most of his medical activities were overseas and almost his entire career had been spent at WHO. Being elected as WHO director-general required total national support, however, so LEE set out to announce his candidacy for the highest post at WHO to his acquaintances in Korea, and sought the help and support of the officials at the Ministry of Foreign Affairs & Trade and the Ministry of Health & Welfare.

The government, particularly the Ministry of Health & Welfare and the Ministry of Foreign Affairs and Trade, immediately began reviewing the request and contacted the Korean Medical Association and others in healthcare circles for their opinion. Candidacy for the post of WHO director-general required a formal nomination from the government of a member state followed by submission of recommendation documents. But in fact, back in those times, recommending Dr LEE as a candidate for the WHO director-general was problematic as he had never been a government official, nor did he enjoy recognition in the country. For these reasons, the Korean government could not immediately extend its all-out diplomatic support for him. Nevertheless, the efforts of those within the Ministry of Health & Welfare who knew Dr LEE, his reputation overseas, and his achievements at WHO finally paid off, and on November 15, the Korean government, following consultations with the Ministry of Foreign Affairs & Trade and the Ministry of Health & Welfare, recommended Dr LEE as a candidate for the post. Soon after Dr LEE applied formally for candidacy, his election campaign began to move ahead rapidly. First, an organization supporting Dr LEE's election was launched in the private sector. In fact, efforts for Dr LEE's election had already begun in the private sector under the lead of Dr. Kwon E-hyock. The association was headed by Professor Shin Young-soo of the Seoul National University College of Medicine (currently World Health Organization's Regional Director for the Western Pacific) and managed by Mr. Chun Byeong-ryul, former spokesperson of the Ministry of Health & Welfare. A temporary Election Campaign Support Headquarters was also organized within the Ministry, with Planning & Management Director Mun Kyung-tae appointed as the head of main operations. A task force comprising ministry personnel with a wealth of overseas experience was also organized. The Ministry of Foreign Affairs & Trade also mobilized all its diplomatic channels to support Dr LEE's election campaign.

Under the lead of the Election Campaign Support Headquarters, the group supporting Dr LEE and the foreign ministry worked together on an organized election campaign. To connect with the 32 voting executive-board members from various countries, organizers formed several zones, to which campaign personnel flew to meet the members and garner their support. Money was another hurdle because this election was international in scope, and the cost was significant. Since the government could not officially fund the campaign with taxpayers' money, funding came from donations from the healthcare community and private organizations. Fortunately, a large number of LEE's supporters in Korea were able to get generous donations from various organizations, including the Medical Association,

Pharmaceutical Association, as well as professors and pharmaceutical companies. Also, because Dr LEE was the first Korean candidate for the head post of WHO, there was great interest within the healthcare community, which ensured that fund-raising for the campaign went smoothly.

A Tight Race until the Seventh Round of Voting

Eight candidates ran for the position, launching their campaigns to gain support of the 32 executive board members who held a vote. They were, in alphabetical order: Awa Marie Coll-Seck, health minister of Senegal; Julio Frenk, health minister of Mexico; Karam Karam, former health minister of Lebanon; Pascoal Manuel Mocumbi, former prime Minister of Mozambique and minister of health; Peter Piot, head of UNAIDS (the Joint United Nations programme on HIV/AIDS); Ismail Sallam, former minister of health of Egypt; Joseph Williams, former prime minister of the Cook Islands; and LEE Jong-wook of Korea.

To begin the election process, the Executive Board drew up a short list. Of the eight candidates, those who failed to secure at least 10% of the Executive Board votes were excluded, resulting in a short list of five candidates: LEE Jong-wook, Peter Piot, Pascoal Manuel Mocumbi, Julio Frenk, and Karam Karam. Executive Board members then interviewed the candidates about their platforms. Each candidate presented for 60 minutes maximum followed by a Q&A session. In the final stage of the day-long process, board members cast their votes a number of times until one candidate receives more than the majority vote and is declared the newly elected director-general. These all happen in one day, the voting day.

The election was held on January 27, 2003. LEE's election campaign staff had finished all preparations in Seoul and Geneva, and across the world. Dr LEE approached the podium and began to outline his plans and aspirations.



“These noble goals we have set ourselves must not be abandoned. Setting apparently impossible goals drove us to eliminate smallpox and will soon rid the world of polio. These are the ideals which will drive the entire global health community to ever greater achievements. (Omitted) Together with UNAIDS and the Global Fund, I will forge a powerful and effective alliance to address this pandemic. I will advocate for a substantial increase in investment—both national and international—in public health systems and services. The new resources flowing through the Global Fund to Fight AIDS, Tuberculosis and Malaria will make a substantial difference. (Omitted) I grew up in what was then an extremely poor country. The Republic of Korea today has become an industrial and economic power house, but during my early life, Korea faced the problems of a developing country. I have not forgotten that experience.”

In the first vote, Karam Karam was eliminated, receiving only three votes. LEE ranked first with 12, the highest number of votes but not a majority. In the second vote, LEE again got 12 votes, while Mocumbi and Frenk got six each. Again, LEE failed to secure the majority of 17. In the third vote, Frenk was eliminated with only five votes, and LEE received only 11. With one round after another and one candidate eliminated in each round, the excitement reached a fever pitch. After voting results were announced, a fierce diplomatic war took place during the short break. The election venue was like a battlefield without the sound of gunshots, with remaining candidates trying to gain the support of countries that fell. In the fourth vote, LEE gained 14 votes. Mocumbi was eliminated with seven votes. The only candidates left were LEE and Belgium’s Peter Piot, the head of UNAIDS. Now this was the true match. With African and South American support, LEE got 16 votes in the fifth round. Piot also received 16 votes. Before each round, officials of the two countries were busy working for one more vote. Seven of the African votes went to LEE after Mocumbi fell. Though he was the frontrunner, LEE continued to lack the one vote to be elected.

The sixth round of voting began. The result was tied again at 16-16. And then, in the seventh round, the result was 17 to 15 in favor of LEE! Cheers arose from Dr LEE’s camp in the historic moment when a WHO director-general of Korean nationality was elected. It was said that the vote had never gone to seven rounds. It was the most competitive director-general election in the history of WHO. Dr. Kwon clearly remembered that moment.

“Oh! How can I explain the joy! I got a phone call from Minister Kim Sungho who was at the election venue. With great excitement in his voice, he said ‘This is Kim Sungho.’ Then he said, ‘It just passed! For several rounds, it was tied at 16-16, and then in the seventh round, we won by 17 to 15!’ Then, he handed the phone to Dr LEE. I remember congratulating him again and again.”

03 — Take Actions if it's the Right Thing to Do

Do the Right Things, in the Right Places, in the Right Way

"Colleagues in our 147 country offices, six Regional Offices, here in Headquarters, and elsewhere, Twenty years ago, almost to the day, I started working for WHO. Over two decades, I have had the privilege of witnessing many of our Organization's accomplishments. You, WHO staff, made these achievements happen. (Omitted) Today we begin a new chapter in WHO's history. We will continue the work already under way. And we will make changes where these are needed to meet the test—results in countries. (Omitted)

We must do the right things.

We must do them in the right places.

And we must do them the right way.

Our work together in the coming years will be guided by three principles. We must do the right things. We must do them in the right places. And we must do them the right way. (Omitted)"

Address to WHO Staff on July 21, 2003

In his inaugural speech on July 21, 2003, WHO Director-General LEE Jong-wook announced his plans to his colleagues. The day also marked the 20th year since he joined the organization. His speech outlined his aims as 'doing the right things in the right places in the right way', a formula whose tone of innocent good intentions found favor with his audience and was often repeated subsequently. The most prominent 'right thing' on his agenda, and the one he outlined most specifically, was 'providing three million people in developing countries with antiretroviral therapy by the end of 2005'. The campaign, which was referred to as the "Three-By-Five programme," was expected to give a sense of exciting swiftness and energy to the new administration, recover credibility lost with the moving of the HIV/AIDS programme out of WHO to a new multi-agency entity in 1996, and take advantage of the serious money at last being channeled into treatment and prevention of this disease. The other 'right things' to do were the health-related Millennium Development Goals, which included controlling tuberculosis and malaria and improving maternal and child health; noncommunicable disease control; completing the eradication of polio, and building defenses against the next global pandemic. The right places meant in countries more than at the headquarters, with a corresponding shift in resources. Dr LEE proposed ways to prevent the outbreak and spread of avian influenza. In 2003, the Framework Convention on Tobacco

Control was unanimously adopted at the World Health Assembly so that the international community could jointly respond to the harmful effects of tobacco. This framework went into effect by international law in 2005, and Korea ratified it in the same year.

Take Actions if it's the Right Thing to Do

After taking office, LEE chose a modestly-sized hybrid car as his official car, a break from the practice of riding a Mercedes-Benz or BMW. But this decision was not a surprise. He had long ago decided to use a hybrid car if he became WHO director-general, believing that it was only reasonable for the head of the world's health organization and the person responsible for the health of people around the world to think about the environmental impact.

In a related incident, a Korean broadcasting company's correspondent in France had been interviewing LEE. After the interview, the correspondent saw Dr LEE's car and said he wanted to shoot some footage of him in his car, but LEE firmly refused.

"The type or size of a car is a matter of a person's economic ability or preference. A lower ranking officer can have an expensive car, and a higher-ranking officer can ride in a small car. The fact that this is a matter of interest is an indication that our society is still to mature."

LEE always sat in the passenger seat next to the driver, insisting that the back seat belonged to the owner and he was only using it temporarily. The car was owned by WHO, and not him. Also, only WHO staff or related officials were allowed to ride with him in the car. He would never invite his personal acquaintances to ride in it.



“If you think something is right, act on it immediately. There is no money, we don’t have enough special personnel, and we are expecting more active involvement from member states... You can have an endless string of pretexts for not acting. If you think you should do something, take actions. If you think something is right and you work on it, your efforts will be followed by financial support from member states or donors, and specialists will begin to get involved in the program. As more and more people get help and treatment, the program will get an increasing amount of response. So, it is important to just get started. If you don’t take actions, nothing will happen, nobody will help, and funding will not increase, so you will give up and become frustrated even before getting started. This is a bigger sin than striving to do something and fail.”

-Extract from “Take Actions if it’s the Right Thing to Do,” a biography of LEE Jong-wook (written by Kwon Jun-ok)

As the incident above illustrates, LEE always emphasized the importance of action over words. It was a lesson he had learned through experience and working in his various capacities in the World Health Organization.

LEE spent approximately 150 days a year traveling around the world, more than any other former WHO directors-general. He sometimes curtailed his travels due to high blood pressure, but after he had lost weight and his blood pressure was down, he would resume his busy schedule. A WHO director-general must normally take many mandatory trips, and because LEE wanted to do as much as possible during his travels by making visits to neighboring countries, his overseas schedule was almost always managed down to the minute.

A gift not only brings joy to the receiver, but also to those who give it. However, this cannot be said of official duties. Because he had devoted his entire life to working in an international organization, which is much like a jungle, LEE would never do anything that could be held against him. The same went for gifts. When a gift was received at the director-general’s office, he would immediately have his staff



store it without even unwrapping it. If the gift was food, he would open it immediately and share it with his staff. Unopened gifts were accumulated for a year, and then sold at a year-end bazaar to raise funds for an orphanage in St. Petersburg, Russia that cared for bereaved orphans whose parents had died of AIDS.

LEE would often joke after a bazaar, "Here is the problem. People know that if they give me a gift, it always goes to a bazaar, so who is going to give me gifts anymore? In fact, the Spanish king said he gave me something inexpensive so I wouldn't feel bad about donating it to the bazaar. That worries me... maybe we won't have enough gifts to hold the bazaar anymore."

A Warm-hearted Person who Will Be More Missed

On Sunday May 21, 2006, LEE was spending the morning at the office on last-minute preparations for the Health Assembly that would open on Monday. While working with his speech writer on the address he was to deliver, he complained of a headache but apparently assumed it was just due to the pressure of work, and took a headache pill. At lunchtime, LEE moved to the Chinese Mission where Gao Qiang, the Chinese Minister of Health, was waiting for him for lunch. LEE had too many headaches, he joked, and took another pill. His intention had been to put in a brief appearance, just to excuse himself from the luncheon, telling them he was feeling unwell and was going home to rest. He must have changed his mind, however, and was soon sitting down with the others at the lunch table. He was uncharacteristically quiet during the meal, and asked other WHO staff present to answer questions from the minister. He was also not eating, and at the beginning of the third course, he asked to be excused so he could lie down for a few minutes in the adjoining room. Margaret Chan and Bill Kean, the two physicians present, hurried to help LEE and got him to a sofa where he could lie down. Before he could relax, he vomited, and then lost consciousness. After a few minutes, an ambulance came and took him to a hospital.

LEE underwent surgery to remove a blood clot from his brain. In the night the surgeon broke the bad news to Reiko and two close friends who were waiting with her: though the patient was still alive, it was only because his breathing was being maintained artificially by a ventilator, and he was not going to recover. Reiko asked the chaplain of the hospital to baptize LEE before he passed away. She thought it was the only way to get together with him after both have gone to the next world. LEE had no religion and was not christened. She also thought that he would not have been opposed to this last-minute acquisition of a religion, especially if he could see it would make life easier for her. The priest performed the rite of baptism on him who was lying unconscious on a ventilator with his head bandaged. Then at 7:43 a.m on Monday, May 22, LEE Jong-wook was pronounced dead.



Dr LEE's funeral, organized by WHO, was held at the Basilique de Notre-Dame in Geneva on May 24, 2006. Dr LEE was buried in the National Cemetery in Daejeon, Korea. He was posthumously honored with the Mugunghwa Medals of the Order of Civil Merit from the Korean government.

"His adventurousness made him great at work and at life. If ever he seemed stern or impatient, I believe it was because he had so much to accomplish in the time that he had. Whether it be solving every illness, hiking every hill or seeing every beautiful old church with my mother, he didn't want to waste any time." lee Choong-ho | Dr. LEE's son

"Dr LEE was a towering figure in the world of health whose life had touched millions and made them all that much better. With his death, a shining light was unexpectedly extinguished." Rhyu Si-min | 44th Minister of Health & Welfare of Korea

"This was a man who combined extraordinary intelligence with personal integrity. He competitively ski'd and played tennis, and what a large number of people were proud to count him as a friend. This great man had so much more to give. But if we could achieve any part of what he had accomplished—if we could influence and shape the world only a fraction as much as he did, this world would be a far better place." Bill Kean | Executive Director of Dr LEE's Office of WHO

"Dr LEE was at the forefront of the global fight to prevent an avian flu pandemic, and was a champion as well in the battle against a host of other public health threats from HIV/AIDS to tuberculosis. Not only was he a valuable leader to WHO staff the world over, but a cherished colleague and friend to me personally." Kofi Annan | Former UN Secretary-General

“Dr LEE worked tirelessly to improve the health of millions of people, from combating tuberculosis and HIV/AIDS to his aggressive efforts to eradicate polio. He provided tremendous leadership to the international community as it confronted the challenges of the 21st century, including the threat of an influenza pandemic.” George W. Bush | 34th President of the United States

“He advanced the fight against tuberculosis and other diseases that affect the poorest people around the world. His compassion, allied with his trademark affability, made him cherished by people everywhere.” Paul Wolfowitz | Former President of the World Bank

“Dr LEE was a champion for health, and his leadership has touched millions of lives around the world. His principles, compassion, and drive have inspired others to share his belief that, with hard work and determination, even the most intractable global health problems can be overcome. His commitment to a healthier, more equitable world will be his enduring legacy.” Bill Gates | Bill and Melinda Gates

“He was a rare individual who was devoted to public service through effective public health programs. An intense, daring, and accomplished person, he inspired us through his grace, humility and vision for a better world. He has been a strong supporter of the effort to eradicate Guinea worm disease as one way to improve the human condition.” Jimmy Carter | 39th President of the United States



Special Issue

Memorial Service Commemorating the 10th Anniversary of Dr LEE Jong-wook's Death

Remembering Dr LEE's Achievements

The memorial service commemorating the 10th anniversary of the death of Dr LEE Jong-wook, 6th WHO director-general, was held on May 24, 2016 at 12:30 pm, Geneva local time, at the United Nations European Headquarters where the sixty-ninth World Health Assembly was held.

Bringing Together Those who Remember Dr LEE Jong-wook

The memorial service, held jointly by WHO and KOFIH, was attended by Korean Minister of Health & Welfare Chung Chinyoub, WHO Director-General Dr. Margaret Chan, Dr LEE's wife Kaburaki Reiko, and WHO officers who had worked with Dr LEE. In his tribute, Minister Chung described Dr LEE's achievements during his 23-year career at WHO and expressed his regrets to his sudden death. He also stated, "I hope this memorial service at the WHO headquarters will be an opportunity for all healthcare workers around the world to remember once again Dr LEE's achievements and continue to uphold his will to realize a world free of diseases."



KOFIH Follows in the Footsteps of Dr LEE

Dr LEE Jong-wook, who was the first Korean national to head an international organization, took office as the 6th WHO director-general in 2003, after 20 years of career at the organization as an officer in charge of disease control at the WHO Regional Office for the Western Pacific and the director of the Global Programme on Vaccines. Dr LEE contributed significantly to the eradication of contagious diseases. He helped reduce the prevalence of polio to one case per 10,000 people in the world population and launched the "Three-By-Five programme" to provide three million AIDS patients in Africa with antiretroviral therapy by the end of 2005. The 2006 Health Assembly, which he prepared for staying up all night for days, was scheduled to discuss a universal approach to deal with the avian influenza. But Dr LEE died of a blood clot one day before the assembly.

In 2006, the year when Dr LEE passed away, the Korea Foundation for International Healthcare (KOFIH) was established as a public institution under the Ministry of Health & Welfare. The foundation is an agency specialized in healthcare ODA to provide assistance to partner countries, North Korea, overseas Koreans, and migrant workers, and send emergency relief overseas. In line with Dr LEE's interest in fostering the next generation of healthcare leaders, KOFIH also manages Dr LEE Jong-wook memorial projects, including



the LEE Jong-wook Fellowship Program (educational program for medical doctors of partner countries), the LEE Jong-wook Global Young Frontier (program to support students to become the next Dr LEE Jong-wook), and the LEE Jong-wook Memorial Prize for Public Health awarded to persons or institutions that have made an outstanding contribution to public health.

In particular, the LEE Jong-wook Fellowship Program launched in 2007 is designed to invite young healthcare professionals from partner countries to a university hospital in Korea for education and training in advanced medical technology, clinical test, research, and healthcare policy. Up until now the fellowship program benefited a total of 522 personnel from 28 countries.

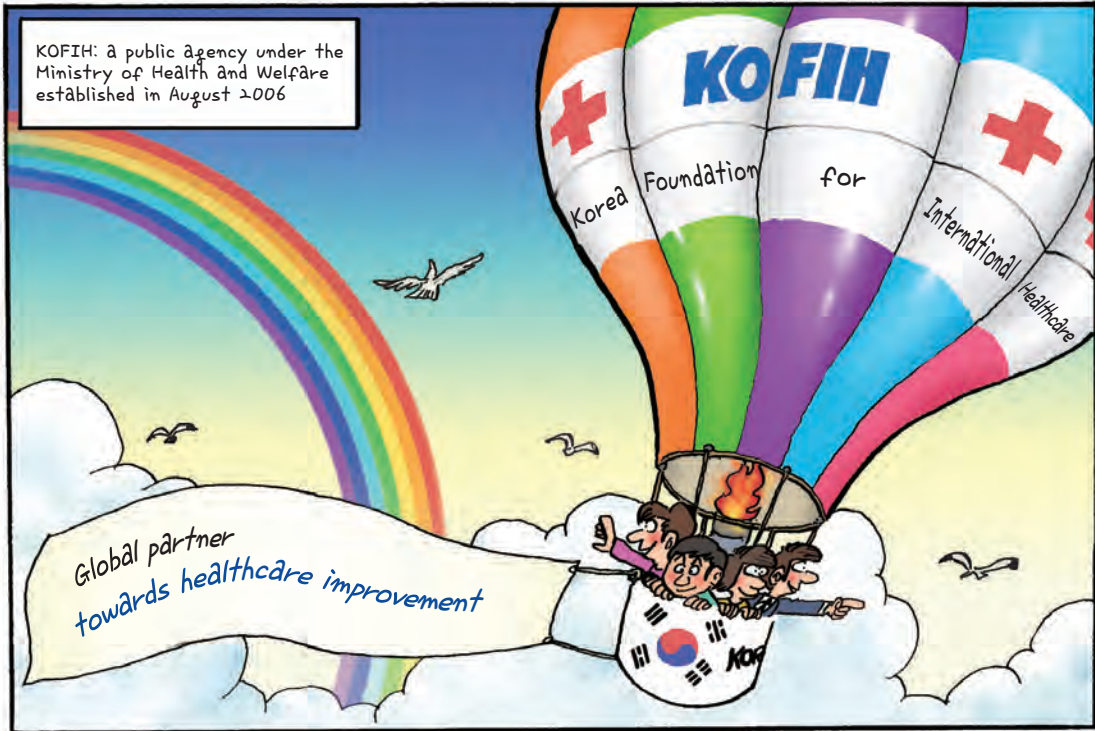
Dr LEE Jong-wook Memorial Prize for Public Health

The ceremony to award the 8th Dr LEE Jong-wook Memorial Prize for Public Health was also held during the sixty-ninth

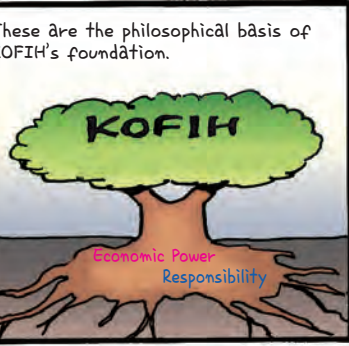
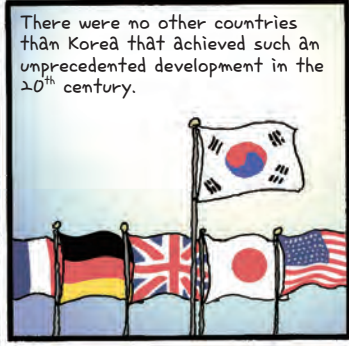
World Health Assembly. The prize was established jointly by WHO and KOFIH in 2008 in honor of the achievements of Dr LEE Jong-wook, 6th WHO director-general who committed himself to improving public health around the world. It is awarded to a person or persons, an institution or institutions, a governmental or nongovernmental organization or organizations, who have made an outstanding contribution to public health. The Prize Selection Panel meets to determine the recipient.

The 8th award recipient in 2016 was Dr. Alireza Mesdaghinia, professor of the School of Public Health at Tehran University of Medical Sciences, for his lifelong commitment to strengthen the capacity of public health facilities and education system in Iran and in the Eastern Mediterranean region. During his 28 years as Dean of the School of Public Health at Tehran University of Medical Sciences, Dr. Mesdaghinia has created master's programmes, Ph.D. programmes, and masters of public health programmes, to foster public health specialists active in Iran and Eastern Mediterranean countries.

Special Comics: KOFIH's 10-year History



*KOFIH : Korea Foundation for International Healthcare Story writer/Artist: Rhie Won-bok (President of Duksung Women's University)



KOFIH was established in 2006 to honor the will of Dr LEE Jong-wook, 6th Director-General of WHO.

He was elected as Director-General of WHO in 2003 and became the first Korean to lead an international organization.

WHO

Officially Established in April 7, 1948

April 7: World Health Day

World Health Organization



He worked for WHO for 23 years and led polio eradication activities in the Western Pacific Region.

He was called the "Vaccine Czar" and "Schweitzer of Asia".

But he passed out in the line of duty on May 22, 2006 and perished at the age of 62.

KOFIH was established to honor his noble devotion and services.

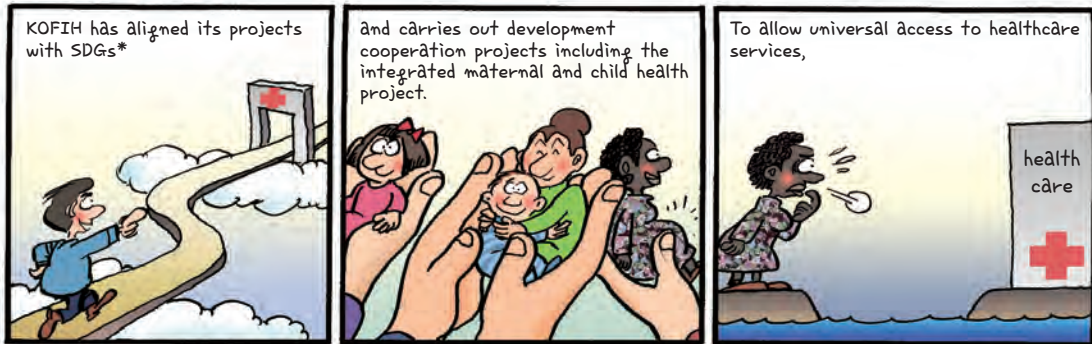
2016 marks 10th anniversary of KOFIH.

The year serves a stepping-stone for another growth surge for KOFIH.

KOFIH has set a new vision "Global partner towards healthcare improvement".

With the vision, KOFIH aspires to utilize its healthcare knowledge and experience

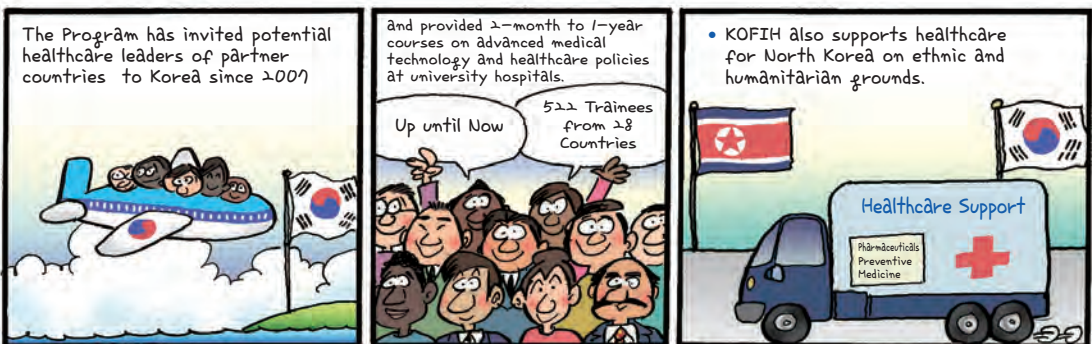
and reach out to less developed communities with a proactive, forward-looking and innovative mindset.



*Sustainable Development Goals : adopted by the United Nations in September 2015 replacing the Millennium Development Goals (MDGs)



*UHC : Universal Health Coverage



- KOFIH supports migrant workers in Korea with healthcare access beyond linguistic and social barriers

- and provides visiting healthcare services to overseas Koreans to ease their sufferings overseas.

Visiting Healthcare Service!

- Nursing Home for Elderly Overseas Koreans Living Alone in Uzbekistan
- Healthcare Support for Korean Workers Dispatched to Germany
- Overseas Koreans Living in Kirgizstan

- To respond to emergency facing the Global Village,

KOFIH provides education to nurture emergency medical support personnel.

- For more effective healthcare services, KOFIH's Medical Resources Center engages in various projects.

Support Medicine

Lease Medical Equipment

Educate Bioengineers

Maintain Medical Equipment

KOFIH
Medical Resources Center

- KOFIH implements memorial projects to honor the spirit of Dr LEE Jong-wook, 6th Director-General and the first Korean to lead an international organization.

The projects include Dr LEE Jong-wook Memorial Prize for Public Health, various contests, and Dr LEE Jong-wook Global Young Frontier Program.

Among them, KOFIH is determined to prioritize Dr LEE Jong-wook Fellowship Program by expanding it into a training program to nurture global experts.

Nurturing Experts for

Partner Countries' Self-sustainability

인재

Dr LEE Jong-wook Fellowship Program

KOFIH follows the will of Dr LEE Jong-wook

We must do the right things

in the right places and in the right way!

Commemorating the 50th anniversary of the Korean nurses' arrival in Germany (May 21, 2016)

and strives to return the aid to partner countries.

We must return what we have received.

KOFIH has come a long way for the last 10 years.

2006 vs 2015

Total Project Budget X 10 (KRW 3.52 ~ 31.86 billion)

Employees X 6

Organization: 1 Office, 1 Department, 5 Teams -> 1 Office, 3 Departments, 10 Teams

Project Sites: 12 Regions of 9 Countries -> 62 Regions of 15 Countries

Dr LEE Jong-wook's spirit underlies KOFIH's development and provides a blueprint for the future growth.

New Round of Growth

Practice Humanity with Healthcare Support

Chapter

2

Development of the Korea International Foundation for Health and Development

01

Efforts to Establish the
Korea International
Foundation for Health and
Development

02

Establishment and
Management of the Korea
International Foundation for
Health and Development

01 — Efforts to Establish the Korea International Foundation for Health and Development



ODA History in Korea

Official Development Assistance (ODA) is defined as government aid whose main objective is promoting the economic development and welfare of developing countries. ODA flows to developing countries or multilateral institutions are either concessional in character or loans with a grant element. Korea was an ODA recipient from the time it was liberated until the 1990s.

After the 1990s, Korea saw its position change to a donor country. Even before this transition, however, Korea had begun contributing development assistance to developing countries. In 1977, the Ministry of Foreign Affairs secured a grant budget of 900 million won to supply Korean-made equipment to developing countries. This was the beginning of Korea's material aid support overseas. On the back of reduced foreign loans and a surplus in the international balance of payments, Korea's development aid initiatives were in full swing around the times of the Asian Games and the Seoul Olympic Games in 1986 and 1988, respectively. In 1987, the Ministry of Finance extended 30 billion won for the establishment of the Economic Development Cooperation Fund (EDCF), entrusting the

management of the fund to the Korea Export-Import Bank. In 1989, the Korean government began sending UNESCO youth volunteers overseas. In 1991, the Korea International Cooperation Agency (KOICA) was established under the Ministry of Foreign Affairs, laying down the foundation for more full-fledged aid assistance to developing countries. Notably, Korea joined the ranks of the OECD as the 29th member country in 1996, moving another step closer to becoming a major player in the international aid community. In the 2000s, with increased public awareness about aid contribution, Korea saw a sudden quantitative expansion in ODA. Following the war in Afghanistan in 2001, as well as after the September 11 attacks, the 2003 Iraq war, and the 2004 South Asian tsunami, public awareness of ODA rose.

Source : www.odakorea.go.kr

General Inaugural Meeting of the Korea International Foundation for Health and Development

Following the election of Dr LEE Jong-wook as WHO director-general, discussions began in Korea on the need to establish an ODA agency specialized in the area of international healthcare. KOICA, operating under the Ministry of Foreign Affairs was overseeing ODA programs across social issues, including social infrastructure, education, water resources and hygiene, and production, but it did not offer many healthcare support programs, which required a distinct skill set. Also necessary was a professional system to promote healthcare support for, and friendly cooperation with North Korea and partner



countries, as well as healthcare services to overseas Koreans and migrant workers in Korea. A key rationale behind the national consensus for establishing the Korea International Foundation for Health and Development was that Korea would play an active part in the global effort to work with and help partner countries

resolve public health issues.

Dr. Kwon E Hyock, Head of the Dr LEE Jong-wook Supporters' Association who supported the election of Dr LEE as director-general of WHO, took the lead in helping create the Korea International Foundation for Health and Development (tentative name) as the Chairman of the foundation preparatory committee.



After the preparatory committee was launched on November 7, 2003, it appointed 16 establishment committee members.

Subsequently, a general inaugural meeting of the foundation was held on December 10 that year at the Hilton Hotel in Seoul. As the chairman of the Foundation Preparatory Committee, Dr. Kwon stated that “following the inaugural meeting, the foundation would soon be launched to provide relief aid to tackle diseases as well as healthcare support to developing countries, North Korea, and overseas Koreans.” On that day, the foundation announced that its intent was, based on the spirit of humanitarianism and respect for life regardless of differences in religion, ideologies, and national borders, to provide healthcare support to underdeveloped countries by joining the forces of Oriental medicine doctors, Western medicine physicians, dentists, pharmacists, oriental hospitals, and hospital associations. Plans were also announced that the various foundation initiatives—emergency relief program, healthcare assistance program for developing countries, healthcare assistance program for North Korea, healthcare assistance program for overseas Koreans—would be led by private sector efforts and that funds would be raised through donations and in-kind benefits from institutions and individuals.

Following the inaugural meeting, work began at the preparatory committee level to establish the foundation. On January 7, 2004, the committee proposed an organizational structure that included the foundation president, board of directors and executive committee, various committees, and secretary general. The draft proposal was reported to the Minister of Health & Welfare. Subsequently, the foundation office was opened in the CDC Headquarters building in Seoul, and following document screening, essay tests, and interviews, nine employees out of a hundred or so applicants were hired.

02 — Establishment and Management of the Korea International Foundation for Health and Development

Establishment of the Korea International Foundation for Health and Development

On March 5, 2004, the Korea International Foundation for Health and Development was officially established to provide humanitarian assistance to needy and impoverished people in North Korea and partner countries. The Ministry of Health & Welfare held an inaugural meeting of the foundation at ASEM Hall in COEX, Samseong-dong in Seoul, announcing the foundation's intent to offer assistance to North Korea and partner countries. Approximately 60 or so people from all walks of life, including government, healthcare, religion, and media, attended the foundation's first official board of directors' meeting. At this meeting, Dr. Kwon, Chairman of the foundation preparatory committee, was elected as President of the board, and board member Kong Han-cheol as secretary general (full-time director). In his remarks, then Minister of Health & Welfare Kim Hwajoong stated, "I commend the launching of the foundation, the great objective of which is to pool the strength of the government and the people with the aim of helping our neighbors in need in North Korea and partner countries." He also asked, "Based on this support, let us beautifully foster the foundation and faithfully fulfill our mission as a leader of the international community." Meanwhile, at the time of the first board of directors' meeting, about 1.36 billion won (including promised donations) was donated in support of the foundation's activities.

Programs of the Korea International Foundation for Health and Development

The first official program of the foundation concerned the massive train explosion that occurred at Ryongchon station in North Korea on April 22, 2004. It killed 76 small children attending Ryongchon Elementary School about 150 meters away from the explosion site. The explosion also left around 1,300 people wounded, and it damaged approximately 6,360 buildings. Among the buildings, about 1,850 residences and 129 public buildings were destroyed. The foundation sent medical supplies and equipment worth 3.3 billion won in relief aid.

The second program was to modernize the Godaif Hospital in a slum area of Asmera, the capital of Eritrea. The hospital modernization program was not limited to the renovation and repair of facilities or donation of medical supplies and equipment; it also involved medical services and education offered by a team of Korean medical professionals. The first preliminary survey took place in May 2004 to

determine the necessary items and medical supplies to be donated. After the survey, the foundation sent an emergency shipment worth 1 billion won in medical equipment, supplies, and donated goods. Following the second survey in October the same year, work began to renovate the hospital facilities. That included a new X-ray room complete with plumbing and electricity. The structural renovation, both external and internal, helped transform the old, worn hospital into a modern hospital equipped with the latest medical equipment. Following the December opening ceremony, a volunteer medical team of 12 people arrived, followed by volunteers from Korean medical schools between March and July of 2005. That year, the foundation allocated a grant of 150 million won worth of dental and emergency medical equipment. In November, otolaryngologists were sent to perform surgeries. Assistance continued to flow into Eritrea in 2006, including tools for medical training and medical supplies. In September, more medical supplies arrived, followed by dental specialists dispatched to train local medical personnel, in cooperation with the Korean Association of Public Health Doctors.

In 2004, the foundation reached an agreement with the Korea Foundation for World Aid, Korea Campus Crusade for Christ, and Committee for the Reconciliation of the Korean people on a committee to build the Ryongchon Hospital in North Korea. The board of directors of the foundation on June 22, 2004 decided to take part in the hospital construction project with funding not to exceed 200 million won. The project was cancelled midway, however, due to North Korea's lukewarm cooperation. The foundation decided to use that budget for a Medical Device Assistance Center instead. A budget of 937 million won, including 127 million won



previously appropriated for the hospital in Ryongchon, 580 million won from the national coffers, and a 230 million won contribution from the Samsung Group, was secured for the construction of the Medical Resources Center.

On March 4, 2005, the foundation donated medications worth 200,000 dollars in emergency medical aid to Malaysia and Indonesia in the aftermath of the tsunami that hit South Asia. The medications were delivered to the local communities through former Malaysian Prime Minister Mahathir and former Indonesian President Megawati. The foundation also formed a tsunami-related joint civil-government healthcare support council, sending three personnel to Sri Lanka and Indonesia.

Legislative Efforts in support of the Korea International Foundation for Health and Development

Although the Korea International Foundation for Health and Development officially kicked off after its first board of directors meeting on March 5, 2004, its status as a foundation made it largely dependent on donations and not on government funding, severely limiting its access to funds. More donations were needed in order to ensure normal operations. The time and energy of the nine-member foundation staff was consumed by fund-raising activities, but there were clear limits to how much money nine people could raise. The foundation's rosy outlook began to fade. Some employees left the foundation, while those who stayed were demoralized. Securing the necessary funds for programs in line with the foundation's original intent was next to impossible. If it were to do what it had set out to achieve, the foundation had to secure a stable budget. Deciding that laws had to be enacted to provide the legal basis for necessary government funds, the foundation undertook preparatory legislative activities from December 2004.

Following a decision to table a bill sponsored by legislators, the foundation visited lawmaker Moon Byung-ho of the ruling Uri Party to discuss the need for legislation in support of the foundation, and began working with his aides on the bill. This proposal required the process of gathering opinions on the bill through a meeting of relevant agencies and stakeholders. Any objections or issues raised with the bill at this stage would have made it difficult for the Legislative Subcommittee to pass the bill. Thus, the



foundation concentrated its efforts on preparing for that meeting, visiting the office of the members of the Healthcare Subcommittee every day to distribute documents supporting the need for legislation.

After the meeting, which proceeded without major issues, the Korea Foundation for International

Healthcare bill was finally tabled as Bill No. 172721 on September 23, 2005. At a regular session of the National Assembly on December 1, 2005, the bill was passed with overwhelming support of 201 votes in favor (7 oppositions and 11 abstentions).

As a result, the Korea International Foundation for Health and Development was no longer a private NGO, but an officially registered organization under the Ministry of Health and Welfare. The Korea Foundation for International Healthcare Act took effect three months after it was promulgated. Replacing the Korea International Foundation for Health and Development, the Korea Foundation for

International Healthcare would be officially established in the first half of 2006. In the wake of ongoing criticism that Korea made the lowest ODA contribution among OECD countries, some media groups predicted that the new legislation would raise the nation's image given that the assistance programs in partner countries would be recognized as ODA. In a media interview, then Secretary-General Kong Han-cheol stated, "The Act provides the foundation with the ability to actively respond to the increasing calls from North Korea and partner countries for exchange, cooperation, and assistance in the areas of healthcare." He also announced, "By effectively engaging businesses and private citizens in national ODA projects, we will provide professional and systematic assistance and increase healthcare ODA programs both in quantity and quality." He also added, "We will offer assistance to partner countries through KOICA under the Ministry of Foreign Affairs. We will work with the Ministry of Unification to establish an organic system of cooperation for assistance to North Korea. We will also strengthen our cooperation with private agencies. Through these combined efforts, we will fulfill our roles and responsibilities commensurate with our national standing and contribute to enhancing our nation's interests and image."

The following paragraph outlines the proposed intent of the Korea Foundation for International Healthcare Act. "As Korea is enjoying a higher international standing, there is an urgent need for the country to actively respond to the increasing calls from North Korea and partner countries for cooperation and assistance in healthcare, and to efficiently fulfill its roles and responsibilities as a member of the international community commensurate with its national power. Thus, the intent of this legislation is to establish the Korea Foundation for International Healthcare to promote healthcare assistance and friendly cooperation with North Korea and partner countries and provide an efficient system for basic healthcare assistance to overseas Koreans and migrant workers residing in Korea."

Following the passing of the Korea Foundation for International Healthcare Act on December 1, 2005, the enforcement decree was passed at a State Council meeting on March 21, 2006. The legislation took effect as of March 24 that year. Finally, a foundation was laid for Korea to actively respond to calls from North Korea and partner countries for healthcare assistance and provide healthcare services to overseas Koreans and migrant workers in line with its rising international standing. These efforts raised expectations about the increasing role that the foundation would play in these areas. Following the enforcement of the legislation, the Korea International Foundation for Health and Development, which was established in accordance with Article 32 of the Civil Law, was dissolved, giving birth to the Korea Foundation for International Healthcare (KOFIH).

Chapter
3

Laying the Groundwork for KOFIH

01

Opening of KOFIH

02

ODA Program and Performance

01 — Opening of KOFIH



Establishment of the Korea Foundation for International Healthcare

On May 8, 2006, the Committee to Establish the Korea Foundation for International Healthcare (KOFIH) was established, after which it deliberated on and passed the foundation's articles of association. The main programs of the foundation would include healthcare assistance, exchange, and cooperation for partner countries and North Korea, emergency healthcare assistance to countries hit by severe natural disasters, healthcare assistance to overseas Koreans, and healthcare assistance to migrant workers residing in Korea.

The law provided that KOFIH would have up to 15 directors, including a president and auditor, and that the president would be appointed by the ROK President following the recommendation by the Minister of Health & Welfare. On June 12, 2006, Park Jong-hwa, the minister of Kyungdong Church, was appointed as the first president of KOFIH. Park had been involved in various humanitarian assistance activities for North Korea, developing countries, and migrant workers, including provision of free

medical treatment for migrant workers, alternative schools for North Korean defectors, and educational support for children of East Timor. Park had also served as a unification advisor to former President Kim Dae-jung, and was active in his various positions in the National Unification Advisory Council, World Council of Churches, and National Council of Churches in Korea. He was also praised for his outstanding diplomatic competence, having long served as a central committee member of the World Council of Churches (WCC) in Geneva, Switzerland, where WHO is headquartered. KOFIH's articles of association were approved by the Minister of Health & Welfare on August 14, 2006 and the foundation completed its registration of incorporation on August 18, marking the beginning of its decade-long history. At its first board of directors' meeting held on September 5, 2006, KOFIH appointed Dr. Kwon, President of the board of the Korea International Foundation for Health and Development, as its honorary president. The meeting also appointed foundation director Roh Kwang-eul as its secretary general (full-time director) and made decisions on regulations governing KOFIH board of directors, personnel management, organization, salary, travel expenses, and accounting.

KOFIH directors at the time of its establishment in 2006

Classification	Name	Affiliation
Ex officio director (4)	Lee Yong-hun	Director of Policy Promotion and Management, Ministry of Health & Welfare
	Cho Yong-nam	Director-General for Social & Cultural Exchanges, Ministry of Unification
	Park Seok-beom	Director-General for International Economics, Ministry of Foreign Affairs & Trade
	Kim Heon-su	Deputy Director-General for Labor Policy, Ministry of Labor
Appointed director (6)	Baek Do-ung	General Affairs, National Council of Churches in Korea
	Ven. Pomnyun	Guiding Zen Master of Jungto Society, Chairman of the Peace Foundation
	Yoo Heung-sik	Chairman of Social & Welfare Affairs, Catholic Bishops' Conference of Korea, Bishop of Daejeon Diocese
	Im Han-jong	Honorary professor of Korea University, WHO advisor on parasitic diseases
	Cho Won-ik	Vice President, Korean Pharmaceutical Association
	Roh Kwang-eul	President, Seongnam Medical Association
Auditor	Ahn Byeong-yong	Lawyer and co-representative, Law firm Hanbit

The LEE Jong-wook Memorial Project

On May 22, 2006, KOFIH received the sad news that Dr LEE Jong-wook, the then WHO director-general who triggered the establishment of KOFIH, suddenly passed away after preparing for the World Health Assembly. In the wake of Dr LEE's passing, KOFIH decided to commemorate his great achievements by establishing the LEE Jong-wook Memorial Project (tentative name) as part of its programs to provide healthcare assistance to partner countries. To make this possible, the urgent priority was getting the necessary legislative revisions to secure the necessary budget and lay the legal basis for this project, changing the English name of the foundation to commemorate Dr LEE, and raising funds for the commemoration project.

A revision of the KOFIH Act was proposed on December 27, 2006, and passed on April 30, 2007. The revision was significant in two ways. First, it allowed KOFIH to implement a "memorial program for those who made an outstanding contribution to health promotion and disease eradication for the mankind" (Article 7 of the



KOFIH Act). Second, it provided the legal basis for national and public hospitals to transfer at no cost used medical devices to KOFIH to facilitate the foundation's medical device assistance program (Article 20 of the Act). On December 28 that year, the foundation board decided to change its English name from the Korea International Foundation for Health and Development (KIFHAD) to the Korea Foundation for International Healthcare (KOFIH) – Dr LEE Jong-wook Memorial Fund.

The Dr LEE Jong-wook Memorial Project became a key task of KOFIH. The foundation's educational programs for developing countries—such as the LEE Jong-wook Fellowship Program and the LEE Jong-wook-Seoul Project—were named after Dr LEE to highlight his outstanding achievements. Also, in May every year, WHO awards at its World Health Assembly in Geneva the Dr LEE Jong-wook Memorial Prize for Public Health to persons or institutions that have made an outstanding contribution to public health.

02 — ODA Program and Performance

KOFIH in its early days

At the end of December 2005, KOFIH was operating a fund of 11.3 billion won (4.6 billion won in cash, and 6.7 billion won worth of supplies). The 4.6 billion won cash consisted of 1.5 billion won raised in the early stages when the foundation was established, 1 billion won from the national coffers, and 2.1 billion won from other contributions. The majority of 6.7 billion won worth of supplies consisted of medications collected from the Korea Pharmaceutical Manufacturers Association and other institutions in the aftermath of the disaster in Ryongchon, North Korea, the South Asia tsunami, and the earthquakes in Pakistan. In 2005, 8.5 billion won (including 6.6 billion in supplies) of this total amount went to funding nine programs, including 5.9 billion won in overseas relief, 1.4 billion won in partner country assistance, 700 million won in the Medical Resources Center, and 500 million won in assistance to North Korea.

In 2006, KOFIH programs were worth approximately 11.7 billion won (1.53 billion won from the state). By program, the healthcare assistance for partner countries accounted for 2.2 billion won; healthcare assistance for North Korea, 5.4 billion won; and the Medical Resources Center, 1.5 billion won.

In the early days, the majority of KOFIH's programs were dedicated to cooperation (assistance to) with North Korea, owing to the inter-Korean reconciliatory mood at the time. The leading program was the modernization of the Onjeong People's Hospital. KOFIH had ties with Onjeong-ri in North Korea as it had offered 150 million won worth of medications and flour after the area was severely hit by a flood in 2006. After reaching an agreement with the North Korean authorities on the modernization of the Onjeong People's Hospital, KOFIH immediately began the project and completed it in the end of 2006. The project opened new possibilities for inter-Korean cooperation in healthcare through joint medical treatment on scores of occasions, efforts that lasted until 2009.

In 2007, KOFIH saw a significant expansion of its programs, including 5.3 billion won to assist North Korea, 3 billion won in partner country assistance, 650 million won to assist overseas Koreans and migrant workers in Korea, and 860 million won in the LEE Jong-wook memorial project and medical equipment and device support program.

In 2008, although the amount of assistance to North Korea decreased, more funds went into healthcare assistance for migrant workers, overseas emergency relief, and the LEE Jong-wook memorial project. While continuing ongoing projects of the previous year, KOFIH also became involved in some new projects, including the Arirang Nursing Home established in Uzbekistan. Based on a bilateral agreement between Korea and Uzbekistan, the government of Uzbekistan gave the Association of Korean Cultural Centers the land and building at no cost. Migrant workers hired by the Ministry of Foreign Affairs and

the Overseas Koreans Foundation built the infrastructure. The necessary equipment was purchased, and KOFIH ran the nursing home.

Expansion of Healthcare Assistance to Partner Countries

In 2009, the share of healthcare assistance for partner countries rose considerably, with assistance to North Korea diminishing by 50% over the previous year. The boost in healthcare assistance for partner countries was attributed to increased donations from the private sector. Also, maternal, neonatal and child health services were newly added that year. Given the extremely high rate of maternal death during pregnancy or childbirth in developing countries due to a lack of medical facilities and healthcare services, the foundation set out to help improve the level of healthcare services available to women and children in these countries. The first countries to receive assistance were Tanzania and Uzbekistan.

Thanks to sustained efforts to secure funding, KOFIH had a budget of approximately 18.2 billion won in 2009, more than double the amount in 2006 when it was established. The successful management of government-consigned programs led to an increase in funding from the health promotion fund and inter-Korean cooperation fund. The increase in funding can also be attributed to a rise in private sector contributions, with ties established with the Community Chest of Korea and the International Rotary Club. Despite rapidly changing inter-Korean relations during this period, the foundation worked continuously to help North Korea strengthen its healthcare capacity through active involvement in the restoration of North Korea's pharmaceutical production system and education of medical personnel. It also established and implemented plans for mid- to long-term inter-Korean cooperation in the healthcare area.

Another significant achievement of KOFIH was its active contribution to the joint efforts of the international community, in particular, aligning many of its healthcare assistance for partner nations with the United Nations Millennium Development Goals (MDGs). The foundation also expanded cooperation with relevant agencies in Korea and abroad.

(in millions of Korean won)

Classification	2006	2007	2008	2009
	ODA amount	ODA amount	ODA amount	ODA amount
Total	1,983	9,982	7,757	8,098
Healthcare assistance for partner countries	717	3,004	1,402	5,301
Healthcare assistance for North Korea	1,203	5,308	2,944	1,007
Healthcare assistance for migrant workers	-	646	1,002	313
Healthcare assistance for overseas Koreans	-	6	152	215
Emergency relief for disaster-stricken areas overseas	-	164	790	222
Dr LEE Jong-wook memorial project	-	91	245	243
Research	63	761	1,222	798

Chapter

4

Achieving Growth and Development

01

KOFIH Growth Period

02

ODA Program and Major Outcome

01 — KOFIH Growth Period

Quantitative Expansion and Qualitative Growth

On June 12, 2009, Han Kwang-soo, former President of the Seoul Medical Association, took office as the second President of KOFIH. The organization saw significant growth under the leadership of President Han, who brought along his previous experience as the acting President of, and advisor to the Korean Medical Association. Compared to the previous period when KOFIH had established a groundwork for steady growth, the period under Han's leadership was one in which the foundation achieved both quantitative expansion and qualitative growth.

With KOFIH rapidly becoming established as a specialized agency in international healthcare assistance, its budget exceeded 23.2 billion won in 2012. Not only did the scope of its activities increase, but the breadth of programs also expanded, including those in international cooperation.

Expansion of the LEE Jong-wook Memorial Project

There was further growth in the LEE Jong-wook Memorial Project. An increasing number of talented personnel from partner nations came to learn from Korea's medical knowledge and techniques. KOFIH also did not spare its support to any activities carried out by healthcare practitioners around the world to commemorate the noble spirit of Dr LEE. In 2011, which marked the fifth anniversary of Dr LEE's death, KOFIH published LEE Jong-wook, a Doctor who Embraced the World, the first book in the KOFIH children's book series. In 2012, it published a biography of Dr LEE jointly with WHO. This was the first time that WHO published a biography of its former director-general.

The foundation also strengthened training and education of healthcare personnel through the LEE Jong-wook Fellowship Program. As the program grew into a leading brand in the field of training, KOFIH became specialized in organizing healthcare training, with its budget increasing 1,200 percent from 2011 to 2013 (300 million won to 3.6 billion won).



02 — ODA Program and Major Outcome

Custom-tailored Assistance Programs

The focus of healthcare assistance to partner countries during this period was on making it more custom-tailored to local needs. KOFIH developed and implemented an assistance model based on Korea's development experience, and also provided maternal, neonatal and child health services that reflect the conditions of each country.

In 2010, KOFIH provided mobile clinic vehicles to partner countries, beginning with the Democratic Republic of Congo. The mobile clinic vehicles, equipped with medical equipment, were considerably helpful to rural residents with very little access to hospitals. In order to increase the effect of assistance, more weight was given to focused assistance for major partner countries, as opposed to sporadic, one-time assistance. The foundation also continuously and gradually supported the relevant areas of the UN MDGs and further expanded cooperation with international organizations and NGOs.

Based on such performance, KOFIH saw its ODA budget more than double in 2012 and firmly established its status and structure as a specialized ODA institution in healthcare.



Healthcare Assistance for North Korea and Overseas Koreans

Priority of assistance in North Korea was given to urgent healthcare issues such as prevention and management of contagious diseases, with a focus on preventing hepatitis B in children and the treatment of tuberculosis patients. Medication and medical supplies went to Onjeong Hospital and Clinic in the Kaesong Industrial Complex, while a digital X-ray machine was installed in the Red Cross hospital in Pyongyang.

By increasing the budget allocated to healthcare assistance for overseas Koreans, KOFIH offered healthcare assistance to a nursing home in Uzbekistan and an ethnic Korean hospital in Harbin, China. It also increased migrant workers' access to free medical services by offering mobile clinic vehicles. The foundation also strengthened education and training on overseas emergency relief and delivered relief supplies to areas struck by an earthquake in Haiti.

Statistics of Performance by Program for the Period 2006-2009

(in millions of Korean won)

Classification	2010	2011	2012
	ODA amount	ODA amount	ODA amount
Total	15,516	15,938	25,135
Healthcare assistance for partner countries	10,021	10,361	10,103
Healthcare assistance for North Korea	2,333	1,900	537
Healthcare assistance for migrant workers	285	178	318
Healthcare assistance for overseas Koreans	349	357	425
Emergency relief for disaster-stricken areas overseas	702	3,237	160
Dr LEE Jong-wook memorial project	294	344	285
Research and others	1,534	2,408	1,420

Others: Promotion and operation of the Medical Resources Center, Source: White Paper commemorating KOFIH's 5th Anniversary (2011, 2012 Program Performance Report)

Chapter
5

Rising Status as an Organization Specialized in International Healthcare Assistance

01

Strengthening of KOFIH
Organization and
Establishment of Mid- to
Long-term Development
Strategies

02

ODA Program and Major Outcome

01 — Strengthening of KOFIH Organization and Establishment of Mid- to Long-term Development Strategies

Strengthening of the Organization

On June 12, 2012, Dr LEE Soo-ku, former President of the Korean Dental Association, was appointed as the third president of KOFIH. After studying at the Seoul National University School of Dentistry and later becoming a visiting professor of Korea University in 1982, Dr LEE had been involved in a variety of healthcare positions in the National Unification Advisory Council, South-North Korean Dental Cooperation Association, Smile Charity Foundation, Campaign Office for Korean Sharing Movement, World Forum on Hansen's Disease, and Campaign Office for Healthy Society. The foundation's priority goal in this period was to revamp its internal organization.

In February 2013, the foundation reorganized its structure from eight departments to six departments for a more efficient operation. The new organizational structure would include External Projects Department conducting North Korea programs and Medical Resources Department operating Medical Resources Center located in Yangju, Gyeonggi-do, within External Cooperation Office. Development Cooperation Office was reorganized by ODA target regions into Asia Department and Africa & Latin America Department.

Following several subsequent changes and improvements in 2016, KOFIH's current organization is comprised of one office, three departments, and 10 teams—Strategy and Planning Office (Planning Coordination Team, Strategy Development Team), Development Cooperation Department (Asia Team, Africa & Latin America Team), Operation Support Department (Management Support Team, General Affairs Team), External Cooperation Department (Medical Resources Team, External Projects Team, Dr LEE Jong-wook Fellowship Team), and Evaluation and Audit Team.

On April 27, 2013, the foundation moved its offices to the sixth and seventh floors of the JEI building (6 Eulji-ro, Jung-gu, Seoul), which is its current address.

Establishment of Mid- to Long-term Development Strategies

Though KOFIH had created a mission and vision statement in 2007, it needed a new mid- to long-term development strategy owing to changes in the ODA environment both at home and abroad and in the pursuit of new projects. It was particularly important to establish management strategies in response to public institution advancement policy, efficient management policy, and management evaluation and to prepare a strategic management system that allows project activities to produce better performance.

Thus, in 2012, KOFIH created a new vision and strategies for the foundation with the Korean Association for Public Administration and the four goals were established: strengthening the healthcare system in partner countries; implementing sustainable, integrated maternal, neonatal and child health projects; providing technical assistance on policy and governance that reflects the needs of partner countries; and supporting building healthcare infrastructure to promote cooperation with partner countries. The foundation set a mission “building a world free of diseases and a healthy global village together with people” and a vision “a key institution specialized in international healthcare that meets the needs of partner countries and realizes the principles of humanitarianism.” The strategic goals are to lead policies in international healthcare, be the center of the international healthcare network, strengthen the fostering of human resources in international healthcare, and build a creative organization led by the passion to help others.

Ihn Yohan (John A. Linton), KOFIH’s 4th President

Dr. Ihn Yohan (John A. Linton, concurrently the Director of the International Health Care Center of Severance Hospital) was inaugurated as fourth President amid changing global environment. Therefore, there was a call for new consensual management strategies to properly respond to the changes. A workshop was held to draw a vision system and a task force (Planning & Coordination TF) was formed to develop mid- to long-term management strategies. A new mission “Promoting international cooperation and practicing humanitarian values by providing healthcare support to partner countries, North Korea, overseas Koreans and migrant workers” was set based on the founding objectives; a new vision was declared as “Global partner towards healthcare improvement” and five core values (knowledge, ownership, future, innovation, humanity) were developed to achieve it. Details of the mission, vision and core values will be described in Chapter 8 (the Trodden Path and the Way Ahead).



02 — ODA Program and Major Outcome

ODA Programs Closer to Partner Countries

KOFIH gained a comparative advantage as a special ODA agency, receiving the highest marks (very outstanding) in ten of the 11 evaluation items in the 2013 healthcare evaluation organized by the Prime Minister's Office (in January 2014). Thus, it strengthened its position as an agency leading public policy in international healthcare. KOFIH made a quantitative expansion in terms of ODA size, and also achieved qualitative growth through increased transparency. In 2014, it increased the number of countries receiving maternal, neonatal and child health services from five (Laos, Cambodia, Bolivia, South Sudan, and Ghana) to six (Ethiopia added); and this number rose to seven in 2015 (Myanmar added). While sharing Korea's ODA development experience with Ghana and Ethiopia, the foundation also established cooperative programs between the two countries. It also made ODA management system closer to partner countries by managing a local resources pool and opening overseas offices.

KOFIH will also work to establish partnership to meet the diversified assistance needs under the new development paradigm, the United Nations Sustainable Development Goals (SDGs). The SDGs, which follow the United Nations Millennium Development Goals (MDGs), are the goals that all countries will jointly work to achieve from the year 2016 to 2030.

The foundation also expanded collaboration with various private organizations, Community Chest of Korea, and Korea Export-Import Bank, while further increasing external cooperation through the Health Insurance Policy Cooperation Task Force jointly created with the National Health Insurance Service and Health Insurance Review & Assessment Service.

Various Healthcare Assistance Programs

The LEE Jong-wook Fellowship Program grew to be a leading invitational training program for partner countries in Korea. The various opportunities that the program offers, including orientation training, local consulting, mentorship, and post-management services, have helped considerably enhance program effectiveness. In 2016, mid- to long-term training and educational programs are offered in five different courses—for professors, clinical doctors, clinical nurses, diseases research specialists, and health administrators—for 64 trainees from 12 countries.

There have also been sustained healthcare assistance programs for North Korea. KOFIH helped improve the overall healthcare environment in the Kaesong Industrial Complex by helping the north set up a

clinic. Basic medications were granted to a tuberculosis and hepatitis clinic in Rason. A mid- to long-term plan to manage and support TB control in North Korea was established. Assistance focused on maternal, neonatal, and child healthcare services including immunization against measles and rubella (MR) for North Korean children ages nine months-14 years (2,450,000 children) and the provision of 10,000 seroprotection diagnosis kits.

Healthcare assistance programs for overseas Koreans have also been expanded. KOFIH continued to manage Arirang Nursing Home for elderly ethnic Koreans living alone in Uzbekistan, while launching new healthcare programs for overseas Koreans in Russia (Primorsky Krai) and Korean workers who moved to Germany under a guest worker program. To increase migrant workers' access to healthcare services, the foundation expanded donations of mobile clinic vehicles (service areas: vision and dental care, ear, nose, and throat care, obstetrics and gynecology, and X-ray).



KOFIH also worked to support quality medical supplies, transfer advanced biomedical technologies, and ensure an increased usage of medical equipment. In 2015, it granted medication worth 550 million won on 119 separate occasions to 70 organizations including the Institute of Asian Culture & Development, as well as medical equipment (ultrasound diagnostic unit, dental equipment) on 14 occasions to 11 organizations. In the same year, it invited 24 technicians from eight countries (Uzbekistan, Sri Lanka, Tanzania, Laos, the Philippines, Vietnam, Zambia, and Ethiopia) for training and education in biomedical technology in Korea. A four-week local training was organized for 82 biomedical engineers in Tanzania and Laos.



Program Performance Statistics for the Period 2013-2015

(in millions of Korean won)

Classification	2013	2014	2015
	ODA amount	ODA amount	ODA amount
Total	20,642	16,753	20,901
Healthcare assistance for partner countries	17,136	11,683	14,687
Healthcare assistance for North Korea	304	555	3,528
Healthcare assistance for migrant workers	413	1,751	294
Healthcare assistance for overseas Koreans	565	469	428
Emergency relief for disaster-stricken areas overseas	286	325	86
LEE Jong-wook memorial project	256	222	273
Research and others	1,685	1,780	1,781

Others: Promotion and operation of the Medical Resources Center, Source: 2013-2015 Program Performance Report

Chapter

6

Healthcare Assistance Programs for Partner Countries

01

Healthcare Assistance in Asia

02

Healthcare Assistance in Africa
and Latin America

03

Dr LEE Jong-wook Fellowship
Program

01 — Healthcare Assistance in Asia



Lao People's Democratic Republic

Following the joint planning efforts with WHO from 2009, KOFIH provided health services to approximately 560,000 residents of Xieng Khouang and Huaphanh in Laos from March 2010 as part of the Integrated Package of Maternal, Neonatal and Child Health Services (2009-2015). As a result, an increasing number of people received these services in these areas. The number of deliveries assisted by trained personnel (SBA) nearly tripled from 2,890 in 2009 to 8,042 in 2015 during the program period (2009-2015). In 2014, with the WHO transferring the control of the program to KOFIH, the rate of the foundation's direct involvement rose from 50% to 89% over the previous year. From 2015, KOFIH reinforced direct monitoring by deploying a healthcare specialist to the local area. A financial specialist was locally hired to support the management of the funds of the Lao Ministry of Health.

From 2007 to 2011, KOFIH ran a five-year parasite control program in Laos. Launched in 2007 with a budget of 260 million won, the program was expanded to include tests and administration of parasiticide to 10,000 residents in 18 villages, 6 counties in Savannakhet in 2008. In 2009, a parasite infection rate survey was conducted on 860 people in 16 villages in nine regions of Khammouane (high-risk area survey), along with ultrasound and clinical tests for early diagnosis for cholangioma, and administration of parasiticide to residents in high-risk areas. In 2010, medical services to treat parasite diseases were offered to about 4,000 residents along the Nam Ngum River in the vicinity of Khong

Island and Vientiane, Champasak Province, together with technical training of medical personnel. In 2011, an epidemiological survey and parasitological examination were conducted to determine the type and distribution of prevalent parasites, while parasiticide and ultrasound services were offered. From December 2012 to November 2013, KOFIH managed a program to control *opisthorchis viverrini* (OV, a type of parasite) among elementary school children in Savannakhet, in conjunction with Laos' parasite control program.

Despite having a large number of cleft lip and palate patients, Laos did not have an environment conducive to treatment. At the request of the Lao Ministry of Health to help treat cleft lips and palates, KOFIH sent three plastic surgeons and two nurses from July 5 to 13, 2008 and treated 17 cleft lip patients, eight cleft palate patients, and three others in cooperation with the medical staff of the Oudomxay Provincial Hospital.

From December 2008 to April 2009, the foundation immunized at least 90 percent of all target children against polio with two additional doses of oral polio vaccine. Based on the initial available resources, such as vaccination fund and operation cost, 59 major districts were selected in twelve provinces, with the first vaccination taking place in December 2008. In the second vaccination campaign in February 2009, 319,989 children under age five were vaccinated.

In 2015, KOFIH cooperated with the Community Chest of Korea to assist designated clinics in Laos improve the healthcare system. The purpose of this program is to build and strengthen the healthcare delivery system through designated clinics.

In cooperation with the Community Chest of Korea, KOFIH also engaged in assisting Lao people with disabilities. The program, which provides assistance in terms of facilities and equipment in partner countries, is designed to help rehabilitate people so they can become self-supporting. In Laos, the program was managed in Vientiane to help disability-related institutions and people with disabilities.

Kingdom of Cambodia

As part of the midwife capacity building program, KOFIH funded the construction of a new Midwifery Training Center and donated training tools and materials. Textbooks and practice training were offered to 420 students from seven provinces. Training was also offered to teachers. The foundation is also involved in improving the health of Cambodian women and children by providing integrated maternal, neonatal and child health services.

From 2012 to 2015, KOFIH was involved in community activities in five operational districts in the Battambang region, strengthening the health information system of the health centers, training health extension workers, conducting outreach services, and providing nutritional support. It built a maternity



ward in the Maung Russey Referral Hospital and improved infrastructure by funding the renovation of 15 health centers. It also donated transport vehicles for emergency patients (including tuk tuk, motor boat, and ambulance) and spared no efforts to financially support the poor.

It also worked to raise public awareness in the local communities by facilitating the use of healthcare services by mothers and children and organizing education on vaccination via community health workers (held village health forums 36 times). The foundation collected maternal, neonatal, and child health statistics via community health workers (878 persons) and funded education of local residents. Efforts were also made in home visit services by health center staff (99 visits) and funding given to the poor class to pay for their deliveries (5,239 cases). These efforts resulted in a higher rate of maternal and child healthcare service usage and the establishment of an emergency medical system for safe deliveries.

Uzbekistan

The first program that KOFIH managed in Uzbekistan, where children diseases are prevalent, was the modernization of the Urta Chirchiq Children Hospital near Tashkent, the capital city of Uzbekistan. Following a request for assistance from the Uzbekistan government, the foundation signed an agreement on the occasion of the Uzbekistani President's visit to Korea in March 2005 and the program was set to go in 2006 with the support of the Community Chest of Korea. Renovation work began with a



total investment of 560 million won to turn the hospital into a modern one with two floors (total surface of 2,000 square meters) and 60 beds in patient rooms, ICU, and clinical test rooms. The project was completed in 2007.

KOFIH also funded the renovation of the Medical Social Center in downtown Tashkent, granted medical equipment and devices, and organized educational programs. Run by the Soglom Avlod Uchun Foundation, the Medical Social Center was housed in a decrepit building about 30 years old and thus was in a difficult condition to perform its functions. KOFIH's healthcare assistance began in 2009 to promote the health of women and children and prevent congenital disability in newborns, and the Medical Social Center was re-opened in February 2011.

The program to build a designated hospital for congenital heart surgeries in Uzbekistan began with KOFIH's offering of consulting services in 2011. The foundation offered consulting on a heart surgery center in the country as part of an aid program of the EDCF and the Uzbekistan Ministry of Health. Subsequently in 2015, KOFIH offered frequent consultations for every preparatory phase of the hospital construction, and organized seminars for the Uzbekistani hospital construction group and specialists (three times, 120 persons) and short-term training of Uzbekistani healthcare and administrative personnel in Korea (three times, 15 persons).

In cooperation with the Community Chest of Korea, KOFIH implemented the Uzbekistan smart medical examination in 2015. Residents of Karakalpakstan near the Aral Sea (autonomous Nukus region residents) received basic health checks and a health data system was established using smart mobile

medical examination vehicles and testing equipment.

In 2015, KOFIH in cooperation with the Community Chest of Korea launched a hospital construction project to establish a surgical center for eyesight recovery in Uzbekistan. Designed to house ophthalmology-related medical personnel and patients from Nukus (autonomous republic of Karakalpakstan), the project was managed by a designated agency. That year, the foundation, also jointly with the Community Chest of Korea, managed programs to assist people with disabilities. The program was commissioned to a specialized agency to provide assistance to disability-related institutions and people with disabilities in Tashkent.



Democratic Socialist Republic of Sri Lanka

As a follow-up to its emergency medical assistance team sent to South Asia in the aftermath of the tsunami in December 2004, KOFIH decided to build an emergency medical center in the Avissawella region of Sri Lanka. Construction began in 2006 and a dedication ceremony was held in March 2009.

In October 2009, after the construction was completed, the foundation granted medical supplies and sent a volunteer medical team to perform surgery on cleft lip and palate patients. KOFIH also received request for assistance from the Sri Lankan health authorities to build an emergency medical system to respond to possible natural disasters in the future and reduce the mortality rate of emergency patients in Tangalle, a major town in the southern region that was hit by the tsunami. Construction began in

2010 and was completed in December 2012.

As part of public-private partnership, KOFIH has, since 2013, worked with the Department of Information and Communications Engineering of Inje University to support the Avissawella regional hospital in operating its medical information system, while donating PCU equipment for post management. In 2015, KOFIH supported the operation of the medical information system of the Avissawella regional hospital and PCU equipment. It also trained 32 local personnel of the Tangalle regional hospital in emergency medical services. These efforts strengthened the competence of PCU staff and local personnel, while leading to better functioning PCU. Emergency medical knowledge and techniques were also transferred to the local staff, such as advanced cardiovascular life support and basic life support.



Philippines

From 2013 to 2015, KOFIH was, in cooperation with the Community Chest of Korea, engaged in the construction of a hospital for ophthalmological surgery in the Philippines. This program, managed by a designated agency, was created as a center for ophthalmology-related medical personnel to serve patients in the Tondo region.

Moreover, since 2012, the foundation has worked to bolster the nation's capacity to control tuberculosis as part of its plan to "assist the Philippines' execution of its mid- to long-term action plan to control tuberculosis through education of supervising personnel and strengthening its ability to identify

and treat patients.” This program, which targeted personnel working in TB control as well as about one million Palawan residents, included enhancing the system for patient identification, bolstering technical expertise, strengthening the government’s TB control competence, and controlling TB in local communities through agreements with local private organizations.



Socialist Republic of Vietnam

In 2015, KOFIH was involved in Vietnam to keep hospital medical equipment and devices in working operation by helping improve the technical skills in equipment maintenance and repair, and to post-manage medical equipment and devices.

These efforts were made in Dak Nong Provincial General Hospital to account for and inspect the total number of medical equipment and devices, and to maintain and repair them, and in Lai Chau Provincial General Hospital to establish a system for the operation and management of medical equipment and devices. At Dak Nong Provincial General Hospital, 1,905 items among 189 types of equipment and devices were inspected, along with maintenance and repair. On two occasions, KOFIH commissioned the Korea Medical Devices Industry Association to train four biomedical technicians on the use and management of equipment. The program to establish a system for the operation and management of medical equipment and devices at Lai Chau Provincial General Hospital is being managed in phases as part of a four-year assistance program from 2015 to 2018.



Republic of the Union of Myanmar

Since 2014, KOFIH has implemented a project to strengthen the primary healthcare system of Myanmar. This program, which would benefit about 270,000 residents of the Hlegu Township in the Yangon region, was designed to improve primary healthcare services by strengthening the healthcare system. That year, Myanmar health officials took the lead in establishing a project plan, and an agreement was signed in November, followed by an international forum. The program consisted of revitalizing a community health committee by improving environmental hygiene for drinking water, etc., education of primary health personnel for quality healthcare services, donation of vehicles and equipment for providing quality medical services, and assistance to strengthen the government's ability to manage the primary healthcare system.

In cooperation with the Community Chest of Korea, KOFIH implemented the Myanmar smart medical examination in 2015. Basic health checks of residents were offered and health data established using mobile medical examination vehicles and equipment. A total of 68 smart mobile medical examination equipment of 23 types were supplied along with five special medical personnel. They provided advice on what items to examine during check-ups and operation of medical equipment, thereby improved the local mobile medical examination system.



Mongolia

In 2015, KOFIH offered programs to foster personnel who will operate and manage the nuclear medical facilities at the National Diagnostic and Treatment Center in Mongolia.

In the same year, the foundation, together with the Community Chest of Korea, managed programs to assist people with disabilities. The program was commissioned to a specialized agency in Mongolia to provide assistance to disability-related institutions and people with disabilities in Ulaanbaatar. The program, which provides assistance in terms of facilities, equipment, and educational services in partner countries, is designed to help rehabilitate people so that they can become self-supporting. In Mongolia, the program is focused on education and rehabilitation of the disabled.

Other Countries in Asia

In 2012, KOFIH managed programs in China to strengthen the capacity of medical personnel in maternal, neonatal, and child health and to improve access to relevant information in the Yanbian region. This program, which benefited women of childbearing age in the Yanbian Korean autonomous prefecture, included workshops for maternal and pediatric health policymakers, training of personnel working at the Mother and Child Health Center, publication and distribution of information leaflets on the health of mothers and children, and creation and operation of a related website.

In 2015, the foundation, together with the Community Chest of Korea, implemented programs to assist



people with disabilities. The program, managed by a delegated agency, provides assistance to institutions caring for the disabled in the Bishkek region. The program, which provides assistance in terms of facilities, equipment, and educational services in partner countries, is designed to help rehabilitate people so that they can become self-supporting. In the Kyrgyz Republic, the program is focused on education and rehabilitation of the disabled.

KOFIH, best projects provider



Professor Anvar Alimov



Minister of Health, Republic of Uzbekistan

I am delighted to offer my warmest greetings and congratulations to the Korea Foundation for International Healthcare (KOFIH) on your 10th Anniversary.

As a Minister of Health of the Republic of Uzbekistan celebrating milestones with community health organizations, such as yours, is one of the pleasant tasks

I have. Your organizations tireless efforts on behalf of the Korean MOH&W are recognized and deeply appreciated all those who have benefited from your many endeavors.

KOFIH has always been on the top of the list of our partners in improving healthcare in our country. For the last 10 years KOFIH has achieved tremendous growth and have built eminent goodwill in the world community. KOFIH has always tried to provide the best projects and assistance to the needed countries. It's our pleasure that we are working with you for many years and we have always found fruitful results in our work experience.

A number of projects are being implemented in Uzbekistan with partnership with KOFIH. In particular, children's hospital in Urta Chirchiq district of Tashkent region was completely reconstructed with the assistance of KOFIH. Other projects as "Capacity strengthening for non-communicable disease control", "Capacity strengthening for surgical correction of certain congenital anomalies", "Hospital management technical assistance for the 21st century Uzbekistan-Korea friendship children's hospital project" have shown dedication of KOFIH to improve healthcare in developing countries. Thousands of Uzbek people, hundreds of Uzbek healthcare have already benefited from the listed above projects.

Congratulations from all of healthcare staff of the Republic of Uzbekistan for your wonderful journey of 10 years of success and we hope the same for the future also. We hope KOFIH reaches to new heights in the coming years.



KOFIH, public health development partner

◆ Mr. Bounxay NOUANTHASIM, MD.MPH

◆ **XKH PHO Director, Laos**

In occasion of the celebration of 10 year anniversary of KOFIH, on behalf of all the staffs in Xieng Khouang(XKH) Public Health Office(PHO) and people in XKH province, I congratulate KOFIH for 10 year anniversary. I also offer congratulations to your previous project implementation and the achievement in the past 10 years as XKH is also one of the provinces received contribution from KOFIH from 2010 until now.

KOFIH's activities, which have been implemented in XKH, are following 8 major plans of Ministry Of Health(MoH), Lao PDR and suitable to real situations of XKH people. KOFIH has been cooperating to develop public health, which has a huge benefit to prevent diseases, and healthcare promotion for XK people, particularly mother and child healthcare by supporting construction, medical equipments, human resources development and others. Currently health network in each level has expanded, MCH service utilization rate in health facilities has increased each year and morbidity and mortality rates of mother and child have decreased. As a result, standard of living has improved.

At this meaningful and honorable occasion, I would like to appreciate KOFIH and people in the Republic of Korea for what they have contributed to XKH in the past years. I wish President of KOFIH and all the staffs stay healthy and are successful in their work. I also hope that KOFIH will continue to support XKH in the future.



KOFIH's projects keep growing and prosperous endlessly



Dr.Thongbay SAVYSOUK



HP PHO Deputy Director, Laos

Dear President of KOFIH

Congratulation to KOFIH of Republic of Korea for 10 year anniversary. I personally and on behalf of Huaphan(HP) Public Health Office(PHO) leadership and people in HP province sincerely celebrate this.

KOFIH has been working hard to help poor people in provinces of Lao PDR. HP is one of the provinces that KOFIH has focused on to improve mother and child health by contributing budget, workforce and others according to National MCH plan. Thanks to support of KOFIH, MCH service accessibility has increased and maternal and child death mortality rates considered as standards of a better life have decreased in HP. Therefore, I highly appreciate your support and cooperation.

We wish KOFIH and people in the Republic of Korea achieve great success in all the missions and KOFIH's projects keep growing and prosperous endlessly. Based on friendship between Lao PDR and the Republic of Korea, I believe that KOFIH will continue its commitment to improve mother and child health in Lao PDR to achieve SDGs.



KOFIH, public health and environmental sanitation supporter

◆ Village tract leader

◆ **Wah-Yone-Soon village tract, Hle Gu Township, Myanmar**

I am a village leader of Wah-Yone-Soon village tract, Hle Gu Township.

Firstly, I heard and see that KOFIH is supporting in Hle Gu Township by means of construction of RHC and SRHC in villages, vehicles to Township Health Department, necessary training for BHS, transportation allowance to BHS, medical equipment to RHC, fly-proof latrines, deep tube wells, pond fencing for villages, etc. So, firstly, I would like to say thank you so much on behalf of the community of Hle Gu Township.

Previously, our Kha-Yein village under Wah-Yone-Soon village tract always faces the problem of limited water supply yearly. Recently, KOFIH supported digging of two deep tube wells together with compressor and engines and fly-proof latrines in the village. So, now the villagers obtained the benefits of accessing clean water easily and abundantly, preventing the water borne diseases, developed living standard, increased health knowledge and finally unity of the villagers.

Besides, KOFIH conducted health education sessions and now the villagers gained knowledge on using fly-proof latrine, practicing four cleaning methods, hand washing, using clean water and preventing communicable diseases.

By conclude, according to taking above benefits to our village, I cordially would like to say thank to KOFIH organization and staff on behalf of all villagers.

Best Regards,

A time of my life



JERUSA MACABUTAS DAMASCO



Palawan State University, Philippines

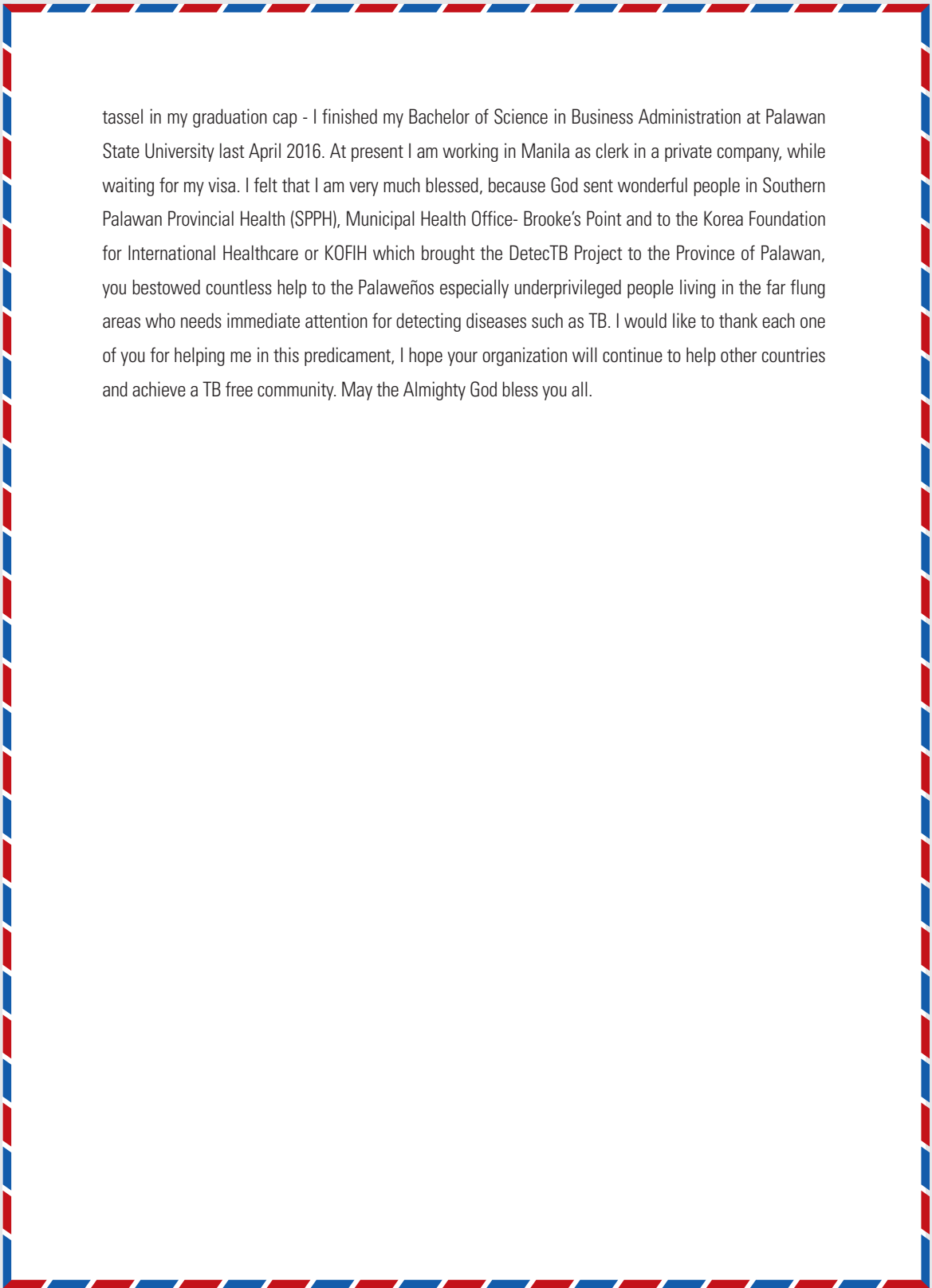
As graduating student, having all the examinations and hardship hurdled over the past four academic years and having a bright future full opportunities and success laid out in front your eyes, how unfortunate it is to be diagnosed with Tuberculosis. A disease that will hamper my youth, dreams and probably my life – it shattered my 21 year old self into pieces after I received the news and I cannot really believe it as it will definitely affect everything.

I am JERUSA MACABUTAS DAMASCO. I was born on the 12th of December, 1994. Two weeks prior to my admission on the 20th of June, 2015 I experienced intermittent fever with coughs and blood streaked-sputum. Having this condition, my mother immediately accompanied me to the Southern Palawan Provincial Hospital to seek medical advice and help. I was so depressed then, over thinking what illness I have together with financial matters that my mother will pay in the hospital – when the result of my chest x-ray and sputum came out, it turns to be positive, and that I have tuberculosis. I had a lot of anxieties, but because of the emotional support of my family, especially, my mother everything became a bit bearable. Everyone gave me a strong anticipation to be cured and be back the normal life that I once had.

I was referred to Municipal Health Office (MHO)-Brooke's to avail the complete treatment for tuberculosis. As instructed by MHO Nurse, I took the medications religiously in high hope to be treated in soonest time even though I had a hard time taking in every pill. My agony did not end in taking medications as I also experienced social stigma among my closest friends and classmates. But through the help of other support groups and SPPH DetecTB team's encouraging words that I will be fine after six months made me realized that everything will be okay and I will be able to continue and reach my dreams.

After six months I am completely cured and successfully walked in the aisle, my head up with a daggling





tassel in my graduation cap - I finished my Bachelor of Science in Business Administration at Palawan State University last April 2016. At present I am working in Manila as clerk in a private company, while waiting for my visa. I felt that I am very much blessed, because God sent wonderful people in Southern Palawan Provincial Health (SPPH), Municipal Health Office- Brooke's Point and to the Korea Foundation for International Healthcare or KOFIH which brought the DetectTB Project to the Province of Palawan, you bestowed countless help to the Palaweños especially underprivileged people living in the far flung areas who needs immediate attention for detecting diseases such as TB. I would like to thank each one of you for helping me in this predicament, I hope your organization will continue to help other countries and achieve a TB free community. May the Almighty God bless you all.

02 — Healthcare Assistance in Africa and Latin America



Republic of Ghana

Since 2013, KOFIH has managed programs to promote maternal and child health and improve the health insurance system in Ghana. To promote maternal, neonatal, and child health, the foundation conducted a survey through program development workshops (April-September) in 2013. Launched in 2014, the program offered assistance with the operation of medical facilities, equipment and devices to strengthen the competence of the health authorities in Volta, supported the activities of the health authorities in four program beneficiary regions, renovated health centers, and strengthened the capacity of midwife schools. In October 2014, a large-scale opening ceremony was held where the directions and objectives of KOFIH's program were communicated to local residents and an MOU was signed between the Ghana health insurance agency and KOFIH for cooperation to improve the health insurance system. In December, KOFIH organized a health insurance policy cooperation workshop for the African region to discuss ways for multilateral cooperation.

In 2014, KOFIH jointly with the Hyundai Motors, a private company, organized rotational mobile medical treatment in Ghana, Ethiopia, Rwanda, and DR Congo. Follow-up support of mobile vehicles and repair and maintenance of mobile medical equipment were also offered.



Federal Democratic Republic of Ethiopia

In 2014, KOFIH implemented integrated maternal, neonatal and child health services and cooperative programs to improve the health insurance system of Ethiopia for Jimma University and the Ethiopian Health Insurance Agency, respectively. The programs largely consisted of three areas, which are capacity building of personnel in maternal and children healthcare, capacity building of the Ethiopian Health Insurance Agency and support of universal healthcare, revitalization of Jimma University Hospital through hospital operation consulting services.

In 2015, the foundation managed a program to build and strengthen a system to efficiently manage and operate medical equipment and devices in Ethiopia.

That same year, it funded the renovation of the medical engineering workshops of Saint Paul Hospital and Jimma Hospital. As a follow-up, the foundation will provide measuring machines and repair tools for the maintenance and repair of medical equipment and devices.

In 2015, KOFIH also worked with the Community Chest of Korea to construct a hospital for heart surgeries. This effort was designed to help the country build capacity to manage congenital heart surgeries. Eleven local specialists capable of performing heart surgeries were invited to Korea for training and 172 patients with a heart disease were offered medical treatment services. KOFIH also funded surgical instruments and helped improve facilities.



United Republic of Tanzania

Since its involvement in efforts to control parasites among elementary school students and improve the health of children in Zanzibar, Tanzania in February 2007, KOFIH revisits the area in February every year. As a result, until 2009, parasite control activities had been conducted for three years on four separate occasions. The program, which was based on a memorandum of understanding signed between KOFIH and the Minister of Health and Social Welfare of Zanzibar, was implemented as part of projects to commemorate Dr LEE Jong-wook and thus drew considerable interest from diverse sectors and organizations including WHO.

As part of efforts to reduce the maternal mortality rate in Pwani, KOFIH opened the Tumbi-Rotary Mother and Child Health Center in February 2011. This construction project began in 2008 when KOFIH and the Rotary Club of Korea agreed to act upon the “famine and disease control program for children of the global community” undertaken by the International Rotary Club in cooperation with the Community Chest of Korea. Subsequently, the Tumbi Hospital in Kibaha Education Centre, was selected as the program beneficiary, and approximately 1.8 billion won of fund was secured by KOFIH through the Community Chest of Korea, and the Rotary Club of Korea through KOICA, and International Rotary Club. With this fund, KOFIH began renovating existing facilities and constructed new buildings for the Tumbi Hospital. After one year and four months of construction, the Tumbi-Rotary Mother and Child Health Center was re-opened in a two-story building spanning 630 square meters, equipped with digital

X-ray machines and some other 1,100 medical equipment and devices. The center has since continued to receive assistance.

In an effort to improve maternal, neonatal, and child healthcare services in Tanzania through consulting, KOFIH solicited the assistance of the Graduate School of Public Health, Yonsei University to provide consulting to the Mother and Child Health Center of Tanzania.

Also, in an effort to build the capacity of the local medical personnel and improve the public health environment of local communities of the Kibaha region, KOFIH managed a program to improve health within schools of Tanzania from 2013 with funding from the Community Chest of Korea.

In 2015, KOFIH in cooperation with the Community Chest of Korea managed a program to build a designated hospital for eyesight recovery operations in Tanzania. The program consisted of cataract surgeries and medical supplies, education and training of the ophthalmology medical team, outpatient eye disease treatment and eyesight recovery operations, and supplies and educational materials for local residents for eye disease prevention.

Since 2013, KOFIH has been engaged in the “construction and operation of medical facilities in Tanzania,” which is designed to provide support to Korea Eximbank (EDCF) with the construction and establish a hospital operation plan. The program mostly consisted of offering consulting on the organizational structure, personnel recruitment plans, and other aspects of hospital management as it involved building a hospital within the Muhimbili University of Health and Allied Sciences (MUHAS) in Mloganzila, Dar es Salaam, and the university had no previous experience in operating a hospital.



Republic of Mozambique

In Mozambique, KOFIH's work consisted of assisting in the preparations for opening a new hospital, establishing a plan of operation, and assisting with the post-management of medical equipment and devices. In May 2015, it signed a memorandum of understanding with the Ministry of Health of Mozambique to go ahead with this program. In June, it completed second-year consultations on hospital management; in September, a contract was signed for long-term consulting into the third and fourth years. Subsequently, a plan was established to recruit personnel, and members of the hospital staff were invited to Korea for a workshop. Apart from inviting one medical information system expert enrolled in the master's degree program to train in Korea, the foundation also completed its consultation with the Ministry of Health and the Hospital Operation Committee regarding personnel recruitment and operations, financial planning, and plans for the procurement of medical equipment, devices and supplies.

This program enjoyed greater efficiency thanks to the organic collaboration with the Export-Import Bank of Korea (EDCF), while raising awareness of the need for preparatory work to be done by the Project Management Unit of the Quelimane Central Hospital. KOFIH will continue to offer education, training, and consultation to ensure that the hospital is run professionally and systematically.

Republic of Bolivia

For the first time in the Central and South American region, KOFIH worked with UNICEF to improve maternal, neonatal, and child health in three health networks in Cochabamba and seven self-governing cities. In 2013, it conducted a preliminary survey prior to developing a detailed management plan for the health insurance policy cooperation program, which consists of building the capacity of medical personnel, supporting enhanced work skills, improving facilities by funding essential medical equipment and devices, and inviting key members of the Ministry of Health to a workshop in Korea. The practical training of the Capacity Development Center (CDC) helped significantly improve the capacity of working-level personnel. The foundation also shared its risk management experience by providing training in female reproductive assessment (measurement of risk factors during delivery, as well as progress and results). Thanks to the programs, many more deliveries were assisted by skilled birth attendants (SBAs).

Republic of South Sudan

Since 2013, KOFIH has offered maternal, neonatal, and child healthcare programs to South Sudan in support of the country's implementation of its Health Sector Development Plan (2012-2016). In 2013, it focused its efforts on fostering midwives and other healthcare workers. In 2014, the foundation worked to develop human resources through custom-tailored education and training for different types of birth attendants, while implementing a tuberculosis control program. The foundation offered the National Standard TB Lab training on how to maintain essential equipment and sent TB workers to Uganda to build the capacity of local TB workers through training and mentoring.





Democratic Republic of the Congo

In 2010, KOFIH donated 15 mobile clinic vehicles to the Democratic Republic of the Congo (DR Congo), whose national healthcare system had collapsed following many years of conflict. The foundation began sending ODA to DR Congo after the country requested assistance from the Korean government to improve its primary healthcare system in 2009. The donation of vehicles was preceded by three-month training in Korea of ten medical personnel from the DR Congo as part of the LEE Jong-wook Fellowship Program. In 2013, KOFIH built an emergency medical hotline system utilizing the pre-donated vehicles while training the personnel. It also assisted the local Ministry of Health in operating an emergency disaster system. In 2014, KOFIH continued to offer follow-up service for the mobile clinic vehicles.

Eritrea

For four years from 2004, KOFIH was involved in the modernization of the Godaif Health Center located in a slum area of Asmera to transform it into a local hospital. This project was designed to expand hospital facilities and provide medical devices and supplies. To expand the facilities, the existing old facilities were renovated, and new ones were added, including an X-ray department, operation room and delivery room, while improving utilities such as water and electricity.

The medical treatment equipment and supplies that were donated helped improve the quality of

healthcare services in the local community. The capacity of the beneficiary institution was also strengthened through development of local workers and improved healthcare infrastructure. Local residents enjoyed a higher level of healthcare services through disease control and prevention measures. The sustainability of ODA effects was further reinforced by encouraging the beneficiary government to secure more personnel. The project in Eritrea is also significant in that it helped build a bridgehead for strengthened healthcare diplomacy in the African region.



Federal Republic of Nigeria

Since 2013, KOFIH has been engaged in the Polio Eradication Initiative in Nigeria jointly with the Community Chest of Korea. In 2013, it tracked the geographic distribution of poliovirus through data and epidemiologic analysis. It trained the central and provincial governments, and hospital staff while building a monitoring system for acute flaccid paralysis. It also provided training and education for 1,172 disease surveillance and notification officers (DSNOs) and medical personnel from 36 states of Nigeria. In 2015, it trained 801 DSNOs and 571 assistants. In view of building a polio monitoring system, it offered assistance to establish the necessary infrastructure in the relevant states and labs. It also strengthened monitoring activities to enhance performance. These efforts resulted in enhanced disease monitoring and helped local DSNOs better understand the local epidemiologic conditions and make increased use of data.

My experience with KOFIH and South Korea

◆ Nicholas Nyagblornu

◆ Ghana Health Service

In early 2014 when Dr. Afisah Zakariah (Acting Chief Director who was then the Director for PPME¹ of the Ministry of Health) called to inform me about her decision to assign me as the coordinator for KOFIH Projects. For me, this was not one of those ordinary opportunities; it was a challenge to justify the trust of my Director having been told that the project was taking too long to kick off.



That was my first time of hearing about KOFIH and I needed to prepare for the first meeting with KOFIH Ghana Representative (Dr. Yang DongHoon Lee) and his Assistant (Ms. Shinye Lee) that very day. I was surprised by the amount of information my online search on KOFIH yielded. That was an awesome opportunity to be inspired by the invaluable contributions of Dr LEE Jong Wook to Global Health; his passion, dedication and love for his work isn't just encouraging, it is infectious. Having been inspired, I also got all relevant information about KOFIH, what the foundation stands for, its current projects and beneficiary countries.

Meeting my KOFIH colleagues for the very first time was remarkable and easy for me to catch up with the project. A very smart team to work with! Dr. Yang and Ms. Shinye were well prepared, very organized and had up to date documentation on KOFIH activities in Ghana. With series of meetings and correspondences we got the project kicked off in the Volta Region with official media launching on 7th October 2014. KOFIH Projects in Ghana have three main components; 1. Maternal, Neonatal and Child Health Project, 2. Health Insurance Policy Cooperation and 3. Dr LEE Jong Wook Fellowship Program.

To date, KOFIH has provided funding for the refurbishment of 24 health facilities (including hospitals maternity wards, health centers, CHPS compounds, and housing units for critical staff) and procurement of medical and laboratory equipment (such as fully automated chemistry Analyzer, Autoclaves,

*1. Policy, Planning, Monitoring and Evaluation

Cardiotocograms, Ultrasound Machines, Fetal dopplers, delivery beds, delivery sets, etc). Supports were also given to strengthen health service delivery to deprived communities and these supports includes motivation package for pregnant women who attended antenatal clinics and deliver their babies in health facilities, motivation for traditional birth attendants who refer pregnant women to deliver in health facilities.

A major challenge to delivery of health services in the project districts is inaccessible terrain to the isolated islands along the Volta Lake and the bad nature of access roads to some health facilities. KOFIH addressed some of these challenges by providing bicycles, motorbikes and tricycles for the project districts. While bicycles and motorbikes are used as a major means of transportation to provide outreach services to the beneficiary communities, the tricycles are used as ambulances to convey critically ill patients and pregnant women from communities to health facilities.

To improve on the skills of the health workforce in the project districts, KOFIH is sponsoring regular in-service training for staff. Two midwifery training schools are also receiving funding for capacity building, acquisition of relevant training aides and equipment. The support for the Ghana National Health Insurance Scheme has facilitated to a great extent the policy cooperation between Ghana and South Korea health insurance schemes and capacity building for Ghanaian health insurance officials.

I was privileged to be selected and trained among the first batch of Dr LEE Jong Wook's Fellows in 2015. This was a unique opportunity for me having been exposed to core competencies in health policy planning and financing, health economics and global health blended with real-world field experiences. It was a wonderful and unforgettable experience discovering the South Korean's rich culture and tradition. I can still vividly recall the memories the Korean Folk Village in Yongin, the Gyeongbokgung Palace, the N Seoul Tower and Jeju Island. The KOFIH and Korean experience is deep and unforgettable.

My Views on KOFIH



Dr. Francis Boadi



National Health Insurance Authority (NHIA), Ghana

I have worked with KOFIH since early 2014 when I was nominated by the management of NHIA to lead the research collaboration between the Authority and KOFIH. The area of research was arrived at after deliberations among personnel from KOFIH, NHIA, Seoul National University, School of Public Health (University of Ghana) and Ghana Health Services (GHS). After about two days deliberations, it was decided that the collaborative research be on “enhancing enrollment onto the NHIS to achieve universal health coverage” aimed at finding the barriers and enablers to enrolment using Volta region as a case study because KOFIH already had a Maternal and Child Health programme ongoing in the region.

In addition to the research collaboration, KOFIH is helping the NHIA to develop the human resources through capacity building programs in the areas of claims management, quality of care, public relations and ICT. To do this, KOFIH works hard to identify experts from Korea’s NHIS and academia whose expertise would enhance the capacity of NHIA staff. In all these, KOFIH delegation meets with NHIA to training needs assessment to identify the training gaps and agree on the content of the training so that all the trainings are tailored to fit the strategic direction of the NHIA. Since 2013, regular meetings are held between KOFIH and the NHIA to discuss the collaboration between the two countries and how to progress with the cooperation. This has made it possible for such programs to reflect NHIA’s needs and priorities thereby ensuring that beneficiaries of the programs apply the acquired knowledge in their work. Besides, KOFIH has made it a point to do follow up visits to the NHIA with experts assess how beneficiaries of the trainings are actually applying the knowledge on the job and where the need arose, extra tutorials are given.

In my humble opinion, KOFIH has showed competency in managing the cooperation with the NHIA to the extent that, I am extremely surprised that KOFIH is just about celebrating its 10th anniversary. With the professionalism with which they organize their programs, one may think they have existed for a very long time and as such have learnt from their past.

From the way KOFIH has organized its cooperation with the NHIA, I believe strongly that the benefits shall be sustained because KOFIH is not imposing anything on the NHIA but rather they discuss with NHIA to identify the gaps that needs to be filled and arrangements are made to learn from other countries, especially Korea, and adapt the relevant lessons. Such approach has better chance of

impacting positively on the NHIA than other partners who come with already-made solutions that the want the country to apply.

In general, I am very satisfied with the NHIA's cooperation with KOFIH because the personnel at KOFIH treat us with a lot of respect and have made sure we work with world renowned experts in the field of social health insurance. Also, they have facilitated the organization of annual Africa regional forum whereby they bring African countries with similar developmental problems to share ideas as to how to achieve Universal Health Coverage.

Definitely, KOFIH would not have been able to achieve all that they have without the fantastic group of personnel that they have. The work force at KOFIH actually work with a lot of enthusiasm, zeal and professionalism. But I am not surprised because 'Koreans are genuinely nice people'. That is a conclusion I have drawn by myself after my visits to Korea in recent past. Everybody one meets on the street actually treats people with respect and I personally appreciate such treatments and wish KOFIH and Korea all the best as they strive to share their experiences with other countries.

03 — **Dr LEE Jong-wook Fellowship Program**

Dr LEE Jong-wook Fellowship Program

The Dr LEE Jong-wook Fellowship Program is a global program to educate and train healthcare personnel around the world. Its purpose is to raise international awareness of Korea's outstanding medical services, help Korean medical institutions expand their overseas network, and strengthen the capacity of healthcare workers in partner countries. It is also designed to support human resources development by meeting the training needs of partner countries and maximize the effects of the foundation's projects by educating medical personnel on the projects.

Under this program, healthcare workers in partner countries are trained to build their capacity, and technicians are trained so that they can respond properly to medical equipment malfunctions and ensure that the equipment is used properly.

'LEE Jong-wook-Seoul Project' Pilot Program for Korean ODA Model

The LEE Jong-wook Seoul Project, a collaboration project between KOFIH, the Lao Ministry of Health, and the Seoul National University College of Medicine, is a project that started in December 2010 to create a Korean ODA model in healthcare. The project, which is a three-stage plan (3 years+3 years+3 years), is now in its first year and consists of invitational training, visiting consultation, equipment support, and the establishment of sustainable educational infrastructure. To begin with, seven medical school professors from Laos, including physicians from Laos' state-run medical college, visited the Seoul National University College of Medicine to train on the latest medical knowledge and technology of Korea. During this one-year training, the trainees resided in the university's dormitory, took part in the morning round visits alongside the medical staff every day, and attended conferences and seminars.

Development of LEE Jong-wook Fellowship Program

In 2007, 11 medical personnel from Uzbekistan received training at the Ewha Womans University Medical Center and other national or public hospitals under the LEE Jong-wook Fellowship Program.

In 2008, the program invited 21 medical doctors from six countries—Laos, Sri Lanka, Mongolia, China, Angola, and Uzbekistan—for a twelve-week training program that lasted from June 15 to September 5. Those who were invited were either specialists under 45 years who were recommended by the Ministry of Health of the beneficiary country, KOFIH, or directors of medical institutions, or if there are

Dr LEE Jong-wook Fellowship Program	
Capacity-building program for partner countries' healthcare personnel	Training program for biomedical engineers
<ul style="list-style-type: none"> - Training & education - By commission (six courses) * For professors, clinicians, clinical nurses, health administrators, etc. - Training revitalization program - Advisor workshop, trainee workshop, annual forum, mentoring program, etc. * Recipient countries: Laos, Tanzania, Uzbekistan, Vietnam, Myanmar, Sri Lanka, Cambodia, Ethiopia, Ghana, South Sudan, Indonesia, the Philippines, China (Yanbian), Nepal, DR Congo, Afghanistan, Guatemala, Kyrgyzstan, Paraguay, Ecuador, etc. (28 countries) 	<ul style="list-style-type: none"> - By invitation - Intermediary biomedical engineer course * Basic education and theory of medical engineering - Advanced biomedical engineering course * Quality control method and use of measuring machine - Local training - Custom-tailored training to meet local needs * Five countries (Uzbekistan, Sri Lanka, Tanzania, Laos, the Philippines), two times each ** In tandem with a program to maintain and repair medical equipment in countries where medical equipment were granted - Distance education (e-learning) - Development of e-learning contents in English (on five subjects) * Web-based learning site (e-learning) developed so that technicians can get education and training at all times and enhance their learning performance by studying before and after training * Educational CDs distributed to nations with poor telecommunications infrastructure



no certified specialists, medical personnel with medical practice of three years or more in the concerned department.

In 2009, 18 medical personnel from seven countries—Tanzania, Angola, Sri Lanka, Laos, Indonesia, Mongolia, and Uzbekistan—were invited to a twelve-week training program as well from July 25 to October 18.

In 2010, the scope of trainees was further expanded to include not only doctors but also nurses who are in closest contact with patients and who will take care of them, as well as technicians who manipulate medical devices. Thus, in addition to 23 doctors from twelve partner countries including Laos, Ethiopia, Uzbekistan, and Tanzania who were invited to twelve-week training from June 21 to September 10, 11 nurses and six technicians were invited to four-week training from August 10.

In 2011, ten medical doctors from six partner countries including Laos, Ethiopia, Uzbekistan, and Tanzania were the first group of fellows to complete a 24-week LEE Jong-wook Fellowship course for doctors from June 7 to November 16. Subsequently, from August 29 to November 16, the second group of medical doctors (18 doctors) from 12 countries including Laos, Ethiopia, Uzbekistan, and Tanzania

completed a 12-week training program. From October 17 to November 17, 13 nurses from six partner countries including Laos, Ethiopia, Indonesia, and Cambodia completed a four-week LEE Jong-wook Fellowship course for nurses. During this period, a larger number of training opportunities were offered to biomedical engineers from partner countries, with more trainees and longer training period from 2011.



In 2012, the effect of training was enhanced by conducting preliminary training of trainees in their country. Twenty-two medical doctors who were selected for a one-year training program received Korean language classes for two to six months. That year, there were two separate medical doctors training and one nurse training for a total of 63 persons from 16 countries. Also, from December 2012 to April 2013, efforts were made to raise the level of training by commissioning a study to improve the LEE Jong-wook Fellowship training programs.

In 2013, language education (Korean and English classes) was locally organized for medical doctors who took part in the one-year program. That year, seven training programs were given to a total of 57 healthcare personnel (doctors, nurses, healthcare administrators, biomedical researchers, etc.) from 14 countries.

In 2014, five training programs (doctors, nurses, healthcare administrators, biomedical researchers, etc.) were organized, benefiting 58 healthcare personnel from 13 countries. The training programs were offered for five areas: LEE Jong-wook-Seoul Project, courses for clinical doctors, professors, biomedical researchers, and health administrators. The need for a vision, mission, and mid- to long-term development strategies for the LEE Jong-wook Fellowship Program had already been raised in 2013. Thus, a study was conducted from 2014 to February 2015 on ways to develop the fellowship program in the mid- to long-term.

In 2015, five training programs (professor course, clinician course, clinical nurse course, public health policy course, biomedical research course, etc.) were organized, benefiting 64 healthcare personnel from 12 countries. The training were conducted in three phases—preliminary education, training & education, and follow-up education and support—for a more systematic operation, and were tailored to the demand and needs of the beneficiary countries and institutes. Efforts were also made to raise the training quality by forming a steering committee with training institutes and introducing mentorship. These resulted in more local clinical training programs befitting the medical environment of the recipient country. These training programs, which were limited to four countries including Laos and Vietnam in 2014, were expanded to nine countries including Tanzania and Ghana in 2015.

Chapter 7

Other Assistance Programs

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Healthcare Assistance for
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01 — Healthcare Assistance for North Korea



Project to Modernize Onjeong People’s Hospital in Goseong-gun, Gangwon-do

In October 2006, KOFIH agreed on a healthcare cooperation project in the Gangwon-do area in North Korea, where convenience of passage is guaranteed due to the Mt. Geumgang tour, and selected Onjeong People’s Hospital in Goseong-gun as the recipient. From then on, a total of 44 support visits were made until 2009.

The project to modernize the hospital, carried out from October 2006 to June 2009, was appraised as having proved a turning point in Korea’s healthcare assistance programs for North Korea by promoting exchanges through cooperative medical services, implementing programs through cooperation between the government and private institutions, catering to North Korea’s healthcare needs, and moving away from existing, short-term assistance to have mid- to long-term perspectives.

The assistance program was focused on four areas, which are building materials and medical devices to establish a healthcare infrastructure; medical staff and medical device specialists for personnel development; medication, medical supplies, and consumables for improved hospital management and operation; and direct medical services through cooperation.

Training & Education of Medical Personnel

In view of raising the quality of healthcare services in North Korea by training North Korean healthcare professionals in advanced medical technology and theory, the Ministry of Unification consigned KOFIH and the German-Korean Medical Association in July 2007 to invite North Korean medical doctors to Germany for training and education of Germany's advanced medical technology at a local hospital. The total annual program cost was about 68 million won. This program is a follow-up to the first five-year program from 2001 to 2006 involving cooperation between the German-Korean Medical Association, the North Korean Ministry of Public Health, and a German hospital. KOFIH became involved in the second five-year program that began in 2007.

Under this program, 12 North Korean medical doctors in their thirties and forties received training and education in the latest medical technology for a period of about six months. The main purpose was for the North Korean doctors to improve their medical skills so that they can contribute to the re-building and restoration of North Korea's medical system and infrastructure.

Cooperative Program for Pharmaceuticals Production

In 2008, KOFIH started a cooperative program to produce medication at North Korean pharmaceutical factories that a South Korean private organization helped to build. KOFIH supplied pharmaceutical ingredients to the pharmaceutical factories so that they can produce basic medication and thus contribute to treatment of diseases. A total of 28 types of pharmaceutical ingredients for essential medication such as antituberculous drugs, infusion solutions, and vitamins were supplied to three pharmaceutical factories (Cheongseong General Medical Center, Daedonggang Pharmaceuticals, and Research Center for Children Nutrition Management) and training was organized to raise the capacity of pharmaceutical specialists.





Goryeo-yak Pharmaceutical Factory Construction Program

KOFIH launched a project to build a Goryeo-yak (oriental herbal medicine in the North Korean language) pharmaceutical factory in North Korea so that the North can produce medicine on its own to respond to the shortage of medication. This project, which is designed to contribute to disease prevention and treatment, consists of building a two-story pharmaceutical factory with one basement floor with a total surface area of 5,237 square meters within the Cheongseong General Medical Center in Pyongyang. Construction began in 2008 for a scheduled completion in August 2010. However, the project has been suspended as part of sanction measures against North Korea following the sinking of the Cheonan warship by the North in March 2010.

Donation of Emergency Vehicles as part of WHO and Unification Cooperation

In view to help build an emergency healthcare system in North Korea, which lacks the means to transport pregnant women and other emergency patients, KOFIH donated 105 emergency vehicles to North Korean medical institutions from 2006 to 2008.

Tuberculosis Control in Rason

In view of contributing to the United Nations' MDGs for elimination of tuberculosis, the foundation has, since 2007, been engaged in a TB control program to treat 2,000 or so TB patients in Rason, Hamgyeongbuk-do Province in North Korea with supplies of TB medications and food.

Control of Tuberculosis and Other Infectious Diseases

By further expanding its TB control program beyond Rason, KOFIH has, since 2012, targeted all North Korean TB patients and North Korean residents for TB and other infectious disease control. This program is aimed at raising the capacity to diagnose and control tuberculosis in North Korea. In 2008, KOFIH cooperated with WHO to fund the National Standard TB Lab in Pyongyang and provided consultation and technical assistance to clinical providers at the WHO office in Pyongyang.

Program to Improve Healthcare Environment in Kaesong Industrial Complex

From 2007, KOFIH sent a specialist to the Kaesong Industrial Complex (KIC) to provide healthcare services there. This program is designed to prevent the spread of contagious diseases within the KIC and into Korea, and provide medical treatment and preventive assistance to KIC workers.

This program was expanded in 2012 to improve the overall healthcare environment in the KIC. Essential medications and supplies were sent to dispensaries in major facilities such as day care centers. In 2013, the foundation offered healthcare assistance to North Korean workers by strengthening the functions of the North Korean clinic. Distilled water maker, basic medications (28 types), and medical supplies (23 types) were granted to the North Korean clinic, and basic medications (45 types) and medical supplies (12 types) to the dispensary inside the day care center. In 2015, KOFIH extended and renovated the North Korean clinic, adding spaces for dental and internal medicine, as well as an observation room and pharmacy. Clinic staff were also trained on how to use medical devices and the automated external defibrillator. Thanks to the construction and maintenance of the health examination room in the KIC, the number of North Korean workers using the service increased by 24 percent from 40,646 in 2014 to 50,409 in 2015.

Establishment of North Korean Healthcare Network and Information Sharing

Since 2012, KOFIH has been tracking the trend of healthcare support to North Korea while collecting and analyzing North Korea's healthcare-related data. In March 2014, it established a mid- to long-term assistance strategy to control noninfectious diseases in North Korea, and has carried out an integrated research on North Korean healthcare since 2015.



Emergency Disaster Relief for North Korea

Year	Program Name	Emergency Relief
Apr. 2004	Emergency relief medical support to Ryongchon	Recovery support for the explosion site of Ryongchon station Emergency medical supplies, medical equipment, and medical staff
Aug. 2005	Supply of medicines to flood-stricken area in Tokchon-gun, Pyeongannam-do	40 types of medicines, infusion solutions, and medical supplies
Aug.-Sep. 2006	Support to flood-stricken areas (Pyeongannam-do and Gangwon-do)	Emergency relief and prevention of contagious diseases - 24 types of medicines and emergency food supplies to Pyeongannam-do (Aug. 2006) and North Goseong-gun (Sep. 2006)
Aug. 2007 – Nov. 2007	Support to flood-stricken areas (South central region)	Relief support to the South central region of North Korea that was heavily damaged by heavy rains - Donations from the Korea Pharmaceutical Manufacturers Association and Korean Research-based Pharma Industry Association

02 — Healthcare Assistance for Migrant Workers in Korea



Mobile Clinic for Migrant Workers

In February 2008, KOFIH held an opening ceremony for the first mobile clinic dedicated to dental and obstetrics and gynecology services. The ceremony was held in front of the House of Migrant Workers and Korean Chinese in Garibong 1-dong, Guro-gu, Seoul, an area accommodating a large community of foreign workers and Korean Chinese. Following the ceremony, the foundation offered free medical treatment to about 500 Korean Chinese and foreign workers in six medical areas—dentistry, obstetrics and gynecology, internal medicine, otolaryngology, ophthalmology, and urology.

Medical Treatment Activities for Sharing

On January 18, 2009, KOFIH held a free medical treatment campaign for foreign workers and multicultural families at Shingu University in Seongnam-si, Gyeonggi-do. Held just before the lunar New Year, the campaign featured the foundation's three vehicles: first mobile clinic vehicle, second mobile clinic vehicle, which was sponsored by the Grand Korea Leisure in December 2008 for eye, nose, ear and throat care, and an X-ray vehicle.

Program to Strengthen Medical Treatment Functions of Free Clinics

In September 2011, representatives of the Ministry of Health & Welfare, Gyeonggi Provincial Medical Center, Inje University Hospital, and KOFIH met to discuss how to continue mutual cooperation for the 2011 medical examination, primary healthcare services and how to link some of the programs with KOFIH's programs for foreign workers.

Subsequently in 2012, KOFIH donated mobile clinic vehicles dedicated to the treatment of foreign workers and conducted training and education to build the capacity of program managers in charge of healthcare services for foreign workers. In 2013, free medical services and physical examination were regularly organized on weekdays at the Wongok Health Center in Danwon-gu, Ansan-si. In 2014 and 2015, the foundation further extended its network of groups offering free medical services in Korea. The number of free mobile services offered by these groups rose from 130 in 2014 to 160 in 2015, a 23 percent increase year on year.

Vaccination

KOFIH offered vaccination to migrant workers for prevention of hepatitis and tetanus in this population. From 2010 to 2015, about 10,000 foreign workers (with priority given to industrial workers) were administered TD (Tetanus-Diphtheria) and influenza vaccines. The foundation plans to increase the number of groups participating in this campaign and ensure that a larger number of areas are covered.

Training and Educational Support for Program Managers

Since 2012, KOFIH has offered a capacity-building training and educational program for healthcare program managers in charge of foreign workers in public hospitals and free medical service providers. The annual program covered five courses, including policy directions for funding medical services for foreign workers; national, social, and cultural characteristics and statutes related to foreign workers; understanding the national health insurance system; medical services and consultation for foreign workers; and case studies on free medical services offered to foreign workers. In 2015, an advanced course was developed that includes a more extensive curriculum.

Production and Distribution of Health Information Materials

In 2012, KOFIH published a pregnancy health guidebook for foreign workers and multi-cultural families in eleven languages. A total of 110,000 copies were printed and distributed to 484 foreign workers

support groups (institutions). The publication was designed to provide basic healthcare information to foreign workers who may be reluctant to go to a hospital due to language barriers.

In 2013, the foundation stepped up its effort to publish multi-language health information booklets for distribution to foreign workers and groups offering free medical services. It published materials on tuberculosis prevention (12 languages), how to stay healthy (nine languages), and healthy pregnancy guide (11 languages) and distributed them to partners like the Korean National Tuberculosis Association, Healthy Neighbor Center, Seoul National University Hospital, Raphael Clinic, and Community Chest of Korea. In an effort to cover a variety of topics, it produced a health information material on chronic diseases and one on diabetes in 2014 and 2015, respectively, as well as a guidebook on how to prevent contagious diseases (MERS).

Donation of Medical Devices to Groups Offering Free Medical Services to Foreign Workers

As part of an assistance program of the Community Chest of Korea, KOFIH granted medical devices to groups that offer free medical services to foreign workers in 2014. It donated medical devices to 40 groups (institutions) in 10 regions (Seoul, Incheon, Gyeonggi, Gwangju, Daejeon, Busan, Gangwon, Gyeongnam, Jeonbuk, and Chungbuk). The donation was designed to help these groups offer better diagnostic services to foreign workers. The foundation donated 45 ultrasound diagnostic machines and also trained the recipient groups on their usage.

03 — Healthcare Assistance for Overseas Koreans



Opening of Nursing Home for Elderly Ethnic Koreans Living Alone in the Post-Soviet States

On January 11, 2010, KOFIH opened the Arirang Nursing Home in Ashmadyashai village in Tashkent, Uzbek capital and began its operation. The project to build a nursing home dedicated to elderly ethnic Koreans living alone was a joint collaboration between the governments of Korea and Uzbekistan amid growing bilateral exchanges and cooperation since diplomatic ties were established in 1992. The project was designed to benefit about 200,000 ethnic Koreans who serve as a bridge between the two countries.

The Arirang Nursing Home is the first free nursing home in Central Asia that is independently run by the Korean government. Housed in a two-story building (with a total surface area of 1,018 pyeong), the nursing home has the latest facilities, including individual rooms, intensive care unit, physiotherapy room, program room, kitchen, dining room, shower room, lounge, and auditorium. The opening ceremony was attended by 400 or so people, including 41 nursing home residents, KOFIH President Han Kwang-

soo, and Korean Ambassador to Uzbekistan Jun Dae-wan. The nursing home is staffed by a doctor, nurses, and care workers who take care of the residents.

Healthcare Program for Ethnic Koreans in Primorsky Krai

In 2014, KOFIH jointly with the Community Chest of Korea introduced a healthcare program for ethnic Koreans in Primorsky Krai, Russia. The program was designed to benefit the hospital of the Korean Culture Center (Memorial Hall commemorating the 140th anniversary of Korean resettlement in Russia) and ethnic Koreans in Ussuriysk and was consigned to the NGO Medipeace.

The program consisted of renovation of the facilities of the Korean Culture Center Hospital, donation of medical devices, medical examination of ethnic Koreans at the hospital, and distribution of medical supplies and health information materials. The enhanced infrastructure of the hospital inside the Korean Culture Center in Primorsky Krai considerably improved the access of ethnic Koreans to healthcare services. A total of 1,046 ethnic Koreans received medical examination.

Donation of Medical Supplies to Ethnic Koreans with a Disability in Yanbian, China

On January 18, 2011, KOFIH donated, through the Caritas Internationalis, 15 types of medical supplies worth 7.3 million won to the Yanbian Association of Ethnic Koreans with a Disability to benefit ethnic Koreans living in Hunchun, Yanbian Korean Autonomous Prefecture in Jilin Province, China. The Yanbian Association of Ethnic Koreans with a Disability was organized in 1989 and oversees associations of people with a disability in the Yanbian prefecture and related facilities.

Healthcare Support for Korean Workers Sent to Germany

As part of a program of the Community Chest of Korea, KOFIH in 2015 offered healthcare services for Korean workers that were sent to Germany in the 1960s and 1970s. At-home nursing care was offered to poor patients and elderly ethnic Koreans living alone to improve their health conditions. Nursing assistants visited the homes of Koreans who had come to Germany as nurses and miners to check their blood pressure and blood sugar level, clean the home, and offer daily necessities.

04 — Emergency Medical Services in Disaster Response



Emergency Relief Team Sent to Communities Hit by Cyclone in Myanmar

Cyclone Nargis caused at least 100,000 fatalities and 200,000 missing in Myanmar in May 2008. Korea also sent an emergency relief team of 29 personnel to communities hit by the cyclone in Myanmar. KOFIH also sent a medical support team to carry out relief activities in the Kongyongon region from June 5 to 14.

Emergency Response to Haiti Earthquake

KOFIH sent 25 medical personnel on two separate occasions to Haiti as part of a government-level emergency relief team after an earthquake of a magnitude of 7.0 hit the country on January 12, 2010. It also donated 174 types of medical devices and 74 types of medicines with the funding from the Rotary

Club of Korea, Korean Pharmaceutical Manufacturers Association, and Korea Institute of Registered Architects.



Emergency Relief Medical Team to Communities Hit by Typhoon in the Philippines

On four separate occasions from November 13 to December 15, 2013, KOFIH sent an emergency medical relief team consisting of 80 medical personnel (39 from KOFIH, 39 from the National Medical Center, and two from the Ministry of Health & Welfare) to the communities of the Philippines that were hit by a typhoon, offering medical treatment to 6,672 people during a one-month period.

Ebola Crisis Response to Sierra Leone

In 2014, the Korean government decided to send an emergency relief team to Sierra Leone, a country hit by the Ebola virus. KOFIH conducted training and education of the team prior to their dispatch and sent a total of 24-person disaster relief team on three separate occasions from December 2014 to February 2015.

Emergency Relief Medical Team to Communities Hit by Earthquake in Nepal

Based on a status report and recommendation from an advance team (10 persons) sent to Nepal on April 27, 2015 for emergency relief support in the aftermath of an earthquake, the Korean government decided to send an additional emergency relief team of 32 personnel on May 1. The emergency relief medical team consisted of medical personnel from KOFIH's medical pool as well as medical staff from the National Medical Center, and included emergency medicine doctors, orthopedic surgeons, anesthetist, internal medicine doctors, pharmacists, nurses, emergency rescuers, and administrative personnel.

Fostering of Emergency Relief and Healthcare Personnel Overseas

Based on the Overseas Emergency Relief Act, KOFIH is fostering professional medical personnel who will engage in emergency relief medical support activities in disaster-stricken areas overseas as part of the Korea Disaster Relief Team (KDRT). Basic training and education of overseas emergency relief healthcare workers began in full swing from 2010. In 2012, an advanced course was developed in response to demands for more practice-focused education that is not covered in the basic course.

From 2012 to 2015, advanced courses mostly consisting of discussions and simulated training were offered to those who completed the basic course. Subsequently in 2015, those who completed both the basic and advanced courses took the newly developed refresher training. Until 2015, a total of 1,235 medical personnel completed the basic course, of which 272 went on to take the advanced course. Of those who completed the advanced course, 60 persons took the refresher course.



05 — Dr LEE Jong-wook Memorial Project



Establishment of Dr LEE Jong-wook Memorial Prize for Public Health

The Dr LEE Jong-wook Memorial Prize for Public Health was established by WHO in 2008 with the sponsorship of KOFIH, and is awarded to a person or persons, an institution or institutions, a governmental or nongovernmental organization or organizations, who have made an outstanding contribution to public health. The prize is awarded once a year and consists of a monetary reward of USD 100,000. It is presented during the World Health Assembly in May.

Year	Prize Winner
2009 (1 st)	Infectious Diseases, AIDS and Clinical Immunology Research Center (IDACIRC) (Georgia)
2010 (2 nd)	Action for AIDS (AfA) (Singapore)
2011 (3 rd)	Instituto Clodomiro Picado (Costa Rica)
2012 (4 th)	Pacific Leprosy Foundation (based in New Zealand)
2013 (5 th)	Diabetes Society of Maldives & Dr. An Dong of the Center for Disease Control in Ghizhou Province, China
2014 (6 th)	Professor Sinata Koulla-Shiro of Cameroon and the Czech Society of Cardiology
2015 (7 th)	Thalassaemia International Federation (Cyprus)
2016 (8 th)	Dr. Mesdaghinia (Iran)

Memorial Ceremony of Dr LEE's Death

Unveiling of Gravestone (2007)

The memorial ceremony held on May 22, 2007 to commemorate the first anniversary of the death of Dr LEE Jong-wook is an event of great significance for KOFIH as it marks the day when the foundation publicly announced the launching of Dr LEE memorial programs, the discussions of which began following his death. A breakfast gathering was held on that day, attended by a hundred representatives from the government including the Ministry of Health & Welfare, the Ministry of Foreign Affairs, and the Ministry of Unification as well as those from healthcare organizations, academia, bereaved families, friends, and diplomatic delegations. The event remembered the great achievements and noble spirit of Dr LEE, who worked tirelessly to eradicate diseases and promote health in poor countries.

Memorial Photo Exhibition (2008)

On the occasion of the 2nd anniversary of Dr LEE's death in May 2008, KOFIH organized a photo exhibition in memory of Dr LEE at Cheonggyecheon Gwanggyo Gallery, Seoul for a week from May 26 to June 1. The exhibition was attended by about 300,000 persons of all ages, including Seoul citizens and even residents from Samcheok, Gangwon-do. The photo exhibition featured a 60-year chronicle of Dr LEE's life as well as photos documenting his active involvement in the fight against diseases around the globe as the WHO director-general until he suddenly passed away while preparing for the World Health Assembly. The event offered a significant opportunity to look back on his noble life.



Memorial Exhibition and Unveiling of Dr. LEE's Bust (2010)

On the occasion of the 4th anniversary of Dr LEE's death, KOFIH organized a memorial exhibition at the Metro Gallery inside the Gyeongbokgung Station on Seoul Subway Line 3 for six days from May 25 to 30, 2010. The exhibition was kicked off by an unveiling of Dr LEE's bust, and ceremonies to award the winners of outstanding cases of overseas healthcare assistance and the UCC contest in memory of Dr LEE. The event was held solemnly with the attendance of about a hundred persons, including Dr LEE's family, and healthcare representatives.

On the occasion of the 4th anniversary of Dr LEE's death, KOFIH produced a bust of Dr LEE to commemorate and widely promote his noble spirit. The bust was unveiled on May 25, 2010 at a memorial event held at the Metro Gallery inside the Gyeongbokgung Station on Seoul Subway Line 3.

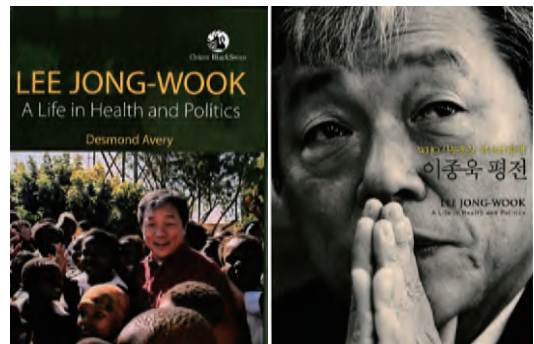
Quiz Contest (2011)

On the occasion of the 5th anniversary of Dr LEE's death, KOFIH organized from May 22 to July 20, 2011 an online quiz contest for children to learn about Dr LEE Jong-wook. The quiz, which was held through KOFIH's website (www.kofih.org), was designed to promote WHO director-general LEE Jong-wook so that children can dream about becoming the next LEE and play a role on the world stage.

Publication of Dr. LEE's Biography (2012)

A special ceremony celebrating the publication of the English edition of Dr LEE's biography was held on May 22, 2012 in Geneva, Switzerland where the 131st session of the WHO Executive Board was held. The book was written by Desmond Avery who worked as LEE's speech writer during his years as the WHO director-general. Avery stated, "I encountered a man of incredible courage and imagination while writing this biography." Jointly funded by WHO and KOFIH, the book is the first biography of a former WHO director-general.

The Korean edition of Dr LEE's biography entitled A life in Health and Politics, which was published by WHO in 2013, was published in Korea. The first edition was printed in 3,000 copies, of which 2,000 were distributed to public libraries, and 1,000 sold through bookstores.



Drawing Contest (2015)

As part of a commemorative program to promote Dr LEE Jong-wook to the public, KOFIH organized a Dr LEE Jong-wook Drawing Contest in 2015. Out of a total of 145 entries, 21 were selected and awarded a total of 44 million won in prizes. The selected works were put on exhibition at Cheonggyecheon Gwanggyo Gallery from May 18 to 24, 2015, raising public awareness about Dr LEE's achievements.



Winning Work of the Drawing Contest



Commemorative Postcard for the 10th Anniversary of Dr. LEE's Death (2016)

To mark the tenth anniversary of Dr LEE's death in 2016, KOFIH issued commemorative postcards. Created through consultation with the Korea Post beginning in late 2015, the postcards (47,000 copies printed), will be a cherished memento of Dr LEE for those who remember and honor him.



Commemorative Postcard for the 10th Anniversary of Dr. LEE's Death

Memorial Ceremony at the 69th World Health Assembly (2016)

A memorial service to commemorate the 10th anniversary of the death of Dr LEE Jong-wook, 6th WHO Director-General, was held at 12:30 (Swiss Geneva time) on May 24, 2016 at the UN European Headquarters where the 69th World Health Assembly was held. Co-hosted by WHO and KOFIH, the service was attended by the Korean Minister of Health & Welfare Chung Chinyoub, WHO Director-General Dr. Margaret Chan, Dr LEE's wife Kaburaki Reiko, and WHO officers who had worked with Dr LEE.



LEE Jong-wook Global Young Frontier

As part of the memorial projects to honor former WHO Director-General Dr LEE Jong-wook, KOFIH, together with the Ministry of Health & Welfare, selected LEE Jong-wook Global Young Frontier participants to attend the General Meeting of the WHO Western Pacific Region (WPRO; Regional Director Dr. Shin Young-soo) as observers. This program is designed to give youngsters who will be the next-generation healthcare leaders an opportunity to expand their knowledge and experience.



06 — Medical Resources Assistance Program



Collection and Donation of Medical Supplies

In some countries like Korea where medical technology is advanced, state-of-the-art medical equipment and devices are rapidly developed to replace older models. Numerous pieces of equipment and devices which are still sufficiently useful are being discarded just because they are older models. However, many developing countries still lack X-ray machines and optical microscopes, not to mention advanced medical devices such as MRI or CT-scan machines. Since 2007, KOFIH has collected second-hand medical equipment, medications, and medical supplies that are still useful from individual donors as well as hospitals and businesses. In turn, KOFIH donates them to nations, organizations, or clinics that have a need for them. The foundation built the Medical Resources Center in Yangju, Gyeonggi-do, where medical equipment, medications, and medical supplies are donated and shipped for free to nations in need. It is also actively involved in training technicians in partner countries, in the repair and maintenance of donated medical equipment.

Training & Education of Medical Equipment Technicians

KOFIH's technician training and education program is designed for partner countries that have no or have a shortage of technicians specialized in medical devices, or for those countries where KOFIH had granted medical devices and there is a need to train medical device technicians and/or users. Some programs are organized in Korea, while others are held locally.

The purpose of this program is to raise the quality of healthcare services in partner countries, enable partner countries to make good use of donated medical devices and respond properly in case of malfunction, and induce them to become self-supporting. It is also aimed at increasing the effectiveness and sustainability of Korea's ODA programs and enhancing friendly, cooperative ties with partner countries.

Invitational training consists of intermediate and advanced courses for biomedical engineers. There is also local training, where those trained in Korea are trained again in their own countries so that they can get used to the working environment. Local technician trainings are organized side by side with the programs to maintain and repair medical devices. KOFIH also runs distance education (e-learning) to provide training and education opportunities to technicians who have no access to education. Educational CDs are produced and distributed to nations with poor telecommunications infrastructure.

Program to Maintain and Repair Medical Equipment and Devices

KOFIH is involved in programs to keep donated medical equipment and devices up and running in order to increase the devices' efficiency, make the assistance programs sustainable, and improve the healthcare service environment and build a stronger healthcare infrastructure in the beneficiary countries. Visits are made to the beneficiary medical institutions to repair and examine medical equipment and devices, ensuring that no equipment is left neglected and unused. Also, key medical equipment and devices are upgraded and old parts replaced for enhanced capacity. The foundation also organizes training and education programs so that local technicians can learn how to maintain and repair the medical equipment and devices from Korean technicians. Launched in 2012, this program is an expansion of the previous medical device assistance and technician training program. It was implemented for the first time in Uzbekistan, Sri Lanka, and Tanzania in 2012.

Chapter
8

The Trodden Path and the Way Ahead

01 — KOFIH Vision and Strategy for Sustainable Development



Establishment of KOFIH Vision

Following external and internal environment analyses, KOFIH selected 12 key strategic tasks and four strategic directions. Through a vision workshop, it established its mission and vision based on these strategic directions.

Its mission is “to promote international cooperation and practicing humanitarian values by providing healthcare support to partner countries, North Korea, overseas Koreans and migrant workers;” its vision a “Global partner towards healthcare improvement;” and its core values are knowledge, ownership, future, innovation, and humanity. KOFIH’s management objective is to benefit 50 regions in 35 countries with an ODA amount of 55 billion won and to foster 1,000 healthcare specialists. It also established four strategic goals and strategic actions to achieve them.

Strategy for Sustainable Development

KOFIH is engaged in a variety of ODA programs in 20 or so countries. It must enhance the effectiveness and ensure sustainability of the programs through selection and focus in terms of countries and types of

assistance. This requires a more advanced and appropriate program structure and key program models to further strengthen the ongoing programs. There is a need to accumulate knowledge and competence that can be applied to North Korea and other countries based on the established program models. A system must be established where the accumulated knowledge and competence can be holistically analyzed and utilized to identify new programs.

KOFIH's strength lies in its educational programs. All of its programs include an educational component and the Dr LEE Jong-wook Fellowship Program is specifically designed to foster healthcare professionals. The new paradigm that the foundation is seeking to create should begin with an in-depth review of both programs with a competitive edge and educational programs.

Organizational Management

KOFIH was reorganized in 2016 to have one office, three departments, and ten teams. Compared to the previous three-office structure, the new organization risks smaller changes. Particularly, the new Strategy and Planning Office—comprised of Planning Coordination Team and Strategy Development Team—reinforces efficient program management strategies across the board. The separation of the Evaluation & Audit Team from Planning Department is designed to facilitate objective evaluation of program performance. Also, while keeping the Medical Resources Team under the External Cooperation Department, the LEE Jong-wook Fellowship Program was separated from the team in order to strengthen the training and educational function and make it one of KOFIH's signature programs.



ROADMAP of KOFIH

Mission	Promoting international cooperation and practicing humanitarian values by providing healthcare support to partner countries, North Korea, overseas Koreans and migrant workers				
Vision	Global partner towards healthcare improvement				
Core Values	Knowledge	Ownership	Future	Innovation	Humanity
	We reach out to less developed communities by sharing our healthcare knowledge and expertise with a proactive, forward-looking and innovative mindset				
Management Goals	Beneficiaries: 50 regions in 35 countries	Scale of Support: KRW 55 billion		Number of Trainees: 1,000	
Strategic Goals	Development partner for shared prosperity	Healthcare support partner for humanitarian causes	Partner for nurturing healthcare experts	Public partner trusted by all people	
Strategic Actions	Tailoring the outcome system to the needs of partners	Expanding healthcare exchanges and cooperation with North Korea	Striving to develop into the hub of healthcare expert nurturing	Securing a rational management system	
	Assisting partners to build sustainable independent capabilities	Improving the quality of life for overseas Koreans and migrant workers in Korea	Supporting the establishment of a localized education platform	Reinforcing ethical management practices	
	Strengthening multi-faceted development cooperation networks	Reinforcing the emergency relief support platform for disaster-stricken areas overseas	Enhancing academic and educational exchanges	Enhancing communication with the public	

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A. (04533) 6, 7F JEI Corporation Bldg., 6, Eulji-ro,
Jung-gu, Seoul, Republic of Korea

T. 82-2-6910-9000

F. 82-2-356-3104

H. www.kofih.org

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