

GHSCO Newsletter

Global Health Security Coordination Office

GHSCO Updates

GHSCO Updates1



Global Outbreak Alert and Response Network (GOARN) Webinar Series to Strengthen Regional Partner Engagement

GOARN Webinar Series launched in September 2025. The series was co-hosted by ACIPC, KDCA, and WHO WPRO and aims to strengthen partner engagement and workforce capacity across the Western Pacific Region--.

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GHSCO Updates2

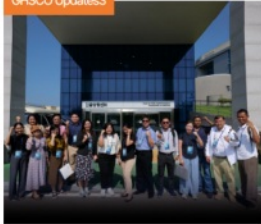


Data-Driven Surveillance Workshop Held in Seoul

Regional Workshop in Seoul from July 16th to 18th 2025. KDCA, the U.S. CDC, and IANPHI co-hosted a workshop with representatives from 10 Asia-Pacific countries and global partners, including ECDC, UKHSA, ACPHEED, to strengthen infectious disease surveillance--.

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2025 GHSCO Core Personnel Training Program

GHSCO has developed specialized education and training programs in infectious disease control to strengthen expertise and cultivate skilled professional in the field of health security--.

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Global Updates

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The Republic of Korea Demonstrates Strong Health Security Capacity Through WHO Joint External Evaluation (JEE)

Korea's 2nd WHO JEE completed from August 25th to 29th, 2025. The evaluation assessed 19 technical areas of health security, confirming strong preparedness and response capacities across infectious diseases, food safety, chemical and radiation emergencies--.

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Re-energizing GHSA 2028



Global Health Security Agenda

GHSA Steering Group Meeting
June 26, 2025

GHSA Steering Group Advances Efforts to Strengthen Global Health Security

The GHSA Steering Group convened in June 2025. The meeting reviewed progress, expanded membership, and reinforced collaboration across Action Packages to ensure tangible deliverables and stronger engagement from civil society and the private sector--.

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Partner Stories1



Strengthening Health Adaptation Project (SHAPE): Responding to Climate Change in Fiji

The Fiji CDC's SHAPE project funded by KOICA, strengthens public health security by enhancing surveillance and laboratory capacities against



climate-sensitive diseases--.

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Partner Stories2

TRAINEE SPOTLIGHT

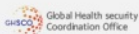
**GHSCO Core Personnel
Training Program**



Philippines Medical Technologist Reflects on the GHSCO Training Experience

Philippines's trainee highlighted how the GHSCO Core Personnel Training Program enhanced her skills in genomic surveillance, crisis leadership, and One Health policymaking--.

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GHSKO Updates1

Global Outbreak Alert and Response Network (GOARN) Webinar Series to Strengthen Regional Partner Engagement

Strengthening Regional Health Security Through New GOARN Webinar Series

The Korea Disease Control and Prevention Agency (KDCA), together with the Global Outbreak Alert and Response Network (GOARN) and the Australasian College for Infection Prevention and Control (ACIPC), co-hosted a new webinar series to enhance collaboration and knowledge-sharing across the Western Pacific Region.

As part of the WHO WPRO's Asia Pacific Health Security Action Framework (APHSAF) Community of Practice (CoP), GOARN aims to sustain and strengthen partner engagement to respond to increasingly frequent and complex public health emergencies.

Building a Stronger Community of Practice

Since its establishment in 2000, GOARN has played a central role in deploying experts to support outbreak response and preparedness. With over 300 partner institutions worldwide, the network has been instrumental in addressing global infectious disease threats.

This webinar series seeks to:

- Improve understanding of the GOARN deployment process among partners and WHO.
- Share real-world field experiences from past deployments, such as the measles response in Mongolia and HIV outbreak management in Fiji.
- Strengthen connections between GOARN partners, WHO offices, and technical experts to enhance collective readiness.

First Webinar: "Deploying with GOARN"

The inaugural session, "Deploying with GOARN", was held virtually on September 23rd, 2025. The 60-minute program featured insights from Dr. Peta-Anne Zimmerman (ACIPC), Dr. Socorro Escalante (WHO Mongolia), Belinda Handerson (Queensland Department of Health), Matthew Shortus (WHO WPRO), Dr. Jonathan King (Kirby Institute, University of New South Wales), Dr. Justine Marshall (Kirby Institute, University of New South Wales), facilitated by Dr. Sharon Salmon (WHO WPRO) and Jia Lee (KDCA) with approximately 240 participants joining from various countries and institutions.

Discussions highlighted the GOARN surge mechanism, partner onboarding, and first-hand deployment experiences, followed by an interactive Q&A session.



GOARN Webinar Speakers

Looking Ahead

The series designs in four webinar sessions. The second session "Powered by Partners: GOARN Collaboration Across the Region" will highlight surge capacity and strategic opportunities for collaboration. Future sessions in 2026 will further explore faculty development, mentoring, and specialized technical groups.

By providing a structured and interactive platform, the GOARN Webinar Series aims to strengthen workforce capacity, foster collaboration, and ensure the region is better prepared for future public health emergencies.



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Data-Driven Surveillance Workshop Held in Seoul

Sharing Policy Insights for Pandemic Preparedness Across the Asia-Pacific

The Korea Disease Control and Prevention Agency (KDCA), in collaboration with the U.S. Centers for Disease Control and Prevention (CDC) and the International Association of National Public Health Institutes (IANPHI), hosted a regional workshop from July 16th to 18th in Seoul.

The event brought together representatives from 10 Asia-Pacific countries, alongside the European CDC, the UK Health Security Agency (UKHSA), and the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED). Around 40 participants gathered to share experiences and strengthen infectious disease surveillance capacities.

Data-Driven Pandemic Preparedness

The workshop, held under the theme **"From Data to Action: Enhancing Data Systems and Integrated Surveillance,"** provided a platform for countries to share their experiences in collecting and utilizing epidemiological data. Sessions emphasized evidence-based decision-making to strengthen pandemic preparedness.

On the first day, Korea, Singapore, Malaysia, the U.K., the U.S., and Vietnam presented their integrated disease surveillance systems. KDCA showcased its Integrated Disease Information System and Infectious Disease Big Data Platform, along with predictive modeling applications used during the COVID-19 pandemic. Discussions also highlighted the use of innovative technologies and strategies for workforce development.

Real-Time Data Use and Emergency Response

The second day focused on risk assessment, monitoring tools, and the use of real-time data in public health emergency responses. Countries demonstrated their systems and programs, allowing participants to try out the systems firsthand. A hands-on training session on digital tools enabled experts to directly engage with the latest technologies.

Building a Long-Term Cooperation Framework

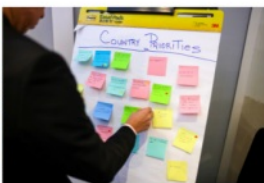
On the last day, participants developed concrete action strategies to improve national data flows and surveillance systems, while working toward a regional roadmap. Emphasis was placed on strengthening cross-country cooperation through regular training and joint initiatives, laying the foundation for long-term collaboration in pandemic preparedness and response.

Asia-Pacific Countries' Leadership in Global Health Security

The workshop underscored the growing leadership of Asia-Pacific countries in global health security. Beyond presentations and discussions, it provided a valuable opportunity to exchange actionable policy insights to advance pandemic preparedness. Participating countries look forward to continued collaboration, building platforms for information sharing, and actively contributing to global capacity-building efforts.



Session 2 on July 17th, 2025



Regional Roadmap Session on July 18th, 2025



Group Discussion



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GHSKO Updates3

2025 GHSKO Core Personnel Training Program

Since its official launch in 2023, the Global Health Security Coordination Office (GHSKO) has successfully conducted three rounds of its "Education and Training Platform" designed to strengthen capacity for infectious disease preparedness and response. **The GHSKO Core Personnel Training Program** focuses on practical, hands-on learning and site visits to build core competencies for global outbreak response.

In 2024, the training held two sessions on surveillance and laboratory diagnosis, training 20 participants from ASEAN Member States. Trainees were carefully selected based on their professional and relevant experiences, with the final approval by KDCA experts.

In 2025, the 3rd Core Personnel Training Program took place from June 30th to July 10th as a two-week, in-person training program. This year's training provided advanced hands-on training in laboratory and research, opportunities to develop National Action Plans, and on-site visits to key facilities for infectious disease preparedness and response. Fifteen participants from Lao PDR, Vietnam, Indonesia, Cambodia, Thailand, and the Philippines attended, sharing updates on their national policy development and working with KDCA experts to identify key insights and practical applications.



Hands-on Practice in Vector Surveillance

As part of the program, trainees visited the Emergency Operations Center (EOC) to learn about its role during public health emergencies, and toured the Biosafety Level 3 (BL3) laboratory to observe facility operations and management procedures. Each trainee developed a National Action Plan tailored to their country's context, ensuring that training outcomes could be translated into concrete public health policy.

Examples of National Action Plans included:

Cambodia: Strengthening the Antimicrobial Resistance (AMR) Surveillance

Indonesia: Enhancing Regional Public Health Laboratory Capacity for Leptospirosis Diagnosis

Philippines: Strengthening the Sentinel-based Active Dengue Surveillance

Feedback from participants was mostly positive. In the training evaluation survey, trainees rated the overall program 4.81 out of 5, highlighting the value of experiencing Korea's advanced laboratory systems and gaining practical skills.

Looking ahead, GHSKO plans to provide follow-up support, including on-site field monitoring in the outstanding trainee's country. Future programs will also be expanded to cover a broader range of areas beyond laboratory and diagnosis.



Completion Ceremony of the 2025 GHSKO Core Personnel Training Program

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News1

The Republic of Korea Demonstrates Strong Health Security Capacity Through WHO Joint External Evaluation (JEE)

Korea Completes Second JEE, Strengthening Global Health Security Standing

Korea has successfully completed its second Joint External Evaluation (JEE), led by the World Health Organization (WHO). The evaluation team consisted of 14 experts from WHO, France, Australia, Finland, Argentina, Singapore, China, and Japan, reflecting broad international expertise. The evaluation reaffirmed Korea's robust preparedness and response capacity against all-hazard public health emergencies.

Conducted at the Korea Disease Control and Prevention Agency (KDCA) headquarters in Osong from August 25th to 29th, the evaluation assessed Korea's ability to prevent, detect, and respond to health emergencies ranging from infectious disease outbreaks to food safety incidents, chemical accidents, and radiation emergencies.



Opening Ceremony

Significant Progress Since 2017

This was Korea's second JEE, following the first in 2017. Since then, Korea has demonstrated improvements across all 19 technical areas, achieving an impressive 93% of indicators at the highest "sustainable capacity" level (a score of 5 out of 5), with the remaining indicators scoring 4. Notably, the evaluation team highlighted Korea's strengthened legal frameworks, financing mechanisms, emergency response operations, and inter-ministerial coordination, particularly built during the COVID-19 pandemic. The KDCA's Emergency Operations Center (EOC), laboratory systems, and predictive modeling capacity were highlighted as best practices.

She commended Korea's "remarkably strengthened crisis response system and training framework compared to 2017," noting its forward-looking vision and investments.

Dr. Gina Samaan, WHO WPRO Emergency Director

He emphasized Korea's excellence in both technical capacity and institutional cooperation, calling the country "a global model in biosafety, antimicrobial resistance, and food safety."

Dr. Clément Lazarus, Joint Team Lead



Reporting the score of P7 Biosafety and Biosecurity

Recommendations for the Future

While Korea's system was rated highly across all areas, there are also recommended areas for further development:

- Establishing dedicated, long-term funding mechanism for global health security and

pandemic preparedness and response, including vaccine and therapeutic stockpiles.

- Addressing the needs of vulnerable populations into health security planning, considering emerging societal changes, including climate change impacts (e.g., heatwaves) and population aging.
- Designating of a National IHR Authority to coordinate policies across the entire government and relevant social sectors, supporting smooth implementation of the amended International Health Regulations (IHR).
- Developing and implementing a multisectoral national action plan for health security.
- Expanding community engagement networks with civil society, media, and local organizations to enhance risk communication.
- Strengthening IHR core capacities at the regional and global levels by leveraging Korea's robust health security system and expertise.



Closing Remarks from the KDCA Commissioner

WHO WPRO and JEE

The International Health Regulations (IHR) (2005) are a legally binding international agreement designed to help prevent the spread of disease. They set out the core capacities that countries must have to detect, report, and rapidly respond to public health threats—whether arising naturally, deliberately, or accidentally.

To assess these national capacities and support effective IHR implementation, the IHR Monitoring and Evaluation Framework (IHR MEF) was developed by the World Health Organization (WHO) through a global consultative process. The framework comprises four components: State Party Annual Reports (SPAR), Joint External Evaluations (JEE), After Action Reviews (AAR), and Simulation Exercises (SimEx). Of these, SPAR is mandatory under Article 54 of the IHR (2005), requiring annual reporting to WHO by State Parties. The other three tools are voluntary.

The JEE process, developed by WHO in collaboration with partners such as the Global Health Security Agenda (GHSAs), has undergone multiple revisions since its launch in 2016. These updates reflect recommendations from experts, Member States, and international reviews—including the IHR Review Committee, which urged a shift from “exclusive self-assessments” to a combined approach of self-evaluation, peer review, and external assessments by both domestic and independent experts. The tool is now in its third iteration.

JEE is a voluntary, collaborative, and multisectoral process for assessing a country's capacity to prevent, detect, and rapidly respond to public health emergencies. National and international experts jointly review 19 technical areas, providing countries with a comprehensive view of their health security systems—including strengths and challenges—so that priority actions can be identified and gaps addressed.

Since 2016, 28 JEE missions have been conducted across 21 countries in the Western Pacific Region. The JEE has proven to be a valuable platform for strengthening multisectoral collaboration at the country level and advancing the implementation of the IHR (2005). It also fosters stronger partnerships between countries, technical partners, and WHO. Findings from JEE missions have helped countries successfully mobilize resources to finance their National Action Plans for Health Security (NAPHS).



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News2

GHSA Steering Group Advances Efforts to Strengthen Global Health Security

The Global Health Security Agenda (GHSA) Steering Group convened on June 26th, 2025, to prepare in advance for GHSA 2028, with a focus on shifting from a reactive to a proactive approach in health security investments. Chaired by Ethiopia, the meeting reviewed progress, governance, and works of various committees and Action Packages.

Progress and Priorities

The Committee on Accountability & Results (CAR), led by the U.S. CDC, reported that 55 countries have already achieved the GHSA 2028 target of demonstrating capacity in at least five technical areas, with 23 additional countries close to reaching the goal. In opening remarks, the chair underscored key priorities, including reaffirming political commitments, approach—linking human, animal, and environmental health. The meeting also discussed how to address capacity gaps and mobilize financing for health security.

Governance and Membership

To expand its reach, the Steering Group agreed to welcome Gambia, Ghana, Mongolia, and Uganda as new members, pending a two-week review. The Chair Support team will continue to reach out to members who have not confirmed their status; those who do not respond or have formally chosen to leave will rotate off the Steering Group.

Concerns were raised about communication gaps with permanent advisors from the World Health Organization (WHO), the Food and Agriculture Organization (FAO), and the World Organisation for Animal Health (WOAH). To address this, Steering Group members agreed to strengthen outreach to these organizations. There was also a call for increased engagement from civil society and the private sector, represented by the GHSA Consortium (GHSAC) and the Private Sector Roundtable (PSRT), to support member outreach and onboarding.

Action Packages and Coordination

Leaders of the GHSA's various Action Packages and committees presented their 2025 work plans. Common topics included challenges of engaging active members, ensuring effective communication, and fostering cross-sectoral collaboration.

To improve coordination, Action Package leads were asked to update their rosters, identify co-chairs, and explore shared tools like calendars and newsletters. All Action Packages were also requested to share upcoming events and publications to the Advocacy & Communications Committee to help promote their activities and strengthen member engagement.

Steering Group members were asked to provide feedback on the 2025 work plans, specifically focusing on how to ensure "actionable deliverables" and address identified challenges and gaps. The PSRT and GHSAC reiterated their role in helping countries overcome challenges and ensuring the voice of civil society and the private sector is heard. Meeting countries' needs with available resources and expertise was highlighted as a key priority.

The meeting concluded with a renewed commitment to collaboration, improving communication, and producing tangible results to advance global health security.



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Partner Stories1

Strengthening Health Adaptation Project (SHAPE): Responding to Climate Change in Fiji

Dr. Daniel Faktaufo
Principal Medical Officer
Health Protection Division
Ministry of Health and Medical Services

The Fiji Centre for Communicable Disease Control (FCCDC), formerly known as the National Public Health Laboratory (NPHL), has been a cornerstone of Fiji's public health system since its establishment in 1965 with support from the Wellcome Trust. In 1999, it was reorganized as the FCCDC, and in 2020 it was further strengthened and renamed as the Fiji Centre for Disease Control (Fiji CDC) to align with international standards and enhance public health interventions and responses.

The Korea International Cooperation Agency (KOICA) funded the Strengthening Health Adaptation Project to Engage with Climate Change in Fiji (SHAPE), a partnership between KOICA, the Fiji Ministry of Health and Medical Services (MHMS), and the World Health Organization (WHO). The SHAPE project aims to bolster Fiji's health security by strengthening public health surveillance and laboratory diagnostic capacities, particularly for epidemic-prone diseases.

Strengthening Communicable Disease Surveillance Systems

The SHAPE's first strategic priority area 1 focuses on reforming public health services to adopt a population-based approach to disease control in the context of the climate crisis, with its main outcome being a reduction in the prevalence of communicable and non-communicable diseases, especially among vulnerable populations. A key initiative under this priority is strengthening Fiji's communicable disease surveillance through the review, reform and digitalization of the National Notifiable Disease Surveillance System (NINDSS). This includes web-based reporting and enhanced data management systems to improve vigilance and data quality.

Capacity Building for Surveillance, Case Detection, and Diagnosis of Communicable and Neglected Tropical Diseases

Since the launch of SHAPE, the project has supported the Fiji CDC's Annual Divisional Outbreak Response Team (DORT) training across all four divisions. Conducted ahead of the cyclone season, this training prepares teams for heavy rains and other severe weather events, which can increase the incidence of communicable diseases. The DORT training strengthens capacity for infectious disease surveillance, laboratory investigations, integrated outbreak response, clinical management, and risk communication at both divisional and sub-divisional levels—a strategic investment for improving public health responses to climate-sensitive outbreaks.



Participants from the Northern Division MHMS attending the DORT training in 2023



Participants engaging in the Escape Room activity while working on data cleaning and analysis

Strengthening Laboratory Testing Capacity

Another key outcome of SHAPE under the first priority is the enhancement of diagnostic capacities in health facilities, including the renovation and establishment of Food, Water, and Leptospirosis Microscopic Agglutination Tests (MAT) testing at the Fiji CDC. The project has provided appropriate laboratory technologies and training to enable confirmatory diagnosis of priority climate-sensitive diseases such as water-borne diseases (e.g. leptospirosis) and emerging infectious diseases. The establishment and implementation of Leptospirosis MAT infrastructure with confirmatory testing will be the first of its kind in Fiji.





Renovations supported by the KOICA SHAPE project for the Food, Water, and Leptospirosis MAT Laboratory at the Fiji CDC

The Impact

Through the KOICA SHAPE project, Fiji has seen a reduction in turnaround time for the detection and confirmation of epidemic-prone diseases and improved coordination between surveillance and laboratory teams for faster outbreak response. Additionally, the project has strengthened Fiji's contribution to regional epidemic intelligence sharing through surveillance networks. SHAPE's support has been pivotal in modernizing Fiji's surveillance systems and laboratory testing capacities, equipping the country to more effectively detect, respond to, and manage outbreaks both nationally and across the Pacific region.



Representative from WHO, KOICA and the Fiji Ministry of Health and Medical services during a site inspection of the Food Water and Leptospirosis MAT Laboratory in Fiji CDC



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Partner Stories2

Philippines Medical Technologist Reflects on the GHSCO Training Experience

This article is written based on the survey responses of trainees.

Jeramel G. Benaro, a medical technologist and a science research specialist at the Research Institute for Tropical Medicine (RITM) in the Philippines brought 14 years of experiences of diagnostic and clinical expertise along with more than a decade of interdisciplinary research in infectious diseases and public health. She joined the GHSCO Core Personnel Training Program to strengthen her knowledge in genomic surveillance, crisis leadership, and One-Health-driven policymaking.

As part of the program, she designed the initiative "Unlocking the Potential of Environmental Surveillance for a More Resilient One Health System." While the project is currently on hold due to the ongoing development of Laboratory Information Systems (LIS) across reference laboratories, she continues to advocate for data integration and system harmonization, underscoring her long-term vision of linking environmental surveillance with the One Health System.

2024 GHSCO-KOHI
Core Personnel Training Program



Action Plan Country Report

**Action Plan for Response Preparedness:
Leveraging Environmental Surveillance
for Multi-pathogen Detection**

Iona Eunice Calub Bicaldo
Jeramel Garciano Benaro



Philippine trainees' Action Plan

Reflecting on the training, Benaro shared her experiences, saying that it enhanced her decision-making framework and improved her analytical and problem-solving skills. She noted that the program gave her great confidence in tackling complex health security challenges, boosting her productivity and adaptability in the workplace. Beyond these skills, she highlighted how the training prepared her to apply effective strategies in real-world public health emergencies.

Since completing the program, she has kept in touch with fellow trainees through Facebook, Instagram, Messenger, and WhatsApp, fostering professional network that extends beyond the classroom. She also suggested future opportunities—such as expert-led panel discussions, peer mentorship, alumni webinars, and outbreak simulation exercises—to strengthen the GHSCO alumni community.

She highly commended the training, especially noting its hands-on skill development in line with international standards, which put a strong emphasis on leadership growth. She also highlighted the program's role-playing exercises, flexible delivery methods, and continuous education opportunities, which she described particularly valuable for professionals seeking to advance their expertise in global health security.

