Global Health Security Agenda
2022 GHSA Ministerial Meeting in Seoul

GHSA Legal Preparedness Action Package

Legal Mapping as a Tool for Legal Preparedness Lessons from the Republic of Korea

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Main Issues in the Infectious Disease Control and Prevention Act from 2000 to the Current

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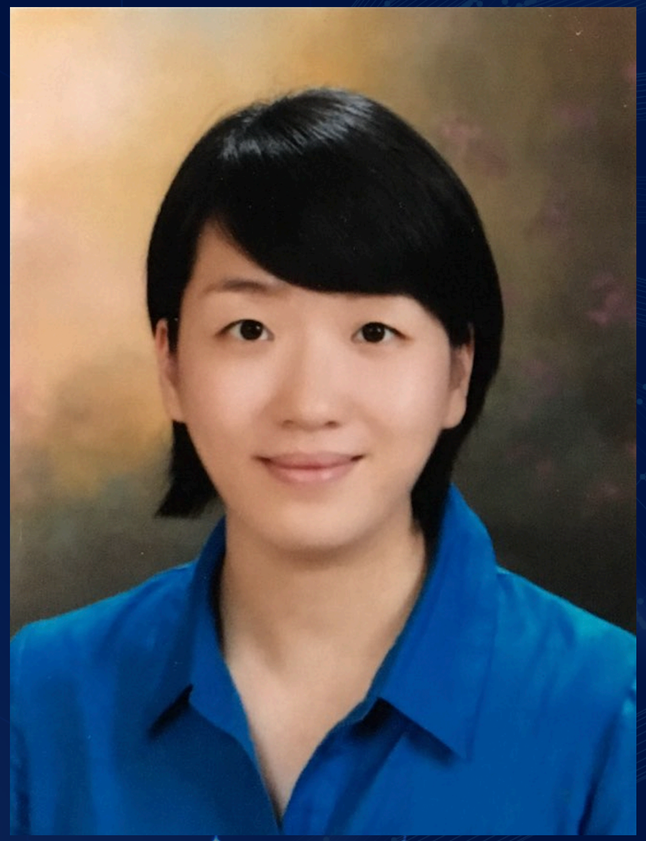
Case	Year	Main Issues in the Infectious Disease Control and Prevention Act
	2000	• Infectious diseases can be managed systematically and professionally by reclassifying infectious diseases into group 1, 2, 3, 4 infectious diseases and designated infectious diseases according to the level of emergency and medical system.
SARS	2003	• Korea Centers for Disease Control and Prevention launched
IHR 2005	2009	• Changed the name of the act from ‘Infectious Disease Prevention Act’ to ‘Infectious Disease Control and Prevention Act’ • Revision of the term ‘infectious disease’ to the term infectious disease to cover diseases that are not transmitted between people • Established the Infectious Disease Control Committee to deliberate on major matters related to the prevention and management of infectious diseases subject to national management by the World Health Organization • Efficient response to bioterrorism and infectious diseases by stockpiling preventive treatment medicines and equipment in advance or contracting for purchase when there is a concern about the pandemic of infectious diseases
Influenza		• Established a certain level of negative pressure isolation beds necessary for the treatment of patients with infectious diseases and equipped with diagnostic technology
MERS	2015 ~ 2018	• A significant part of the Infectious Disease Prevention Act was reorganized into the current system • Information sharing on infectious diseases • Reinforcing the provisions on the authority of administrative agencies to take quarantine measures • To effectively treat and prevent the spread of mutually infectious diseases between the state and local governments, share disease information such as movement routes of patients with infectious diseases, means of transportation, medical treatment institutions, and current status of contacts, etc.
COVID-19	2019 ~ Current	• Promoted to ‘Korea Disease Control and Prevention Agency (KDCA)’ • Information sharing, cooperation between the central and local governments, etc. will be discussed in detail in the text.

Challenges during MERS response process

- Poor initial response
- Delayed information disclosure
- Absence of controlling body
- Conflicts between the central and local government
- Insufficient infectious disease-related infrastructure in the Ministry of Health & Korea Center for Disease Control and Prevention
- Lack of the hospital's facility structure and preparations to respond to infectious diseases
- Korea's unique culture for medical use etc.

Speaker



Sookhyun Lee, Ph. D

Sookhyun Lee graduated with a master's course in the politics department at Sheffield University in the UK in 2010. After that, she implemented a project to improve the mental health of the service providers for North Korean migrants in South Korea at the International Organization for Migration(IOM) and worked as a researcher at the Unification and Peace Institute at Seoul National University.

She has worked as the project manager of the Global Network for Peace and Sustainable Progress(GNPSP), a WHO GSPN member, from 2014 to the present. She is managing projects in peace-building, economic development, and health improvement for the Korean Peninsula, African countries and all around the world. She delivered a lecture on the economic development in North Korea and peace on the Korean Peninsula at MIT and Cambridge University.

At the same time, she is working for the Asian Institute for Bioethics and Health Law at Yonsei University, WHO Collaborating Centre for Health Law and Bioethics as a researcher to write GHSA White Paper between 2014 and 2018(the first phase) and develop the contents and coordinate on the Immunization Action Package in the GHSA 2nd phase. She has done with the PhD Course in Medical Laws and Ethics in 2023.

She has a strong network at the governmental level(Ministry of Unification and Ministry of Health and Welfare) with other NGOs, academia, and private organizations in other countries.

MERS Overview: Initial Response Phase

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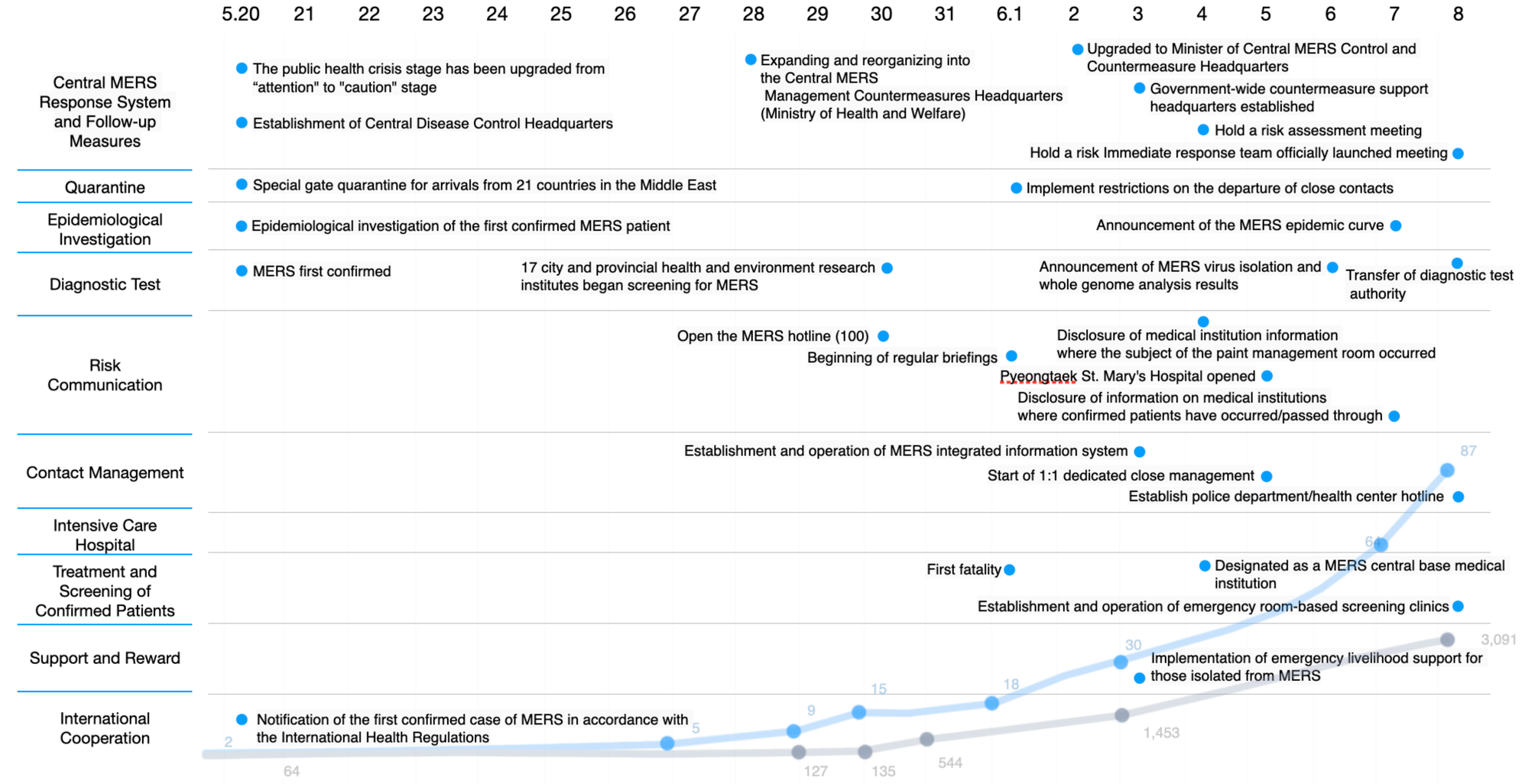
Initial Response phase (5.20~6.8)



Source from The 2015 MERS Outbreak in the Republic of Korea: Learning from MERS(2016)

MERS Overview: Active Response Phase

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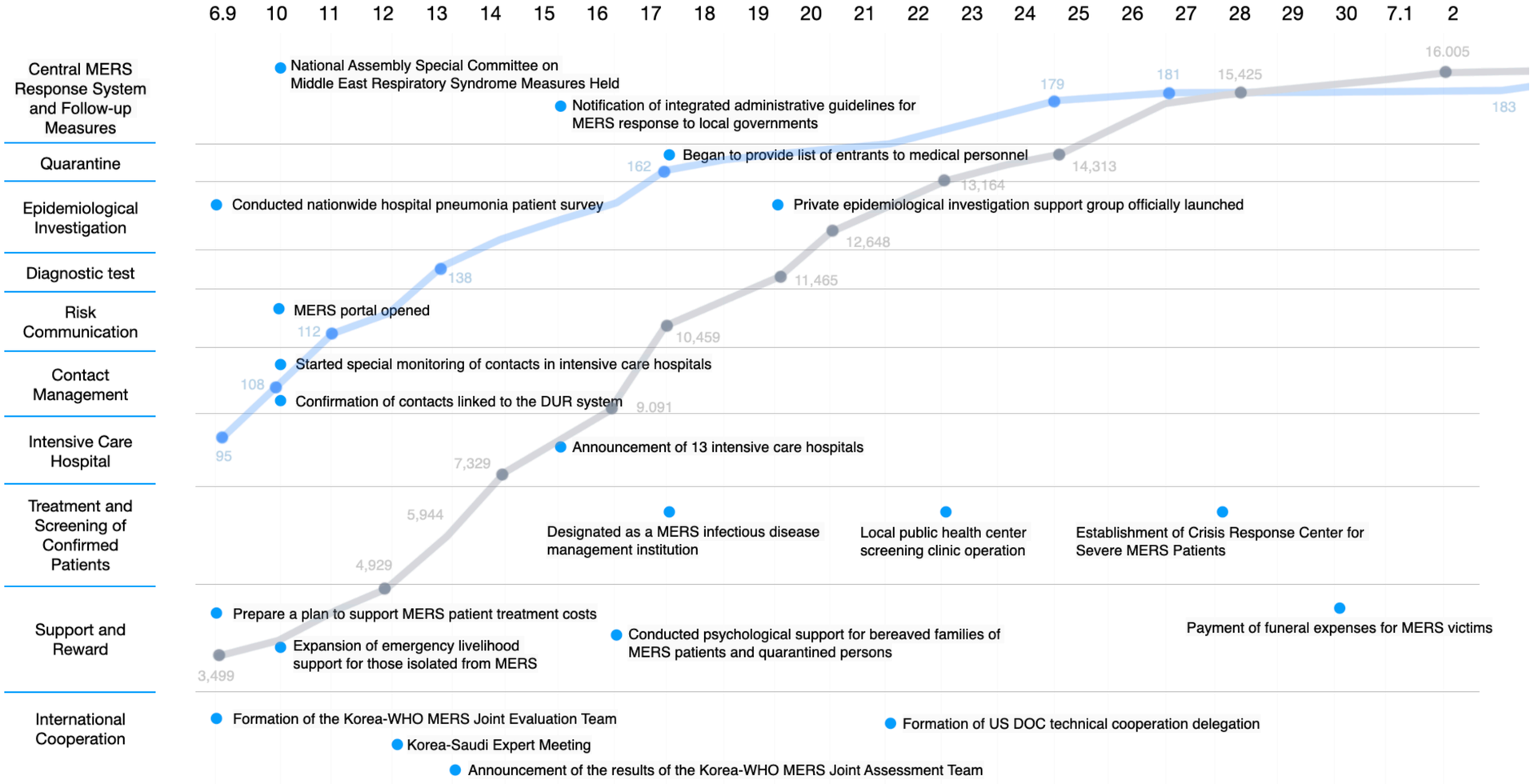
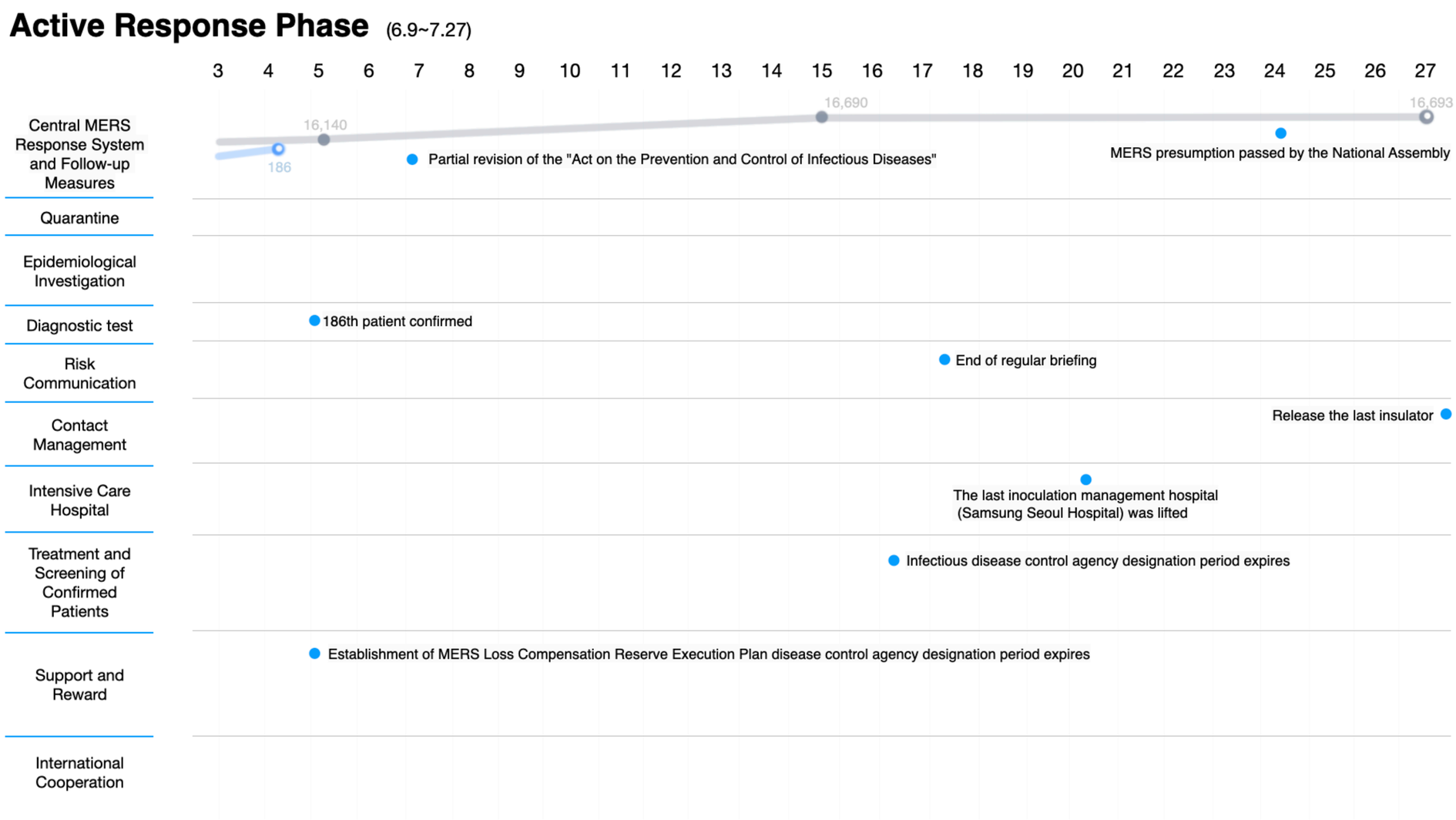
Active Response Phase (6.9~7.27)



Source from The 2015 MERS Outbreak in the Republic of Korea: Learning from MERS(2016)

MERS Overview: Active Response Phase



Source from The 2015 MERS Outbreak in the Republic of Korea: Learning from MERS(2016)

MERS Overview: Late Response and Recovery Phase

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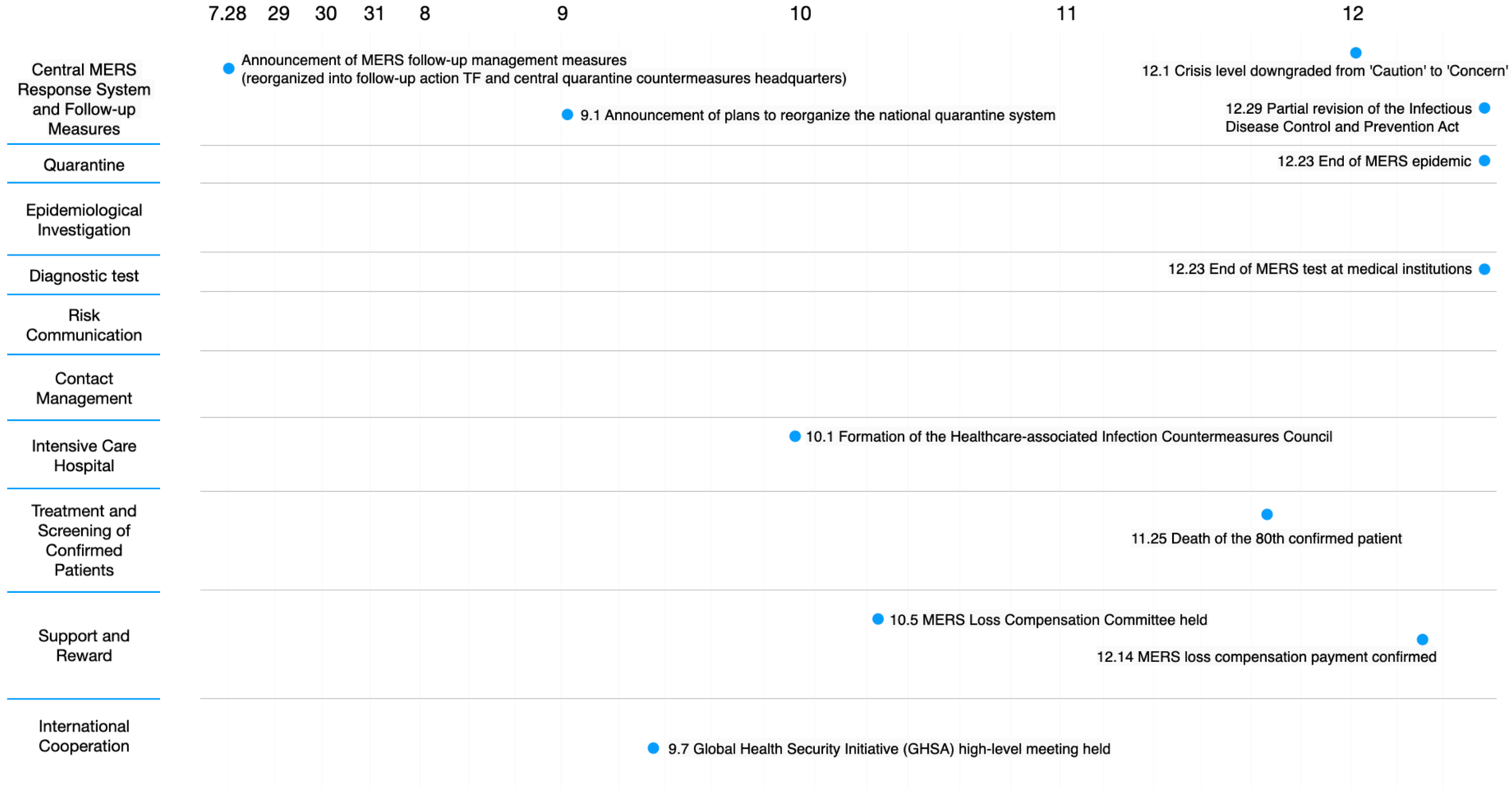
Late Response and Recovery Phase (7.28~12.23)



Source from The 2015 MERS Outbreak in the Republic of Korea: Learning from MERS(2016)

Efforts to resolve challenges revealed in the MERS

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- Poor initial response by the quarantine authorities
  Quarantine Officials receiving the necessary authority to respond flexibly
  The authority of quarantine officers and epidemiological investigators has been specified in the law.
  At least one of the city and provincial epidemiological investigators was appointed as a doctor.

- Delayed information disclosure
  Risk Communication Officer was newly appointed to full responsibilities for risk communication with the public.
  Available to collect the information necessary for patient management to cooperate with related institutions.
  Establishment of an information system for prevention and management of infectious diseases

- Absence of controlling body
  Establishment of Emergency Operation Center
  Clear reclassification system of infectious disease: severity, transmission power, quarantine level, reporting period

- Conflicts between the central and local government
  The rights and obligations of the state and local government, medical personnel and medical institutions, and the people regarding the prevention and management of infectious diseases have been straightened.

Efforts to resolve challenges revealed in the MERS

- Lack of the hospital's facility structure and preparations to respond to infectious diseases

  Central and regional infectious disease frontline hospitals dedicated to new infectious disease were designated.

  The negative pressure isolation beds were additionally expanded.

  The infection control in hospitals are straightened.

  The medical delivery system and overcrowding in the emergency room in the hospital are improved.

- Korea's unique culture for medical use

  The campaigns for improving hospital culture were continually promoted by the public's awareness & cooperation.

Compensation for the economic disadvantages of quarantine and inpatients

the losses in medical institutions and other financial supports

MERS~COVID-19 Newly Established & Revised Articles

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Chapters / Years	2015	2018	2020	2021	2022
General Provision (1~6)	Article 4-3~4	Article 2	Article 2-21(N) Article 4-2-8-2(N)		
Master Plans and Projects (7~10)		Article 8-5(N) Article 9-5(N) Article 10	Article 7-2-2-2(N)	Article 8-2-2-ᄒᆞ(N)	Article 9-2-8-2
Reporting (11~15)		Article 11 Article 12	Article 12-1-2 Article 12-1-3(N) Article 13-2(N)		
Surveillance of Infectious Diseases, Epidemiological Investigation (16~20-2)		Article 16	Article 16-2(N) Article 17		
High-Risk Pathogens (21~23-5)		Article 21	Article 21-4 Article 22-3 Article 23-6	Article 22-1-1 Article 22-4(N) Article 23-1 Article 23-2 Article 23-3-4(N)	

MERS~COVID-19 Newly Established & Revised Articles

Chapters / Years	2015	2018	2020	2021	2022
Immunization (24~33-4)	Article 33-2-1(N) Article 33-2-2(N)	Article 24 Article 27-1 Article 28-1			Article 33-4-5-3
Measures to prevent spread of infectious disease (34~48)	Article 34-2 Article 36-2(N) Article 41-2(N) Article 42-2~8(N)	Article 39-3(N) Article 41 Article 42	Article 34-2 Article 34-2-5-2(N) Article 36-1(N) Article 39-3-1 Article 40-3(N) Article 40-4(N) Article 41-3~4 Article 42-2~3 (2times)		
Preventive Measures (49~59)			Article 49 Article 49-1-2-2~4 Article 49-1-12-2(N) Article 49-2(N) Article 49-2 Article 49-3(N) Article 51-1-후(N) Article 52-2 Article 53-2(N)		

MERS~COVID-19 Newly Established & Revised Articles

Chapters / Years	2015	2018	2020	2021	2022
Disease Control Officers, Epidemiological investigation officers, quarantine inspection commissioners, and disease prevention commissioners (60~63)	Article 60 Article 60-2	Article 63	Article 60-1 Article 60-2-1 Article 60-3-2		
Expenses (64~73)	Article 70 Article 70-2(N) Article 70-3 Article 70-4 (N)		Article 64 Article 65 Article 67 Article 67-6-3(N) Article 69-2(N) Article 70-6(N) Article 70-5(N) Article 70-3-1		
Supplementary Provision (74~76-4)			Article 74 Article 76-2 (2 times) Article 76-4(N) Article 77-3(N) Article 78-3		
Penalty Provisions (77~83)			Article 79-2 Article 80-2-2 Article 83-3-2-2(N) Article 83-2~4(N)		

How lessons learned from MERS Outbreak in 2015 have improved the COVID-19 response in the Republic of Korea?

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KDCA's Functions improved by
Establishing 24-hour EOC
Risk Communication Team
On-site Disease Control Center
Compensation for losses of hospitals

Case Isolation Facilities
Early Diagnosis with PPP
Specialized Treatment System
(Infectious disease Specialty Hospitals)
Public Awareness

Protection · Early Detection · Rapid Response against emerging infectious diseases

Sustainable Financial and Human Resources

Timely, Accurate and Transparent Information Sharing

The Public's Cooperation

Reference

Lee. J. S. (2018). A Study on improvement of infectious disease control and prevention act and system. Korea Legalization Research Institute.

The Ministry of Health and Welfare. (2016). The 2015 MERS Outbreak in the Republic of Korea: Learning from MERS.

Infectious Disease Control and Prevention Act.

KDCA presentation data on legal preparedness. ‘How lessons learned from MERS Outbreak in 2015 have improved the COVID-19 response in the Republic of Korea?’