

WHO Country Cooperation Strategy 2004-2008

Democratic People's Republic of Korea

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1. PREVIEW

Based on the guidance of the WHO corporate strategy¹ as presented by the Director-General to the 105th session of the WHO Executive Board, a series of country missions have been initiated in the WHO South-East Asia Region (WHO SEAR). The purpose of these missions was to update the WHO country cooperation strategies² for DPRK within the overall framework of the WHO corporate strategy.

The WHO corporate strategy is a framework for the WHO Secretariat to respond to a changing global environment. It is a process of organizational development and forms a policy framework for the work of WHO. The purpose of the corporate strategy is to enable the WHO to make a maximum contribution to world health, through enhancing its technical, intellectual, ethical and political leadership in international health. The WHO corporate strategy embraces four strategic directions: a) reducing excess burden of disease; b) reducing the risk factors for human health; c) developing sustainable health systems; and d) developing an enabling policy and institutional environment. The WHO country cooperation strategy is a framework focusing on WHO's collaborative work in the country. It emphasizes areas in which WHO is considered to have comparative advantage, providing added value. The present document contains the proposed WHO country cooperation strategy (WHO CCS) for Democratic People's Republic of Korea (DPR Korea) during the period 2004-2008.

The first WHO CCS mission to formulate a draft strategy document for DPR Korea took place from 21 to 31 October 2000. During the mission, the major challenges and health needs of the country were analysed and brought into strategic focus with areas identified for WHO collaboration, keeping in view of all local and external partners. With the changes that have occurred in the health sector since that date and with the establishment of the WHO Country Office, headed by a WHO Representative (WR), the government of DPRK and WR feel it is appropriate to review and update the existing CCS to cover a period of 2004 – 2008.

A WHO mission visited DPR Korea 18 to 25 March 2003 to update the strategy document. The CCS team had members from WHO's headquarter and South-East Asia Regional office (SEARO), and the WHO Representative to DPR Korea participated as part of the team. The method of updating this CCS was a combination of discussions with government officials, representatives of UN Agencies and International Development Agencies, NGOs, and field visits. Prior to the mission the country office had organized a workshop with Ministry of Public Health on priorities and strategies for health sector development. The mission also reviewed various documents produced by Government, UN and other agencies. Available country information was utilized for this purpose, including programme reviews, evaluation reports and the health sector profile. The major challenges and health needs of the country, as well as possible opportunities and areas for WHO interventions were identified.

¹ WHO Documents – EB105/3 – A Corporate Strategy for the WHO Secretariat and EB105/2 – Towards a strategic agenda for WHO Secretariat, Statement by the Director-General to the Executive Board, January 2000

² WHO Document – EB 106/7 – Working in and with countries, Report by the Director-General

The CCS mission used extensively the findings and analysis of United Nation's Common Country Assessment 2002 to avoid duplications and because it corresponds largely with the findings of the mission.

Identification of WHO priority areas was based on the principles and criteria laid down by the WHO Director-General in her report to the Executive Board in January 2000. The priority areas for WHO intervention also include those where there is potential for reducing the burden of diseases using appropriate, effective and efficient technologies.

The draft WHO country cooperation strategy for DPR Korea was shared with the Ministry of Public Health and development partners. Consultative meetings took place with senior Ministry officials and representatives of development partners. At the end of the mission the draft update CCS was presented to the government officials. Recommendations during the meeting were then incorporated and the draft was finalized.

2. NATIONAL HEALTH SITUATION

2.1 Overall National Health Policy

DPR Korea has the national policy of universal health care by providing comprehensive and compulsory free medical care to all its citizens. This is guaranteed as the right of every citizen under Article 72 of the Constitution (adopted in 1972 and revised in 1998).

The government has proclaimed the right to health as one of the basic requirements for ensuring people's well being. The country thus has an elaborate health policy and strategy, which is enunciated in the Public Health Law adopted in April 1980. The National Health Policy describes policy directions to reduce inequality in health status among population. The national policy is based on the principle of *Juche* philosophy. Successive development plans and programmes covering a medium-term period of 5-6 years have been implemented to translate these policies.

In 1999, the Ministry of Public Health, DPR Korea, developed a medium-term national health development programme for 2000-2005. The main goal of this programme is to rehabilitate the health care facilities and reorient health workers in order to achieve to the level of health status before 1990s

2.2 DPRK Health infrastructure

DPR Korea is geographically divided into 9 provinces, 3 major municipalities, 212 counties, and further sub-divided into smaller administrative units, as *Ri* (in rural areas) and *Dong* (in urban areas). Total estimated population (1999-2002) was around 23.2 million.

DPR Korea historically has an extensive and comprehensive health systems infrastructure. Under the management of the Ministry of Public Health, DPR Korea has a vast network of more than 800 general and specialized hospitals at the central, provincial and county levels, and about 1000 hospitals and 6500 polyclinics at *Ri* and *Dong*, with an estimated staff of around 300,000. In addition to these health institutions, the Ministry of Public Health also manages the nurseries and the pharmaceutical industries.

At the very grass-root, a household doctor (section or family doctor) is providing health care of around 130 – 140 households for all aspects of health development, viz., and curative, promotive, rehabilitative and preventive.

Administratively, the country has been divided into the 3 main levels - central, province and county. Under the overall guidance of National Health Committee of the Cabinet, the management of the health system lies with the Ministry of Public Health (MoPH).

However, the operational functions of health infrastructures established at the central, provincial, county and sub-county (*ri and dong*) levels fall into two groups: those under the authority of the MoPH and those belonging to the local administrative bodies, under the control of the provincial, city and county or district People's Committees.

Under the Cabinet, there are 30 Ministries. Some of these Ministries such as Railways have their own health facilities. A close inter-sectoral relationship exists between health sector and other relevant sectors since DPRK Government and the people regarded it as the responsibility of the whole society and the nation.

2.3 International Commitments

The DPRK's longstanding pledge to universal and free health care has been reaffirmed through the adoption of a number of international instruments and the international goals and targets of major conferences over the past decade. As a State Party to the International Covenant on Economic, Social and Cultural Rights (ICESCR), the DPRK recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

The recent accession to the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in early 2001 affirms the government's legally binding commitment towards guaranteeing women's reproductive rights as well as recognising that women's equal social and biological status underpins good health. The DPRK's notable commitment to reproductive health rights is further demonstrated by its adoption and partial implementation of the platform of action of the International Conference on Population and Development (ICPD) in 1994.

2.4 Present economic and health situation

Until the late 1980s, DPR Korea was part of the network of development assistance and cooperation arrangements among the group of countries using a centrally planned economic system and it has relied on its own strengths and resources to a large degree for its development. Under this economic environment, DPR Korea by the end of the 1980's had achieved remarkable progress in the development of the health system.

The country prioritized the development the public health system and gave priority to primary health care services for children and women. As a result, access to preventive and curative health care soared. At the same time, large investments were made in the other basic social services including water and sanitation and education, and by the 1980s, the health and nutritional status of the population was among the best in the region.

Selected Health Indicators for DPRK

Health indicators	1995-1996	1999-2002
No of population	22,114,000	23,149,000
Life expectancy	70.1 years	67.13 years
Mortality rate	6.8/1,000	9.3/1,000
Infant mortality	18.6/1,000	23.5/1,000
Under 5 mortality	39.3/1,000	48.8/1,000
Acute malnutrition (wasting)	16.8%(1998)	8.1 % (2002) ³
Maternal mortality rate	105/100,000	103/100,000
Delivery by trained official	87.1 %	97 % (data from sample survey in 3 provinces)
Low birth weight prevalence ⁴	10.9 %	6.7 % (MICS in 2002)
Anaemia of pregnant women	33.1 % (1997)	23 %
No. of Doctors	29.7/10,000	29.7/10,000
No. Of hospital beds	136.3/10,000	136.3/10,000
No. of Household doctors	134 families/doctor	134 families/doctor
MV coverage rate	60%	91.5 %
OPV coverage rate	90.66%	96.0 %
BCG coverage rate	60%	81.5 %
DTP coverage rate	58%	81 %
TT coverage rate	61.8%	83.6 %
No. of TB case	50/100,000	220 /100,000
No. of Malaria case	100,000 (1999)	243,000
Provision of Essential drugs	60%	46 %
Cycle of updating equipment	7 years	10 years

Source: Ministry of Public Health, DPRK

By the beginning of the 1990s, with the end of the socialist economic system in previous Soviet-Union and Eastern Europe, DPR Korea was faced with major economic difficulties and a series of natural calamities, which seriously disrupted the agricultural and energy sectors. The economic sanctions further deteriorated the situation.

These factors led to a massive contraction in the size of the DPRK economy. As compared with 1989, the DPR Korea economy in 2002 is probably about half its size. Current GDP per capita is estimated at US\$ 480. This would translate into a total national GDP of US\$ 11 billion. The national budget for the year 2001 is stated to be US\$ 9.9 billion.

Due to these financial constraints, there was little investment in the health sector, and the country witnessed a rapid decline in the health standards partly due to an acute shortage of medical and hospital supplies. The food security situation deteriorated, and lead to high level of malnutrition, especially in the period form 1995 – 2000. Massive food aid and improved agricultural production has improved the nutritional situation in the last few years. The problems in the health sector and food security have been compounded

³ Report on the DPRK Nutrition Assessment 2002. Central Bureau of Statistics

⁴ These data are based on mother's recall.

by increasingly difficult energy supply, and deterioration in access to clean water and sanitation. This has contributed an increase in water-borne diseases. Furthermore, hospitals and clinics have been hampered by the electricity, water and heating problems, especially during the harsh winters. TB and malaria have reappeared as significant public health problems during the 1990s. The bright spot is that of HIV/AIDS, which so far does not represent a major problem.

UN, bilateral and multilateral agencies, national and international non-governmental organizations had helped the health sector in DPR Korea, through a series of appeals for humanitarian assistance during the late 1990s, in particular, the UN Consolidate Appeals (CAP). DPRK has so far no access to international financial institutions such as World Bank, IMF, Asian Development Bank. Very limited funds are available for development assistance, and by enlarge international support has been humanitarian assistance.

Hospitals and clinics are severely affected by the energy and economic problems in the country. The health infrastructure will in the long-term require large-scale restructuring and improvement, but this will depend on revival of the overall economy and infrastructure in the country.

Many practices and standards are outdated due to limited exposure and access to information resources on modern trends in health and medicine. Capacity building is a critical factor in the modernization of the health sector. Apart from technological upgrading, the DPRK workforce at all levels would benefit from a more intensive process of capacity building to improve skills and methodologies. This would require an extensive training effort, at the national level, within public administration, and in provincial, county and ri-dong health facilities. Medical education at the medical universities and nursing schools require emphasis on further curriculum development and an updating of text books and training material.

WHO can contribute to an appropriately designed capacity building programme, if priorities for capacity building are clearly defined, especially in those areas which require external assistance.

The WHO has a unique opportunity in DPR Korea. The WHO can facilitate the mobilization of international resources for the health sector and facilitate DPR Korea's interaction with the international health community. It can also facilitate a more active role for DPR Korea in the international scene.

2.5 Major Health Problems and Key Issues in Health

Child and Women's health

Some recent gains for children included reducing the impact of vaccine preventable diseases. A significant improvement has been observed in the EPI program since 1998. Despite this, significantly more children below five years of age will still die this year compared to 1990. Diarrhoeal disease which has increased because of a run down in water and sanitation systems and acute respiratory infections, compounded by underlying malnutrition, are together responsible for the majority of child illnesses and deaths.

UNICEF recently published its 2002 Nutritional Assessment report. The report concluded that the nutrition situation has certainly improved dramatically since 1998. The rates of underweight and stunting require continued efforts. Furthermore there is still a worryingly high prevalence of severely malnourished children. Further efforts to resolve the problem of child malnutrition need to give greater attention to improving maternal nutritional status. The overall high number of chronically malnourished children continuing to make them vulnerable to illness, worsening malnutrition and increased risk of death and increasing the burden of diseases. Knowledge and skill of health care providers in managing common childhood illness may be out dated and needs to be further improved.

Women's health, reproductive health and nutritional status improved markedly in the period up to the early 1990s. Women's care was given a very high priority alongside childcare and their special needs were addressed. By 1949, women's literacy increased to universal levels, as part of the national literacy effort, and as early as the 1950's, compulsory, free education ensured that almost all girls had at least secondary level schooling. As a result the average age of marriage, age of first birth and fertility rates all improved favourably. Unfortunately, since the early 1990's the situation for women has considerably worsened.

The number of maternal deaths has increased sharply in the past ten years, in part, because of a poorer health status but mainly because of the reduced ability of the health system to respond. Newborn care and newborn mortality is closely associated with maternal health and mortality. Therefore, there is every reason to believe that the newborn mortality is significant.

Although a high priority is given to regular health care during pregnancy, the quality of antenatal care is low. Simple equipment for antenatal assessment, including for anaemia is often not available. Iron supplementation during pregnancy and lactation is not yet national policy. Positively, a trained worker attends almost all deliveries but when complications arise during pregnancy or childbirth, the capacity of the health services to respond is poor. Staff skills also need improvement. Lack of transport often delays or prevents referral to the county hospital. Access to emergency obstetrical care including safe blood, when blood transfusions are required, is limited and even access to safe intravenous infusions is inadequate. WHO is currently, with financial support from ECHO, supporting Ministry of Public Health in improving blood transfusion services.

Total fertility rate, as quoted by UNFPA, was 2.1 in 2000, declining from 2.4 in 1990 (2.2 in 1993, 2.1 in 1996, 2.0 in 1999). Reports and observations from field visits indicate that fertility is gradually increasing since 1999 as the country recovers from the crisis of the mid-1990s. The contraceptive prevalence rate for married couples, according to a 1997 Government survey in three provinces, supported by UNFPA, was 52% using modern methods and 67% by other methods. Intra-uterine device (IUD) was the most popular method (75%), followed by unspecified natural methods (17.7%) and female sterilization (6.5%). There is no additional information on access to family planning services in other provinces, or on the type of services available. Contraceptives are most often not available at Ri-level. According to field reports condom use is increasing but is still insignificant. The figure for condom use among couples in 1997 was 0.4 %. Condoms are provided free of charge from reproductive health services, but are not widely available. Condom use for protection other than family planning is likely to be very low. According to a recent UNFPA document, 23 per 1000 pregnancies are terminated (induced abortion).

There is thought to be a large unmet demand for modern family planning services but services and methods are not generally available. Considering the country's extensive health services infrastructure, there seems to be no reason why national family planning services cannot be put into place quickly. Expanding family planning services and broadening the choice of contraceptive methods should be a priority for UN System support.

Emerging and Re-emerging Diseases – TB, Malaria, HIV/AIDS, SARS and other Communicable diseases

Tuberculosis: Recent years have seen a dramatic increase in TB case notifications from 38 / 100,000 population in 1994 up to 220 in the DOTS Programme areas at the end of 2002. There were an estimated 47,000 TB cases in 2001. With a mortality rate of 10 per 100,000 populations, controlling TB is an important health priority.

This explosion of cases is the result of the overall deterioration in health and nutrition status of the population as well as the run down of the public health services. DPR Korea has a long commitment to tuberculosis control through a vertical National TB Programme (NTP). A draft five-year "Plan of Action for the Implementation of DOTS, 1998-2003" was drawn up by the TB Section of the Department of Communicable Diseases, Ministry of Public Health, with the assistance of WHO in early 1998. A phased expansion of DOTS was implemented 1998 - 2003. The 4th DOTS expansion took place in January 2003, covering 94.1% of national population. The sputum conversion and treatment cure rates are high, i.e. 90 % and 87% respectively, in line with the global targets. DOTS should cover the whole country by the end of 2003. Technical support has been provided by WHO to the TB control program, and the substantial funding in recent years has facilitated the phased rapid expansion.

The financial resources for the introduction of DOTS were mainly provided by WHO, through emergency and humanitarian funds / multi-country funding mechanisms in the period 1999 – 2002, the main donors being Sweden, Norway, Canada and Australia. Since the end of 2001, Global TB Drug Facility (GDF) has provided the necessary anti-TB medicines for the DOTS program. GFATM approved the proposal in April 2002 for DOTS expansion, but the mechanisms for disbursement of funds are still pending.

Malaria: In the 1990s, vivax-malaria has re-occurred in parts of the country, particularly in the rice-field river plains north of the de-militarised zone. The number of reported cases increased from 204,428 in 2000 (107/10,000) to nearly 300,000 (150/10,000) in 2001 and 254,000 in 2002. A reduction of malaria cases in 2002 occurred probably as a result of initiation of the control efforts. Adults are more affected than children and men more so than women. However, pregnant women are more vulnerable. The re-emergence of malaria can be contributed to several factors. The floods in 1995-96 have provided increased breeding grounds for the specific species of mosquito transmitting malaria, and the main breeding places for this mosquito are the rice fields. Change in agricultural practices with less use of pesticides and the way the rice fields are irrigated, as an adaptation to the energy problems, might also have contributed to increased breeding of the vector. Around 10 million, or 40% of the population, are now at risk.

Improvement of prompt diagnosis and treatment through improved diagnostic facilities and availability of anti-malarial drugs is one of most necessary interventions. Furthermore, vector control measures using insecticide treated screens or curtains, as

door or window covers; with insecticide-impregnated bed-nets is an economic and effective method to reduce the chances of mosquito bites.

Surveillance of communicable diseases: There is a need to strengthen the epidemiological surveillance for other communicable, including diarrhoeal diseases disease control, and to establish early warning system to detect rapidly epidemic and emerging infections and strengthen response mechanisms. The experiences from the AFP surveillance provide an opportunity for development of an enhanced surveillance. This will imply to review existing systems (the Hygiene and Anti-epidemic Station) and to strengthen epidemiology and laboratory capacities of the country. The recent outbreak of Severe Acute Respiratory Syndrome (SARS) in the region and the demanding challenge this new disease represents, underlines the vulnerability of the present health care system in DPRK.

HIV/AIDS and other sexually transmitted infections: HIV/AIDS is, so far, a limited problem in DPRK. However, more emphasis is needed on its prevention. As observed in neighbouring countries, HIV infections can spread rapidly after being introduced in the population. Risk factors for transmission of the disease exist in all populations. However, little or no knowledge exists on sexual behavioural pattern, safer sex and other sexually transmitted infections prevalence and management. Particular risk factors in DPR Korea are poor injection practices and low quality of blood transfusion services. Blood is routinely tested for HIV, but economic constraints in the past several years may have compromised the capacity to test. Also, increasing cross border travel between the DPRK and China, a country with sharply increasing HIV infections, provides more potential exposure. The DPRK has a unique opportunity to take early preventive measures and avoid the severe economic and social consequences of AIDS.

Health services and Health System

Resource scarcities have led to under-utilization of capacities and to difficulties in operating and maintaining the level of services which prevailed up to about 1990. Current health expenditures (2001) are 5.9% of the National Budget as compared with 7.6% in 1990 and 8.4% in 1985. A higher level of spending is vital to the maintenance of an effective health system. Running cost of extensive health care infrastructure is high and can not be met with the current level of expenditure and therefore further deteriorating the efficiency and effectiveness of services and making the system more donors dependent.

It is the poor quality of the health services which is of most immediate concern. Much of the extensive health services infrastructure is poorly effective because of low quality. Cost-effectiveness of such extensive systems calls for an in depth analysis and health sector reform.

Access to first level health services at the Ri-level continues to be high but access to referral health services (county and provincial hospitals) has become increasingly difficult. Economic problems have limited the Government's capacity to provide transport. With almost no public transport services these constraints are major barriers to referral, including for emergencies.

A chronic shortage of medicines and supplies at all levels is an ongoing constraint to quality of care. Local production of drugs has largely declined and there is insufficient budget or foreign currency for importation. Unlike most other countries, medicines cannot be purchased in local pharmacies and the population therefore solely depends on the

supply through the Government clinics or hospitals. International agencies provide substantial support for import of essential medicines and for limited local production, but it is necessary that the Government assume a greater responsibility to ensure better access to essential medicines at Ri- and county-level. Continued prioritization based on essential medicine principles and distribution systems will be important.

Health systems are labour intensive and require qualified and experienced staff functioning effectively. Health care provision requires that practitioners possess the knowledge and skills to respond and adapt to current and future health care priorities and needs, available resources and the broader factors that shape the current health system context. New and rapidly changing challenges and new information in health care demand that the education of health care providers be continuously updated.

Current health staff knowledge and skills are low by international standards. Medical education has suffered because of a lack of resources as well as of little exposure to new developments in international best practice. There is an urgent need to fill this knowledge gap. One priority is to urgently invest in re-training of the current health workforce in line with international norms and standards.

Human resource planning needs to be reevaluated. Within the context of limited resources, rising health care cost, increasing health demands and heightened public expectations, nursing and midwifery services provide a platform from which to scale up health interventions to assist in meeting national health targets. The ratio between nurses and doctors in DPRK is much skewed. One of the priorities would be to adjust the current workforce to increase the intake of nurses (currently only 1.0 nurse per doctor). DPRK perhaps, thanks to its priority actions, has reached the saturation levels in number of doctors to adequately meet and timely respond to the needs of the population. System of section doctors is one of the unique systems DPRK has adopted in improving health conditions. Time has come to consider the number of new student in medical training and limiting the enrolment to the replacement need. On the other hands vigorous efforts need to be taken to increase the number of skilled nurses and midwives.

Decisions need to be taken to consider reducing the number of beds, therefore, number of hospitals and improve efficiency, effectiveness and quality. Number of district, provincial, central level hospitals and other hospitals run by different ministries needed for timely and adequately responding to the need of population to be further analyzed and planned accordingly. This exercise will not only reduce the recurrent and development costs but will improve efficiency, effectiveness and quality by making it possible to provide adequate and much needed investment and without deteriorating health systems responsiveness to the health need and condition of the population. It may be necessary to focus more on improving quality of care in primary care level facilities with timely access to well functioning and good quality referral facilities at district levels. Fewer number of well functioning district hospitals will maximize use of scarce resources; will be more efficient and cost-effective.

Management and health information system

An efficient management system is crucial to improve efficiency and quality. Most of the current health care managers are not trained in management and administration. Timely and adequate supervision system from lower levels to the referral facilities is also important to have well functioning health system and improving performance. There is

also need to improve systems to generate and analyze health information. This will be crucial to support the revision of national health policies, health system development, responding to the current needs and take timely measures to improve service delivery.

Health education and health promotion

The high adult literacy rate and the extensive “section doctor” network are unique opportunities for effective health education and health promotion. Many problems can be effectively *prevented or treated* at the family level. Areas of special attention are child-care practices, nutrition, reproductive health and tobacco use. A recent survey confirmed that 59.9 % of males above 16 years of age smoke, with an average daily consumption of 15.3 cigarettes.

2.6 Partnerships in Health

From the beginning of 1970s, DPR Korea joined in as members in most UN agencies and maintained close relations with them. Till date, it is still not a member of major international multilateral financial institutions such as the World Bank and Asian Development Bank. Thus, the international assistance provided by UN and other agencies to DPR Korea in overall development sectors as well as in health sector was minimal as compared to other developing countries.

The UN agencies, with the full support of the Government, had submitted a series of proposals called United Nations Consolidated Inter-Agency Appeals for humanitarian assistance (UNCAP), since 1995, when the major floods and droughts affected in alternate years to the whole country severely. Such assistances included the food security, health and nutrition, water and sanitation, education, relief and rehabilitation and coordination.

Many multilateral agencies and bilateral donors as well as international and national NGOs responded positively to these emergency appeals. This has resulted in the stabilization of food and health situation and provided social safety net for most vulnerable. However, representatives of UN and other the international organizations in the country felt that the emergency situation is still far from over.

Support for strengthening the Immunization Programme is now ensured through the Global Alliance for Vaccines and Immunization (GAVI) and the DOTS Programme, with support from the Global TB Drug Facility (GDF) and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). These are multi-year funding mechanisms that will ensure resources over the next few years for essential public health programmes.

At present, international agencies in addition to WHO, who have operational programmes in DPR Korea are: UNDP, WFP, UNICEF, FAO, UNFPA, UNIDO, OCHA, EU, IFRC (International Federation of Red Cross), ADRA (Adventist Development Relief Association, Switzerland), Campus Fuer Christus, CESVI (Cooperazione e Sviluppo), CONCERN worldwide, GAA (German Agro-Action) and PMU Interlife⁵. These agencies are involved in various sectors⁶ such as:

- Food security: WFP, FAO, UNDP, UNICEF, NGOs and bilateral donors

⁵ UN Consolidated Inter-Agency Appeal for DPR KOREA, 2003

⁶ idem

- Health and Nutrition: UNICEF, WHO, UNFPA, IFRC, Resident and Non-resident NGOs, ECHO, Bilateral donors.
- Water and sanitation: UNICEF, IFRC, ECHO
- Education: UNICEF, UNESCO
- Relief and Rehabilitation and Coordination: OCHA, NCC (National Coordination Council), FDRC (Flood Damage Rehabilitation Committee)

Under the overall coordination of the UN Resident Coordinator System and the national FDRC (Flood Damage Rehabilitation Committee), there are several sectoral coordination mechanisms established at the country level.

To coordinate among UN and other agencies, health and nutrition coordination meetings, chaired by UNICEF, are convened monthly, while WHO organizes technical health meetings alternating with the health coordination meetings. However, Ministry of Public Health does not participate in any of these meetings. There is need to establish regular health coordination meetings chaired by the government.

2.7 Flow of Resources for Health Development

In a recent Session of the Supreme People's Assembly held in April 2000, it was reported that the state budgetary expenditure for 1999 was 20,018,210,000 won⁷. In 2000, the total expenditure on health was 2.1 % of GDP and the expenditure on health was 5.9% of total of general government expenditure.⁸ The amount of international aid for health sector was in the period 2000-2002 about 36.9 million USD according to information of OCHA. This included multilateral, bilateral and NGO support and cover both the area of health and nutrition.

3. WHO COLLABORATIVE PROGRAMMES

WHO collaborative programmes in DPR Korea over the past three biennia have adopted different approaches towards addressing national health development needs. These attempted to acknowledge the severe economic and institutional constraints. Overall WHO collaboration in health sector through its regular and extra-budgetary resources, including emergency humanitarian assistance, has been relevant to the country's crisis.

Up to now, the WHO collaborative programmes has included: 1) Control of Communicable Diseases, 2) Social Change and Control of Non-communicable Diseases, 3) Development of Health Systems and Community Health, 4) Sustainable Development and Healthy Environments, 5) Promotion of Health Technology and Pharmaceuticals, and 6) Provision of Evidence and information for Policy 7) Institutional and human resource capacity building. Major inputs are in the area of strengthening health systems and disease control.

In principle, WHO regular budget has been used for long and medium term health goals, whereas funds from UN appeal for emergency humanitarian action (EHA) have

⁷ SPA Adopts New State Budget for Year 2000- "People's Korea" (<http://www.korea-np.co.jp/pk>)

⁸ WHO -- World Health Report 2002

been used for short-term emergency health problems. Resources through the UN Consolidated Appeal and other funding mechanisms have been instrumental to address major public health problems such as tuberculosis, polio eradication and strengthening of EPI program. These interventions have been scaled up to an extent that would not have been possible through WHO regular programs. This shows that in countries with complex emergencies WHO has the ability to mobilize resources and in cooperation with national authorities address some the immediate public health concerns.

The level and nature of collaboration has varied across different areas of programme of work. Thus, during most recent biennia, the priority of budget allocation was, in the order of, health technology and pharmaceuticals (mainly support for production and distribution of essential drugs and vaccines), followed by health systems development (mainly for strengthening of district, county and *Ri* health facilities) and in prevention and control of communicable and non-communicable diseases.

The nature of the WHO collaboration could be broadly categorized under the following main focus: 1) Infrastructure building, 2) Capacity building, and 3) Technical assistance.

Infrastructure building: WHO resources from emergency and humanitarian funds, Inter-country mechanisms including Regional Director's Development Fund or WHO regular budget support for DPRK have been used, as a humanitarian support, to provide a variety of essential drugs and vaccines and other essential medical and laboratory supplies with the purpose to help sustain the health infrastructure of the country. Other purchases included essential medical supplies, vaccines and drugs, supplies for sanitation systems and laboratory reagents, and an ongoing project for rehabilitation of blood transfusion services. However, the humanitarian assistance has barely managed to fill some of the immediate needs, while large-scale investments will be needed for rehabilitation of the health sector.

Capacity Building: The capacity building focussed on training health care personnel. This was done within DPR Korea through national training workshops and also overseas training in the forms of fellowships, study tours and participation in regional and inter-country training workshops. The main focus has been to strengthen capacity to handle non-communicable diseases as well as laboratory diagnosis of microbiological infections such as tuberculosis, malaria and poliomyelitis. During 2002 – 2003, the emphasis has been extended to the areas of epidemiology, local production of essential medicines, maternal and child health and strengthening of research capacity. The establishing of the WHO country office in 2001 has strengthened the technical collaboration and ability to support effective capacity building.

Technical Assistance: WHO technical assistance in general focussed on the two areas: (a) providing appropriate consultants and staff visits, and (b) facilitating the availability of WHO guidelines and manuals in the local language.

The nature of technical assistance included needs assessment, review and advice on specific programme areas and technical monitoring of project implementation. The two important areas of technical supports that resulted in remarkable improvement of programme implementation is the long-term technical support for the introduction and expansion of the DOTS program and poliomyelitis eradication and AFP surveillance. Furthermore, WHO has played a significant role in advising MoPH and international agencies on appropriate humanitarian assistance. The development of the List of

essential medicines suggested to be used by international agencies in DPRK and the drug manual for rational drug use, produced in cooperation with UNICEF, IFRC and MoPH, are examples of important normative guidance provided by WHO to ensure sound health sector support.

Lessons learnt: Assessing the overall performance of the WHO collaborating programmes, it is seen that a significant proportion has been for capacity building and infrastructure support. Large number of short period fellowships or training courses appears to produce limited results or impact in improving national health development. Long-duration courses will allow sufficient time for fellows to gain good knowledge and skills. DPRK still lacks health personnel in areas of public health and epidemiology and that fellowships support in this area will be highly beneficial to the country.

For the expansion and sustainability of the quality of the programmes, continuous technical support from WHO at country level is required, especially in areas of technical assistance, review and evaluation. Once the programme management is well established, financial support for sustaining the programmes is more likely to come from other donors or development agencies. The best examples are DOTS and poliomyelitis control programmes. For control of HIV/AIDS, the current practices have to be revised by focussing on health promotion rather than laboratory tests.

The emergency assistance has often been used as a platform for launching other WHO global programmes such as Stop TB and Polio Eradication Initiatives. However, the challenge of strengthening and improving the performance of the health systems still remains to be overcome. The impact of the trained manpower on improving health care services needs to be assessed. There is a clear need for more focus on integrated health development programmes. WHO collaborative programs have only to a limited extent been able to address issues related to health system development. More focus on WHO assistance for health policy and health system development is therefore required. The limited day-to-day access and interaction with the MoPH staff is a constraint for effective technical support from WHO.

In order to coordinate the WHO country activities, the Ministry of Public Health has designated the Director of External Affairs to coordinate and supervise international relations, including those of WHO. The WHO Country Office in DPRK was established with designated WHO Representative in August 2001. There has been increased coordination and interaction with Ministry of Public Health, UN Agencies and other development partners after the establishment of the country office. There has also been substantial increased interest in financial support from donors for WHO programs in DPRK. In order to deliver technical support more effectively, the WHO Country's capacity has to be strengthened. More number of technical staff, national and international, in essential areas such as communicable diseases control, maternal and child health and health system are required.

4. PRIORITY CONCERNS IN HEALTH 2004 – 2008

4.1 National Health Priorities in 2004- 2008

In March 2003, WR organized a meeting to discuss WHO and national health priorities for the next 5 years (2004 – 2008) with responsible government officials. The following health areas were presented by the Ministry of Public Health;

1. Tuberculosis, Malaria, HIV/AIDS
2. Other infectious diseases (Hep. B, intestinal infectious diseases and parasitosis)
3. Non-Communicable diseases (CVD, cancer, oral disease)
4. Tobacco control
5. Maternal and Child health, including immunization
6. Food safety
7. Nutrition
8. Mental Health
9. Blood safety
10. Health and Environment
11. Developing and application of new technology
12. Essential drugs and drug quality assurance
13. Strengthening of Health system
14. Training/reorientation of health workers

During the same meeting, WR's Perspective on WHO Priorities in DPRK, 2004 –2008 was also presented, as shown below;

1. Control, surveillance and prevention of communicable diseases (malaria, tuberculosis, HIV/AIDS, surveillance system, public health laboratories)
2. Immunizations and vaccines
3. Promote evidence based health policies and health care (clinical guidelines, rational drug use, traditional medicine)
4. Strengthening of basic health services close to the community
5. Updating technical skills of health personnel and medical education
6. Blood safety
7. Strengthening of and technical and research capacity in public health and epidemiology
8. Health system development
9. Tobacco control
10. Increase the capacity of the Ministry of Public Health to work in a partnership environment

While the MoPH's focus on programme priorities, WHO has given more focus on improving the efficiency of the government functions. By overall, however, there is no major contradiction in priorities of both parties. Based on these 3 sets of priorities, a matrix of priority areas for WHO support during 2004 – 2008 is developed, as shown on page 26.

4.2 Current and/or Anticipated Needs for National Health Development

In order to complement the efforts already made by the Ministry of Public Health and its development partners in support of the medium-term health plan, additional actions and resources are required to help ensure sustainability of health systems on the basis of equity and self-reliance.

Available resources and new investments in health development need to be equitably and efficiently used to meet the needs of the most vulnerable groups, especially women and children.

There are (two) broad areas of focus for national health development. The first challenge is to conduct a comprehensive situation analysis and accordingly carry out a health sector reform to improve and sustain the health systems performance. The health systems infrastructure throughout the country needs strengthening at all levels both in terms of providing essential supplies as well as in reorienting the skill and knowledge to address new health challenges such as management of emerging communicable and non-communicable diseases. The existing health infrastructure totally relies on public funding, which has major constraint due to economic crisis in recent years. Due to re-emergence of communicable diseases which has high burden for mortality and morbidity, the health facilities need to re-orientate the health care services to prevent and control these emerging problems such as malaria, tuberculosis, immunization, maternal and child health care, including nutrition promotion, and sexually transmitted diseases.

The second challenge is to provide appropriate supplies and equipment to all health facilities. Many health facilities are using whatever technology and materials remain at their disposal. Most of the medical equipment and supplies are outdated and unserviceable. Health institutions are also severely affected because of the shortage of electricity, inadequate heating and lack of water and proper sanitation. A few institutions tried to use advanced equipment and technology, which required heavy financial and human investments. Such development efforts concentrated on vaccines development, health interventions for non-communicable diseases such as diabetes, cancer and cardiovascular diseases and medical diagnostics.

Investments in material and human support are required to strengthen national capacity for good manufacturing practices and quality control in order to produce essential drugs, vaccines and medical supplies locally. In support for domestic production of drugs and vaccines, priority should be given to the most essential items to be used at primary level. Improvement of knowledge and skills of all health staff on rational use of drugs and medical instruments are also necessary to make efficient and effective use of limited supplies.

4.3 WHO Strategy formulation

WHO corporate strategy framework

The key principles that govern the proposed shifts from WHO past programme of work to its new strategic agenda are to:

- Be more selective and focused in determining which part of the health sector programme to support
- Leave room for responding to requests as they arrive, while defining the boundaries within which WHO will respond
- Emphasis WHO's role as policy advisor and broker
- Differentiate WHO's work and performance from that of the government, while defining the boundaries within which WHO will respond, whilst continuing to work as government's key partner in health
- Explicitly take into account the strategies and activities of other partners
- Seek out opportunities to increase and strengthen partnerships with other agencies and actors
- Maintain the visibility and credibility of WHO, focusing on what the Organization does best.

Strategic directions

Four broad strategic directions have been defined by WHO

Strategic direction 1: reducing excess mortality, morbidity and disability, especially in vulnerable groups

Strategic direction 2: Promoting healthy lifestyles and reducing risk factors to human health that arise from environment, economic, social and behavioural causes

Strategic direction 3: Developing health systems that equitably improve health outcomes, respond to people legitimate demands, and are financially fair.

Strategic direction 4: Framing and enabling policy and creating an institutional environment for the health sector, and promoting an effective health dimension to social, economic, environmental and development policy.

Country level functions

For WHO operations at country level five distinct functions have been identified:

- Provision of “focused” technical assistance on critical areas of on-going programmes such as the prevention and control of communicable diseases and maternal and child health
- Provision of specific policy advice and catalysing adoption and adaptation of technical strategies: seeding large scale implementation
- Support to operational research aimed at identifying innovative strategies for efficient implementation of on going programmes, and monitoring health sector performance.
- Dissemination of technical information, and knowledge transfer and sharing.
- Serving as broker between the international community to facilitate coordination and mobilize additional resources for the health sector.

WHO strategic agenda for DPR Korea

WHO mission in DPRK

WHO will contribute to make the health system more responsive to the health needs of the population and to enhance the human resource potential of the Ministry of Public Health

Framework of WHO country cooperation strategy

It has been developed with the aim of responding appropriately to priority health problems in the country.

Emphasis within the strategic direction 1: Reducing mortality and morbidity, especially in risk populations

Significant emphasis will be given to supporting, catalysing adaptation and adoption of technical strategies for disease prevention and control and maternal and child health. Priorities diseases and conditions are malaria, tuberculosis, vaccine preventable diseases, surveillance and response to epidemic and emerging infections, HIV/AIDS, Women's health, and maternal and newborn care, Integrated Management of Childhood Infection, nutrition in collaboration with UNICEF and family planning in collaboration with UNFPA

Specific topical emphasis will be will be:

- Development, adaptation and testing of cost effective interventions, norms and standards for disease control, maternal and newborn health, nutrition and child health which are appropriate, acceptable and can reach relevant population groups
- Formulation and promotion of public health strategies for priority interventions, which contain an appropriate balance between promotive, preventive and curative interventions
- Formulate and testing of integrated approaches to control of communicable diseases
- Development of guidelines and tools and preparation for scale-up of intervention and strategies
- Support for epidemiological and operational research to establish extent and magnitude of health problems

Emphasis within the strategic direction 2: Promoting healthy lifestyles and reducing risk factors to human health that arise from environment, economic, social and behavioural causes

The main functional emphasis within this strategy will be on providing specific policy advice with the aim to guide national policies, while building on international experience. Priority life style and risk factors will be tobacco use and risk reduction for major non-communicable diseases, blood safety and food safety

Specific topical emphasis will be given to:

- Advocacy for interventions at the highest levels of policy making
- Support for policy formulation
- Technical advice and support for the development of material for health personnel
- Operational research on extent of social and health impact of unhealthy lifestyles

Emphasis within the strategic direction 3: Developing health systems that equitably improve health outcomes, respond to people's legitimate demands and are financially fair

An effective, good quality and well functioning health system is most urgent to meet the challenges of emerging and reemerging diseases, child and maternal health and health of the population and to achieve MDG. Considering the current economic situation, donors support and future opportunities, WHO should support the government to develop a short and long term strategic plan and start a gradual health sector reform.

The main emphasis:

1. To provide technical expertise to support government to analyze health care and health sector reform needs
2. To provide technical expertise for the development of a comprehensive health manpower development plan
3. To contribute to health manpower development, especially in the area of Public Health, through support to training and retraining doctors and nurses to update their knowledge and skills according to the evidence based norms standards and practices, scholarships for MPH training abroad to create a critical mass of public health experts, health managers, health planners and health economists
4. To provide technical expertise for the appropriate use of technology
5. To provide technical expertise and support for the establishment of need base information system, analysis and planning process

Specific topical emphasis will be

- Analysis of existing health care needs, support and present health system
- Policy decision of health sector development and possible reform
- Training and retraining of doctors and nurses to update their knowledge and skills according to the evidence based norms and standards and practices
- Create a critical mass of public health experts, epidemiologists, health managers, health planners and health economists
- Establish a functional, need-based information system, analysis and planning process
- Provide adequate authorities and resources to local level managers to take timely corrective actions and carry out timely maintenance.

Emphasis within the strategic direction 4: Framing an enabling policy and creating an institutional environment for the health sector, and promoting an effective health dimension to social, economic, environmental and development policy.

The main emphasis

1. Increase the capacity of the Ministry of Public Health to work in a partnership environment
2. Strengthening technical capacity of WHO Country Office to adequately and timely response to country needs and to attract more resources from the donors through the build-up of a credible country presence.

Specific topical emphasis will be

- Strengthening the capacity and capability of the Ministry of Public Health to work in a partnership environment
- Advocacy for resource mobilization
- Promoting foreign language training
- Recruit more technical international and national staff in areas of epidemiology, maternal and child health and health system, to work in WHO Country Office
- Improving communication and information technology in WHO Country Office

5. Implications for the WHO country office

The strategic changes will have an impact on the functioning of all levels of WHO. The following sections attempt to assess some of the implications following the gap between the current set-up and what is required to implement the new strategy:

For WHO to assume a technical and strategic leadership role in DPRK, it is necessary to change the budget and work plan framework for one based on compartments inputs and activities to one based on strategic outputs. The framework needs to be flexible to pursue opportunities as they arise. However the framework should clearly define the boundaries within which WHO will respond.

The responsibility for implementing the country programme rests with the WR who needs delegation of authority commensurate with this responsibility.

In order to assure a more proactive technical leadership role as foreseen in the strategy, it is paramount that the technical capacity of the country office is significantly enhanced.

Undertaking the new role will, in addition to the WR and Administration & Program Officer, require minimum three international and two additional national technical staff working on the programme and with the following profiles

International staff

- Public Health expert with strong and broad international background in communicable disease control
- Public Health expert with strong and broad international background in maternal and child health
- Public Health expert with a health system background (could be a JPO)

In addition to public health expertise the international staff should possess international outlook, project planning, negotiation and communication skills

National staff

In addition to existing national professional staff (NPO – Administration, NPO – Programme and NPO –TB), the national staff with the following background are required;

- Public health in disease control
- Public health in maternal and child health

The national staff should be recruited as NPO

It is foreseen that the current level of administrative support will be sufficient for the implementation

Communication and information technology

The main strength of WHO and the platform on which it can build its technical leadership role is the technical credibility. This depends on the ability to draw on world leading expertise for a full range of specific topics and discipline required, as well as staying abreast with the latest international development through systematically searching of databases and the internet. The plan is to install satellite communication in the country office with connection to WHO's Global Private Network during the third quarter of 2003, in cooperation with UNICEF and UNDP.

6. CONCLUSION

The WHO country cooperation strategy for DPR Korea will serve as a basis for further planning and implementation of WHO collaborative programmes, including formulation of the collaborative programmes for the biennial periods of 2004-2005 and 2006-2007. In being so, it is intended to a dynamic document, which remains open and adaptable to changing needs and circumstances. WHO's country cooperation strategy is also likely to be useful for DPR Korea's development partners as it identifies specific areas for collaboration, both CCA and UNDAF may serve to complement the WHO initiated Country Cooperation Strategies (CCS) and vice versa.

The WHO country cooperation strategy for DPRK will also provided a framework for collaboration with all levels of action within WHO. It is providing an opportunity to identify strategic priorities in well-defined areas of intervention. In addition, the identified priority areas for WHO support are analyzed in terms of WHO core functions as defined in the WHO corporate strategy.

It was found useful to analyze the proposed priority areas for WHO support in terms of WHO's six core functions, as it helped in defining expected results for WHO work. This will add value and flexibility to the planning process itself. It allows future expected results to be defined in two ways, either inclusively in collaboration with others or exclusively confined to the WHO.

The participatory nature of formulating the WHO country cooperation strategy was noteworthy, as was the way it built upon the national health priorities. It involved not only the Ministry of Public Health but also other development partners in DPR Korea.

Therefore, expected results from WHO collaborative efforts with the Ministry of Public Health and other development partners become evident by using the first set of matrices, which contain the anticipated results of such WHO collaboration. Expected results which are confined to the WHO become evident by using the second set of matrices, as the identified priority areas for WHO support are expressed in terms of WHO core functions.

Analysis of the priority areas for WHO support demonstrated that in the country cooperation strategy for DPR Korea, considerable emphasis will be placed on **technical and policy support**, in ways that stimulate action and help build a more sustainable national capacity in the health sector. This may reduce the past dependence on supply and equipment in WHO collaborative programmes.

Another area of WHO support could be in **articulating consistent, ethical and evidence-based policy and advocacy positions**. WHO support is also needed in **stimulating the development and testing of new technologies, tools and guidelines** for disease control, risk reduction and health systems management. WHO is likely to provide technical assistance in **managing information and stimulating research and development**. Finally, WHO will assist with the development and application of **norms and standards**.

The activities undertaken through the UN emergency and humanitarian assistance programme would need to be integrated with the above development activities.

WHO's collaborative role in DPR Korea would be further strengthened by greater involvement of the Organization in the country. WHO should field successive missions for technical support in key programme areas. Both parties have identified these priority areas in this document, which represents a dynamic basis for future collaboration.

Acknowledgments

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CCS – DPRK, Priority areas for WHO support, Biennium 2004 – 2007

Identification of priority areas for WHO support					
Priority Health Problems	Challenges	Opportunities	Priority Areas for WHO Support	Partners additional to MoPH 2004 - 2008	Anticipated Results from WHO Collaboration
Strategic Direction 1: Reducing mortality and morbidity, especially among risk population					
1. Control of communicable diseases					
Malaria	<ul style="list-style-type: none"> • Early diagnosis and appropriate treatment of malaria cases • Availability of anti-malaria drugs • Knowledge on malaria epidemiology vector control 	<ul style="list-style-type: none"> • There are only reported cases of P.vivax • High government commitment 	<ul style="list-style-type: none"> • Strengthen knowledge and skill on diagnosis and treatment of malaria. • Knowledge on malaria epidemiology, surveillance and vector control • Strengthening of operational research on malaria • Improve access to malaria diagnosis and treatment at community level • Increase partnership with other agencies on RBM 	IFRC GFATM UNICEF Social organizations (women, youths, Korean Red Cross)	<ul style="list-style-type: none"> • More effective malaria control, particularly in case detection, case management and vector control • Reduction of malaria transmission
Tuberculosis	<ul style="list-style-type: none"> • Expansion of case detection and DOTS services throughout the country. • Shifting from institutional case management to ambulatory treatment • Availability of anti-TB drugs 	<ul style="list-style-type: none"> • Very good community participation and good health infrastructure • Very effective drugs • Multi-year support from GFATM/GDF 	<ul style="list-style-type: none"> • Strengthen knowledge and skills on diagnosis and treatment of TB in expanded areas • Strengthening of management of DOTS programme • Improving quality of supervision at provincial level • Establishing culture and sensitivity testing • Diagnosis and treatment of tuberculosis in children 	GFATM CIDA International NGOs	<ul style="list-style-type: none"> • Improved TB case detection and cure rate • Improved coverage of DOTS services • Reduction of TB transmission
HIV/AIDS	<ul style="list-style-type: none"> • Shifting surveillance strategy from traveller's blood test to surveillance of STI • Promotion of condom use 	<ul style="list-style-type: none"> • Good access to inter-personal communication 	<ul style="list-style-type: none"> • Development of national HIV/AIDS prevention strategies • Improve surveillance of STI and HIV infections • Advocacy for better access to and use of condoms at the community level • Improving knowledge and skills for prevention and management of sexually transmitted diseases • Strengthening interagency and inter-sectoral coordination 	UNICEF/UNFPA/UNAIDS UNDP IFRC International NGOs	<ul style="list-style-type: none"> • Improved national strategies for HIV AIDS prevention • More effective and sensitive HIV/AIDS and STI surveillance and management • Better coordinative inter-agencies support

Identification of priority areas for WHO support					
Priority Health Problems	Challenges	Opportunities	Priority Areas for WHO Support	Partners additional to MoPH 2004 - 2008	Anticipated Results from WHO Collaboration
Immunization and vaccines	<ul style="list-style-type: none"> • Sustaining high immunization coverage, good cold chain system • Effective surveillance for all EPI diseases • Introduction of new vaccines 	<ul style="list-style-type: none"> • Extensive health infrastructure and community participation • Good AFP/Polio surveillance 	<ul style="list-style-type: none"> • Strengthening routine EPI surveillance, building on AFP/Polio surveillance • Phased introduction of new vaccines • Strengthening of National Regulatory Authority and National Control Laboratory • Ensure sustainable access to EPI vaccines 	UNICEF GAVI Committees of Hygiene Guidance Social organizations (women, Korean Red Cross)	<ul style="list-style-type: none"> • Improved EPI disease surveillance • Improved quality of laboratory diagnosis for EPI disease • New vaccines introduced
Disease surveillance and epidemic response	<ul style="list-style-type: none"> • Functional disease surveillance system • Improving capacity of Hygiene and Anti-epidemic Stations on disease surveillance and epidemic responses 	<ul style="list-style-type: none"> • Extensive network of Anti-epidemic stations 	<ul style="list-style-type: none"> • Update case definitions of the main epidemic and emerging diseases • Strengthening capacity on epidemiology, disease surveillance and epidemic response for the Anti-epidemic stations staff • Ensure availability of basic laboratory equipment and reagents at the Anti-epidemic stations • Strengthening of hospital infection control 	IFRC UNICEF	<ul style="list-style-type: none"> • Effective disease surveillance system and response to disease outbreak

Identification of priority areas for WHO support				
Priority Health Problems	Challenges	Opportunities	Priority Areas for WHO Support	Partners additional to MoPH 2004 - 2008
Child and maternal health	<ul style="list-style-type: none"> Recent rise of maternal mortality and morbidity Limited access to early treatment services for the major childhood illnesses 	<ul style="list-style-type: none"> Commitment for provision of essential health care to mothers (including safe motherhood) and children (including IMCI) 	<ul style="list-style-type: none"> Improving health care providers performance and quality of care, especially, nursing and midwifery services Strengthening emergency obstetrical care services Strengthening national capacity in management and referral of the major maternal, newborn and child health problems Introduction of evidence based clinical guidelines for common diseases in childhood through IMCI Support monitoring and supervision systems for maternal and child health Improving evidence based knowledge and skills of health care providers on family planning services 	UNICEF UNFPA International NGOs
				<ul style="list-style-type: none"> Increased access to early treatment for maternal and child health problems Improved quality of child and maternal care
Strategic direction 2: Promoting healthy lifestyle and reducing risk factors to health				
2. Control of non-communicable diseases				
Tobacco control	<ul style="list-style-type: none"> High prevalence of cigarette smoking among men. Tobacco legislation 	<ul style="list-style-type: none"> Government's commitment to tobacco control DPRK participation in FCTC negotiation No mass media advertisement on tobacco in the country 	<ul style="list-style-type: none"> Support in developing the Comprehensive National Tobacco Control Policies & Strategies Adaptation of FCTC for the development of legislative framework for tobacco control Initiation of tobacco surveillance Development of education programmes to raise awareness on detrimental effects of using tobacco. 	Ministry of Agriculture Legislative Bodies
				<ul style="list-style-type: none"> Legislative framework for tobacco control. Reduced smoking in public building, including hospitals Increased awareness of the detrimental effects of tobacco usage. Reliable data on tobacco use and supply

Identification of priority areas for WHO support					
Priority Health Problems	Challenges	Opportunities	Priority Areas for WHO Support	Partners additional to MoPH 2004 - 2008	Anticipated Results from WHO Collaboration
Integrated NCD surveillance and prevention (CVD, Cancers, Diabetes)	<ul style="list-style-type: none"> • Increase burden of mortality and morbidity of NCDs • Control NCD risk factors • Early diagnosis and management of NCDs. 	<ul style="list-style-type: none"> • Increasing awareness of high burden of NCDs • Good practice in physical activity and less consumption of unhealthy diet • Extensive networks of health facilities 	<ul style="list-style-type: none"> • Strengthening NCD and risk factor surveillance • Improving knowledge and Skill development for early detection and management of major NCDs • Initiation of community-based integrated NCD surveillance and prevention 		<ul style="list-style-type: none"> • NCD Risk factor surveillance initiated • Strengthened skill for early diagnosis, management of major NCDs • Guidelines for early detection and management NCDs
Community Mental Health	<ul style="list-style-type: none"> • Shifting of institutional mental health care to community care • Availability of psychotropic drugs 	<ul style="list-style-type: none"> • Good community participation and health infrastructure 	<ul style="list-style-type: none"> • Strengthening knowledge and skills on community mental health care • Initiate community-based management of psychosis and epilepsy • Guidelines for the management of psychosis and epilepsy • Promotion of mental health in adolescent 	NGOs	<ul style="list-style-type: none"> • Improved effectiveness of mental health care • Reduction of hospital beds and cost of care • Improved case management of psychosis and epilepsy
3. Blood and food safety					
Blood safety	<ul style="list-style-type: none"> • Universal blood safety services in all health facilities • Mandatory blood screening for HIV, Hepatitis B & C 	<ul style="list-style-type: none"> • High commitment of government on blood safety services in all health facilities 	<ul style="list-style-type: none"> • Formulation of national blood safety policy • Strengthening capacity on blood safety technology and services at national and provincial levels • Strengthening safe injection practice 	ECHO UNICEF Korean Red Cross	<ul style="list-style-type: none"> • National blood safety and safe injection policy established • Improved blood transfusion services • Improved practices and services on blood safety.
Food safety	<ul style="list-style-type: none"> • National food safety policy and legislation 	<ul style="list-style-type: none"> • National commitment to improve nutrition and food safety. 	<ul style="list-style-type: none"> • Strengthen managerial and technical skills for food inspection and monitoring. 	WFP FAO	<ul style="list-style-type: none"> • National food safety policy established • Improved regulations and practice of food safety in the country.

Identification of priority areas for WHO support				
Priority Health Problems	Challenges	Opportunities	Priority Areas for WHO Support	Partners additional to MoPH 2004 - 2008
Strategic direction 3: Developing and improving health system				
Public health laboratories	<ul style="list-style-type: none"> Well functioning national public health reference laboratory Availability of equipment and reagents 	<ul style="list-style-type: none"> Good health infrastructure 	<ul style="list-style-type: none"> Establishment of a national public health reference laboratory Strengthening the capacity to diagnose cases and outbreak of epidemic prone diseases 	<ul style="list-style-type: none"> More accurate and rapid diagnosis of causative agent of disease outbreak Prompt appropriate control measure undertaken
Drug management	<ul style="list-style-type: none"> Sustainable availability of good quality essential drugs and vaccines 	<ul style="list-style-type: none"> Government's commitment to improve local production capacity and quality 	<ul style="list-style-type: none"> Assessing the country pharmaceutical situation Formulation of national drug policy Development national essential medicine list and rational use Improvement of local production processes and GMP and strengthening Quality Control of essential drugs and vaccines Guidelines on donated drugs and vaccines Guidelines on logistics of drugs and vaccines 	<p>Improved accessibility of essential drugs and vaccines</p> <p>UNICEF IFRC International NGOs UNDP/UNIDO</p>
Koryo traditional medicines	<ul style="list-style-type: none"> Integration of traditional medicines into allopathic medicines in routine clinical services 	<ul style="list-style-type: none"> Government policy for promotion of traditional medicine Community acceptance for use of traditional medicine Locally available and produced 	<ul style="list-style-type: none"> Strengthening operational research on the use of traditional medicines and dissemination of its results National guidelines on the use of traditional medicines Re-designation of WHO Collaborating Center for Traditional Medicine 	<ul style="list-style-type: none"> Improved standardized use of traditional medicines and integration with modern medicines
Technical and research capacity in public health and epidemiology	<ul style="list-style-type: none"> National capacity on public health, epidemiology and research methodology 	<ul style="list-style-type: none"> Well established National anti-epidemic centers 	<ul style="list-style-type: none"> Fellowships for International MPH and equivalent courses, including Field Epidemiology Training Programme (FETP) Use of health indicators in programme planning Stronger DPRK participation in inter-country meeting and international meetings on public health policies Improving skills in research methodology, applied epidemiology and biostatistics Strengthening DPRK institutional collaboration with international and regional research institutions 	<ul style="list-style-type: none"> Improved public health planning, implementation and research methodology Improved epidemiological information and its application <p>Bilateral donors (SIDA/NORAD/DFID, Germany, Italian Development Cooperation)</p>

Identification of priority areas for WHO support					
Priority Health Problems	Challenges	Opportunities	Priority Areas for WHO Support	Partners additional to MoPH 2004 - 2008	Anticipated Results from WHO Collaboration
Updating technical skills of health personnel	<ul style="list-style-type: none"> Up to date knowledge and skills of health personnel in public health and disease control 	<ul style="list-style-type: none"> Improved English proficiency among young medical officers 	<ul style="list-style-type: none"> Fellowships to other countries in Asia, for all categories of health personnel, with public health focus Supporting in-country, skills-based training for updating knowledge and skills of health personnel at all levels Supporting WHO publications in Korean Supporting development and printing of relevant technical guidelines and training material in Korean 	UNICEF IFRC International NGOs	<ul style="list-style-type: none"> Standard textbooks and references in Korean Improved quality of health care practices and disease control
Medical education	<ul style="list-style-type: none"> Up to date curriculum in medical, nursing and midwifery school teachings 		<ul style="list-style-type: none"> Curriculum development of medical, nursing and midwifery schools Improving access to international reference books and other information resources in major areas of medicine and nursing Updating text books and training material in medical, nursing and midwifery schools 	UNICEF UNESCO	<ul style="list-style-type: none"> Graduated medical doctors, nurses and midwives with up to date knowledge required for effective national health development Better access to international health and medical information resources
Health care delivery to the communities	<ul style="list-style-type: none"> Universal access of good quality health services at community level 	<ul style="list-style-type: none"> Good community participation and health infrastructure 	<ul style="list-style-type: none"> Advocacy for better access of population to essential medicines Inter-agency cooperation in improving health care at the county and ri/dong levels through support and promotion of appropriate external assistance Improving basic diagnostic and laboratory facilities at county and ri levels 	UNICEF IFRC	<ul style="list-style-type: none"> Increased access to good quality health care at community levels Reduction of cost of health care in hospitals
Strategic direction 4: Framing and enabling policy and creating an institutional environment for the health sector					
Capacity of MoPH to work in partnership environment	<ul style="list-style-type: none"> Effective coordination with partners for national health development 	<ul style="list-style-type: none"> Increasing interest of Ministry of Public Health to address other factors that affect health development 	<ul style="list-style-type: none"> Strengthening the capability and capacity of the Ministry of Public Health to work in partnership environment Advocacy for resource mobilization to the health sector in DPRK Promote foreign language training 	<ul style="list-style-type: none"> All UN agencies in DPRK Swiss Development Cooperation (SDC) International Development Agencies 	<ul style="list-style-type: none"> Improved collaboration in planning and efficiency in implementation, through pooled resources

Identification of priority areas for WHO support					
Priority Health Problems	Challenges	Opportunities	Priority Areas for WHO Support	Partners additional to MoPH 2004 - 2008	Anticipated Results from WHO Collaboration
Capacity of WHO Country Office to provide support to country	<ul style="list-style-type: none"> Increased demand for technical and financial support for health development in DPRK 	<ul style="list-style-type: none"> Established WHO country Office Very good coordination among UN and international development agencies 	<ul style="list-style-type: none"> Strengthening the WHO country office's technical and administrative capacities for a better response to country needs Improving communication and information technology in WHO Country Office i.e. Internet to increase access up to date health knowledge and information 		<ul style="list-style-type: none"> Improved efficiency of technical supports in response to country needs More resources are mobilized

Annex 1

LIST OF PERSONS MET AND CCS TEAM MEMBERS

National Health Officials

Prof. Dr. Choe Chang Sik, Vice Minister, Ministry of Public Health, DPRK
Dr Pak Jong Min, Director, Department of External Affairs, MoPH
Dr Pak Chun Taek, Director, Department of Treatment and Prevention
Dr Kim Jong Hwan, Vice Director, State Hygiene Control Board
Dr Hong Jae Song, Director, Department of Medical Supply and Control
Dr Kim Tong Gon, Vice Director, Department of Science and Education
Dr. Ri Il Yong, Official, Department of External Affairs

WHO Pyongyang

Dr Eigil Sorensen, WR
Dr Pak Tong Chol, NPO
Mr Kim Hyo Sik, NPO
Mr Umesh Gupta, AO
Dr Serguei Diorditsa, STC

Development Partners

Mr Masood Hyder, WFP Country Representative and UN Resident Coordinator, UNDP
Mr Richard Bridle UNICEF Country Representative
Mr Abu Salim, Senior Deputy Resident Representative, UNDP
Mr Brendan McDonald, Head of Office for Coordination on Humanitarian Assistance (OCHA)
Dr Per Gunnar Jenssen, Head of Delegation, International Federation of Red Cross

WHO Regional Office (CCS team)

Dr Monirul Islam, Director FCH
Dr Sawat Ramaboot, CHP

WHO HQ (CCS Team)

Dr Diego Buruoit, Director WHO/CSR Office in Lyon

Annex 2

ACRONYMS AND ABBREVIATIONS

ADRA	Adventist Development Relief Association, Switzerland
AFP	Acute Flaccid Paralysis
BCG	bacilli Calmette-Guerin vaccine (for tuberculosis)
CCS	Country Cooperation Strategy
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CESVI	Cooperazione e Sviluppo
CIDA	Canadian International Development Agency
CVD	Cardio-vascular Disease
DOTS	Directly Observed Treatment-Short Course (for TB)
DPRK	Democratic People's Republic of Korea
DTP	diphtheria- -tetanus-pertussis vaccine
ECHO	European Commission Humanitarian Office
EHA	Emergency Humanitarian Action
EPI	Expanded Programme of Immunization
EU	European Union
FAO	Food and Agriculture Organization
FCTC	Framework Convention on Tobacco Control
FDRC	Flood Damage Rehabilitation Committee
GAA	German Agro-Action
GAVI	Global Alliance for Vaccines and Immunization
GDF	Global TB Drug Facility
GDP	Gross Domestic Product
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICPD	International Conference on Population and Development
IFRC	International Federation of Red Cross
IMCI	Integrated Management of Childhood Infections
IMF	International Monetary Fund
MDG	Millennium Development Goals
MoPH	Ministry of Public Health
MPH	Master of Public Health
MV	measles vaccine
NCC	National Coordination Council
NCDs	Non-communicable Diseases
NGOs	Non-governmental Organizations
NPO	National Programme Officer
NTP	National Tuberculosis Programme
OCHA	Office for the Coordination of Humanitarian Affairs
OPV	oral polio vaccine
RBM	Roll Back Malaria
SARS	Severe Acute Respiratory Syndrome
STC	Short-term Consultant
STI	Sexually Transmitted Infection
TB	Tuberculosis

TT	tetanus toxoid
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCAP	United Nations Consolidated Appeal
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNIDO	United Nations Industry Development Organization
WFP	World Food Programme
WHO	World Health Organization
WR	WHO Representative