Democratic People's Republic of Korea

HEALTH SITUATION

The reported proportion of one-year-olds immunized against measles is high (99.1%); as is the proportion for DTP-3 (96.2%); OPV3 (99.7%); BCG (99.2%) and tetanus toxoid (TT2+) coverage (98.1%) in 2014. Maternal mortality remains high, although it has decreased from 68.1 per 100 000 live births in 2012 to 62.7 per 100 000 live births in 2015. Under-five mortality rate decreased from 22.7 per 1 000 live births in 2012 to 20 per 1 000 live births in 2015. Post-partum haemorrhages and puerperal infection are major causes of maternal mortality. Respiratory and diarrhoeal diseases combined with malnutrition are leading causes of death in children under five.

Control of communicable diseases is one area in which progress has been substantial. DPR Korea is now being identified as a country with high disease burden of TB. The TB programme has brought notification rate and treatment success rates in line with global targets. Sustained programmatic attention to malaria prevention and control has reduced incidence of malaria from 1.57 per 1 000 in 2009 to 0.52 per 1 000 in 2015. Noncommunicable diseases account for an increasing burden of morbidity and mortality. This is especially the case with cerebrovascular and cardiovascular diseases as well as cancers and respiratory illnesses. The high smoking prevalence rate (43.9 % of male adults in 2013) is also a major contributor to the burden of noncommunicable disease.

The country still faces numerous health sector challenges. They include vertical programme-specific health information systems; weak planning, management and supervision skills; and sub-optimal quality of care due to an imbalanced skills mix, limited supply of medical equipment and basic medicines, weak country response capacity to public health needs in emergencies and public health events of international concerns. Some of the persistent health issues include maternal mortality; high prevalence of low birth weight and childhood malnutrition; and TB, malaria and hepatitis B. The persistence of these health problems has been largely attributed to supply and managerial constraints.

HEALTH POLICIES AND SYSTEMS

DPR Korea has an elaborate health policy, which is enunciated in the Public Health Law adopted in April 1989, and has formulated policy directions to reduce inequality in the health status of the population. Under Article 72 of its Constitution, the State bears full responsibility for the life and health of all citizens.

The infrastructure of the health system in DPR Korea is extensive, including its health workforce which is spanned throughout the country.

In the recent past, a number of sectoral strategies and plans have been developed. With support from collaborative partners, including WHO, a programme review of the ‘Improving Women’s and Children’s Health’ project in DPR Korea has been finalized. The country has introduced basic emergency obstetric care along with essential newborn care countrywide, promoting hospital-based delivery with trained birth attendants. Comprehensive emergency obstetric care introduced at national, provincial and county levels, has issues with quality due to lack of ambulance care (referral) and safe blood transfusion practices. Integrated management of childhood illnesses (IMCI) has been introduced in pre-service and in-service curricula and implemented almost countrywide; however, capacity building problems and availability of services at Ri (sub-district) level represent fundamental challenges.

COOPERATION FOR HEALTH

UN Partners: FAO, UNDP, UNFPA, UNICEF, UNICERF, WFP

Bilaterals: Republic of Korea (ROK), Italian Cooperation and Development (ITDC), Swiss Agency for Development and Cooperation (SDC)

Multilaterals: GAVI Alliance, the Global Fund to fight AIDS, Tuberculosis & Malaria (GFATM), The International Committee of the Red Cross (ICRC), The International Federation of Red Cross and Red Crescent Societies (IFRC), European Union Programme Support (EUPPS)

INGOs: The Asia Pacific Malaria Elimination Network (APMEN), Christian Friends of Korea, Eugene Bell’s Foundation

Sources of data:
Global Health Observatory May 2016
http://apps.who.int/gho/data/node.cco
### WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014–2019)

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<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| **STRATEGIC PRIORITY 1:** Prevention and control of noncommunicable diseases | - Strengthen NCD surveillance and support the implementation of the National Strategic Plan for integrated prevention and control of NCDs.  
- Support national authorities in tobacco control through inter-sectoral action and implementation of MPOWER measures package. |
| **STRATEGIC PRIORITY 2:** Addressing women’s and children’s health to reduce vulnerability and promote disaster risk reduction | - Support efforts to improve maternal health, emergency obstetric care and neonatal care, and reduce mortality and achieve the MDGs 4 and 5.  
- Support efforts to further improve the integrated management of childhood illnesses (IMCI) at the primary care and hospital levels.  
- Provide technical support towards the implementation and further development of the national reproductive health strategy.  
- Strengthening coordination of health cluster and building partnership with health, nutrition and water sanitation sectors  
- Integrate all-hazard emergencies and disaster risk management for health into WHO, the United Nations Strategic Framework and national health strategies.  
- Support DPR Korea to apply the WHO survey tool to document the status of all-hazard emergency and disaster risk management for health at country level based on Regional benchmarks. |
| **STRATEGIC PRIORITY 3:** Prevention and control of communicable diseases | - Provide technical support to build capacity for the strengthening of integrated disease surveillance.  
- Provide technical and financial support to sustain high immunization coverage reached with measles, polio, hepatitis B and the pentavalent vaccines and provide support in introduction of new priority vaccines as identified in the comprehensive multi-year plan on (cMYP) immunization.  
- Strengthen health system capacity for improved detection and treatment of TB.  
- Provide further support to reduce morbidity of malaria and build capacity towards its elimination.  
- Support national efforts for prevention and control of sexually transmitted diseases (STDs)  
- Support implementation of national strategic plan for prevention and control of viral hepatitis.  
- Support implementation of International Health Regulations (IHR 2005) to strengthen national preparedness in detection and response to public health event of international concerns. |
| **STRATEGIC PRIORITY 4:** Strengthening health systems to improve service delivery | - The comprehensive Medium term strategic plan of development of health sector in DPR Korea provides the policies and strategic directions for partners in health.  
- Strengthen national regulatory authority (NRA) and national control laboratory (NCL) in updating national standards and revising standard operating procedures (SOPs).  
- Strengthen HMIS towards developing a comprehensive, integrated and sustainable system.  
- Further development of human resources for health, especially mid-management and primary health-care provider levels.  
- Update quality standards for medical services in health facilities especially at primary level.  
- Building medical science and traditional medicine research, to assist evidence-based policy, planning and decision-making. |
| **STRATEGIC PRIORITY 5:** WHO country presence to support sustainable national health development | - Promoting partnerships for health with regional and international cooperation, facilitated by WHO.  
- Promoting mutual support towards sustainable national development of health. |