

Democratic People's Republic of Korea



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WHO region	South-East Asia
World Bank income group	Low-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2012)	68.9
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	96 (WHO/UNICEF JRF)
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	72.7 (Both sexes) 68.4 (Male) 75.6 (Female) (CBS/MoPH)
Population (in thousands) total (2015)	25030.00 (CBS/MoPH)
% Population under 15 (2015)	20.6 (CBS/MoPH)
% Population over 60 (2015)	13.6 (CBS/MoPH)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	100
Gender Inequality Index rank (2014)	...
Human Development Index rank ()	
Health systems	
Total expenditure on health as a percentage of gross domestic product ()	
Private expenditure on health as a percentage of total expenditure on health ()	N/A
General government expenditure on health as a percentage of total government expenditure ()	6.6 (2016 - CBS/MoPH)
Physicians density (per 1000 population) (2014)	3.7 (2016 - CBS/MoPH)
Nursing and midwifery personnel density (per 1000 population) (2011)	4.8 (MTSP 2016)
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	8.7% (2015 CBS/MoPH)
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	17.7 (2015 CBS/MoPH)
Maternal mortality ratio (per 100 000 live births) (2015)	58.0 (Annual Health report 2017)
Births attended by skilled health personnel (%) (2009)	100.0
Public health and environment	
Population using safely managed sanitation services (%)	
Population using safely managed drinking water services (%)	

HEALTH SITUATION

Democratic Republic of Korea (DPRK) faces triple burden of disease. Challenges remain in addressing the high burden of tuberculosis, maintaining and further decreasing malaria incidence and sustaining immunization coverage. There is steady rise in non-communicable diseases possessing early warning burdening health system if not addressed urgently. Country regularly encounters challenges due to natural disasters and climate conditions which directly affect population health and health services. In addition, health systems remains challenged with inadequate supply of essential medicines, equipment and skilled human resources to deliver quality health services.

Tuberculosis is major contributor among the communicable diseases with incidence of tuberculosis rate of 513/100,000. There is high probability of under-diagnosis, especially among children under 5 years of age. The estimated Multi Drug Resistant TB (MDR-TB) cases among notified pulmonary TB cases are 4,600 (Global TB Report 2017) out of which approximately 1000 cases are enrolled on treatment while rest goes untreated. Tuberculosis burden including Drug Resistance TB is significant when there are no reported HIV infections. In recent years country has made significant strides in bringing down malaria incidence with the objective of zero indigenous transmission of malaria by 2022 and attain elimination status in 2025. Malaria cases decreased from 0.3 million in 2000 to 4626 cases in 2017. However, about 9 million people are still at risk of getting Malaria. Remarkable near-universal immunization coverage is already reached and well maintained as validated by the coverage evaluation survey (2017). Country has achieved the global and regional immunization coverage targets of > 90% nationally and > 80% in all counties for all vaccines except for the inactivated polio vaccine (IPV) which is not available due to the global shortage. Approximately nine per cent of all women still deliver at home as per 2014 Socio- Economic, Demographic and Health Survey (SDHS), with 67 per cent of maternal deaths occurring amongst women who deliver at home. Similarly, under-five mortality rates 1.2 times higher in rural areas compared to urban areas. Diarrhoea and pneumonia are the two main causes of death amongst under-five children in DPRK.

Non-communicable diseases (NCD) account for an increasing burden of morbidity and mortality in DPRK. About 20% of male Korean adults and 11% of Korean females reports having hypertension. Prevalence of Diabetes among adults is 3.05-3.09%. Major contributors for NCDs are high prevalence of tobacco smoking among males which remains at 37.3% as per Knowledge Attitude and Practice (KAP) 2016 and alcohol use among adults.

DPRK faces challenges to health from Natural disasters like floods and dry spells resulting in drought. Increased client load, specific health issues and impaired water and sanitation services in health facilities as a result of these natural disasters and detrimental climate situations further augment existing challenges due to availability of inadequate lifesaving medicines and presence of obsolete essential medical equipment for service provision at health facilities

HEALTH POLICIES AND SYSTEMS

DPR Korea has an elaborate health policy, which is enunciated in the Public Health Law adopted in April 1980, 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. Medium term Strategic Plan for Development of Health Sector in DPR Korea 2016-2020 has been developed in coordination with major health sector partners in DPR Korea. A number of program specific strategies and plans are updated and being updated in line with the Global strategies and commitments.

The main administrative bodies guiding public health activities are the Ministry of Public Health (MoPH), Public Health Bureau in Provincial People's Committees and Department of Public Health in City/County People's Committees. The MoPH, provides leadership in public health work through its guidance to Public Health Bureaus in Provincial People's Committees, general hospitals, specialized hospitals, central hygiene and anti-epidemic institutions and medicine supply centers at central level. The curative and preventive institutes like hospitals and hygiene and anti-epidemic institutions on each level provide the technical and methodological guidance to the lower level hospitals and hygiene and anti-epidemic institutions.

The city, district and county hospitals, as general facilities with various specialized departments, provide specialized medical services and serves as front line referral institutions for primary health facilities at the Ri Level. The household doctor system is the foundation of the primary health care. They provide integrated first line preventive and curative services and conduct the prevention and treatment practices in charge of the selected residential area. The infrastructure of the health system in DPR Korea is extensive, including its health workforce which is spanned throughout the country. However, capacity and availability of commodities like medicines, diagnostics and equipment at primary health care level (Ri level) represent fundamental challenges.

COOPERATION FOR HEALTH

Health sector partners operate in DPR Korea within the UN Security Council Resolution for providing humanitarian Services. UN agencies and other partners especially international NGOs have been engaged in implementing humanitarian activities in the DPR Korea. Partners for health sectors are mainly UN agencies - WHO, UNICEF, UNFPA and FAO. Other partners like IFRC, ICRC and INGOs implementing European Union projects, are also providing focused support in health-related activities to the government.

Humanitarian Cluster Team (HCT) coordinates different sectoral humanitarian response in the country. The HCT mechanism is supported by different sector-specific working groups - Health, Nutrition, Water- Sanitation and Hygiene, Food Security and Agriculture, Disaster Risk Reduction. Health Sector Working Group is a mechanism that brings these partners together to share, harmonize and align the health programmes mainly during emergency response. WHO chairs this sectoral working group and facilitates the coordination meeting.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014–2019)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Prevention and control of noncommunicable diseases	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 healthcare 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	<ul style="list-style-type: none"> Promoting partnerships for health with regional and international cooperation, facilitated by WHO. Promoting mutual support towards sustainable national development of health.