



## Update on WHO in DPR Korea November 2003



### Facts about DPR Korea

- ▶ Population: 22,2 millions (2002 est.)
- ▶ Area: 120,540 sq km
- ▶ Arable land: 14.1%
- ▶ Literacy rate: 99%
- ▶ GDP per capita: US\$ 480 (est.)

### BACKGROUND

WHO has been present in DPRK since 1997, initially as a WHO Emergency and Humanitarian Action office. With the establishment of a permanent office in Pyongyang in 2001, WHO has consolidated its presence in the country and is involved in all aspects of health through its regular program and through projects funded under the United Nation's Consolidated Interagency Appeal and other funding mechanisms.

The Organization has made extensive assessments of the health situation and the health care system in the country. After years of isolation, and following the major economic difficulties, present policies and practices, the infrastructure and the services in the health sector in DPRK are outdated and in urgent need of rehabilitation.

The SARS outbreak in the region highlighted the vulnerability of the health services in DPR Korea. The current shortcomings of the health delivery system will inevitably lead to increased morbidity and mortality. The present health situation and the critical stage of all health services do require more funding that could help us alleviate some of the most critical gaps

in the health care system and thus contribute to the improvement of the health status of the population .

Comparing the current humanitarian situation to that of the period between 1995-1999, there has been a verifiable improvement with reduction in malnutrition rates and a better outlook for the food security. In health, access to basic health care for a large part of the population is still unsatisfactory with critical shortages of essential medicines, inadequate resources to handle complications related to child birth, severe infections and surgical emergencies. However marked progress in programs such as immunizations , tuberculosis and malaria has been noted.

### WHO REPORTS SIGNIFICANT REDUCTION OF MALARIA CASES

Changes in agricultural practices to adapt to a difficult economic situation and dramatic energy problems (less pesticides available, different irrigation system in the rice fields) are believed to have contributed to the re-emergence, in 1998, of the *Vivax* malaria, eradicated in the 70s. The number of cases reached epidemic



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proportion in 2001 with 300,000 reported cases.

Under the leadership of WHO and thanks to the generous contribution of South Korea, Sweden and Norway - *around 2.5 million USD* - international organizations were able to provide substantial technical and material support to the malaria control campaign since 2000. As of 15 September, there were 38,920 cases reported as opposed to 185,420 cases at the same period last year. The vast improvement of the malaria situation can be attributed to the malaria control efforts carried out in the past two-three years.

Besides the supply of anti-malarial drugs, impregnated bed nets, microscopes and other laboratory, a key factor of WHO's support has been the technical assistance it has provided to the malaria control program. WHO invites regularly WHO short-term consultants and experts to carry out trainings, capacity building and assessments. In spite of the SARS travel restrictions from April to July this year, WHO was able to bring in two international malaria experts to assist the Ministry of Public Health this year. The use of international WHO experts has contributed to better understanding and documentation of the malaria problem in DPRK, including knowledge of the vector and the reporting system. Further training aimed at laboratory technicians, entomologists and other key health workers will be implemented in 2004 to help building sustainable national capacity in malaria control.

### **DOTS COVERING THE WHOLE COUNTRY!**

With the increase in recent years in cases of tuberculosis, a phased approach to DOTS expansion was introduced and it is expected that DOTS should cover the whole country by the end of 2003. Despite the weaknesses in the DOTs program, the introduction and expansion of DOTS in DPRK must be seen as one of the success stories of the international engagement in the country. WHO has provided technical assistance to the national TB control program. Substantial funding provided by WHO through emergency and humanitarian funding/multi-country funding mechanisms with main donors being Norway, Sweden, Canada and Australia, has facilitated the phased rapid expansion.

### **FIRST NATIONAL WORKSHOP ON HIV/AIDS PREVENTION STRATEGIES**

HAIV/AIDS is currently not a major problem in the country. However several risk factors are now present. The poor awareness of HIV/AIDS prevention among the population, increasing travel in and out of the country, rapidly increasing HIV infections rates in neighbouring countries and unsafe blood and injection practices are just some of the risk factors. HIV/AIDS information and blood safety programmes must now be strengthened if a future explosion of HIV transmission, similar to that experienced by other countries in the region is to be avoided.

As a first step towards the prevention of HIV/AIDS, the Ministry of Public Health organized the first national HIV/AIDS workshop on 23rd and 24th October 2003.. The WHO office in Pyongyang supported this initiative



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financially and technically. The workshop, attended by some 50 people, had good representation from various sectors. Participants came from the Ministry of Public Health at central and provincial level, Ministry of Education, other Government ministries, Medical Universities, the Korean Red-Cross, the Korean Family Planning Association, Women's League and residential international organizations (, WHO, UNICEF, UNFPA, UNDP and IFRC). The UN Country Theme Group on HIV AIDS, chaired by WHO, assisted in the planning and preparation of the national workshop.

The workshop focused on the global HIV/AIDS situation, the epidemiology of HIV/AIDS, the prevention strategies in Asia, an analysis of the situation in China, its control strategy and the prevention and control plan in D.P.R. Korea. It resulted in a better awareness of all participants on the HIV/AIDS. WHO is planning to provide technical support in 2004 for development of a national HIV work plan based on the strategy document being prepared by the Government.

### **CHALLENGES AND CONSTRAINTS**

- Higher priority to health and more resources from the government and donors are needed to improve access to basic health services.
- A recovery and revival of the health sector is closely linked to the ability in finding an acceptable solution to the country's economic difficulties.
- The limited access to and interaction with national counterparts are constraints for building capacity and technical skills.

- The current political climate is a limitation for attracting funds, in particular for development activities. DPR Korea does not have access to international financial institutions such as World Bank and Asian Development Bank.

This paper has been prepared by the WHO Country Office. The objective is to provide updated information and analysis on the health and humanitarian situation in DPR Korea for use within WHO, for development partners and donor agencies.