

DPR Korea



## Health Thematic Report for 2018

Prepared by UNICEF in the Democratic People's Republic of Korea

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## Abbreviations and acronyms

CRS	Congenital Rubella Syndrome
DPRK	Democratic People's Republic of Korea
EmONC	Emergency Obstetric and Newborn care
EPI	Expanded Programme on Immunization
EPF	Emergency Programme Fund
HI	Humanity and Inclusion (Handicap International)
IMNCI	Integrated Management of Neonatal & Childhood Illness
MICS	Multiple Indicator Cluster Survey
MoPH	Ministry of Public Health
MTSP	Medium Term Strategic Plan
ORE	Other Resources Emergency
ORR	Other Resources Regular
ORS	Oral Rehydration Salts
RR	Regular Resources
SC	1718 Sanctions Committee
TB	Tuberculosis
UNSF	United Nations Strategic Framework
VPD	Vaccine-Preventable Diseases
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

## Executive summary

In 2018, amid political tensions surrounding the Korean peninsula, around 10 million people across the Democratic People's Republic of Korea (DPRK) were estimated to be food insecure. In addition, segments of the population suffered from undernutrition and lacked access to basic healthcare and other social services. Even where healthcare services were accessible, quality remained a challenge. Natural hazards, particularly floods in the southern part of the country, exacerbated the situation and created additional vulnerabilities and needs.

Following the 2017–2021 Country Programme Document, UNICEF focused on providing life-saving humanitarian aid through its Health, Nutrition, and Water, Sanitation and Hygiene (WASH) programmes for the most vulnerable communities. It also continued to support the Government in developing health sector policies and implementing the Mid Term Strategic Plan (MTSP) to develop the health sector. In line with the United Nations Strategic Framework (UNSF), the programme helped strengthen healthcare service delivery to provide urgently required gender-sensitive, evidence-based preventive and curative services, helping reduce maternal, neonatal and under-five morbidity and mortality.

While overseas procurement and in-country distribution of humanitarian supplies attract 85–90 per cent of UNICEF DPRK resources available for children annually, the process of jointly targeting the most vulnerable also provides a platform to advocate for improved policies and higher-quality, equity-focused social service delivery. This approach, constantly and consistently applied in a more and more receptive and enabling environment, has proven itself through the strong gains made in access to reliable evidence and increased territory for programme and situation monitoring, as well as the development of equity-focused sectoral policies.

Informed by the priorities defined in the MTSP and the 2018 UNICEF Annual Workplan, progress was made in child-friendly policy and strategy development through the following:

- The DPRK five-year National Strategic Plan on measles elimination and rubella/congenital rubella syndrome (CRS) control 2018–2022 was endorsed.
- UNICEF supported integration of detection and referral of paediatric presumptive tuberculosis (TB) cases into the newly revised Integrated Management of Neonatal and Childhood Illness (IMNCI) protocol.
- The review and validation of the national emergency maternal and neonatal guidelines.
- Signing of the first-ever partnership with an international civil society organization operating in DPRK for early detection of and intervention in childhood disabilities.

Capacity-building of front-line health workers is a strategy UNICEF has supported to enhance the performance of a health sector that is challenged by knowledge and skill gaps among human resources, in addition to poor availability of basic equipment and supplies. Staff turnover, in-service training based on outdated curricula and very limited on-the-job training mechanisms lead to non-adherence to updated treatment protocols and the quality of service provision falling below global standards. Another cornerstone strategy for UNICEF is intensive and extensive monitoring and supportive supervision to ensure the aid reaches its intended recipients as well as ensuring correct use of donated health supplies.

There were delays in the arrival of supplies, including emergency equipment, due to lengthy processes at the 1718 Sanctions Committee (SC), issues related to clearance in transiting borders and shippers' reluctance to transport goods to DPRK. Emergency medical equipment, cold chain devices and nine

ambulances for transportation of patients from remote areas to comprehensive emergency obstetrics care centres were approved by the SC in January 2019, while the submission was effective in May 2018.

## Strategic context of 2018

The DPRK geopolitical environment has meant that many people in the country have been largely forgotten. The United Nations represents a critical lifeline for a sizeable proportion of the population, most significantly young children, pregnant and breastfeeding women and other vulnerable groups. Globally, children with disabilities are approximately 4 times more likely to experience violence, compared to their peers without disabilities and mortality rate during the disasters are more than double as compared to the general population.

Although some advances have been made in the realization of rights for children and women in DPRK in recent years, women and children continue to face risks from frequent natural hazards, chronic food insecurity and insufficient national capacity to provide life-saving basic services such as healthcare and WASH facilities. In 2018, the inter-agency Needs and Priorities document estimated that 10 million people were food insecure in DPRK's protracted humanitarian situation. The population, including the most vulnerable – 1.7 million children under 5 – remained exposed to risks from insufficient emergency preparedness and response capacities. Per new evidence from the 2017 DPRK MICS, marked disparities and mutually reinforcing overlapping deprivations exist for children and women by geographical and wealth background characteristics.

The delivery of basic humanitarian interventions, which continue to play a vital role in safeguarding children's and women's lives, is seriously compromised. Several challenges are still being faced. For example, planning the utilization of grants involving items with Sanctions Committee (SC) codes is getting increasingly difficult. Purchase orders cannot be issued before SC approval and sometimes grants expire before approval is granted. Programme implementation is impacted because of delays in the procurement of goods.

The Implementation Assistance Note No.7 was an important and welcome milestone to clarify procedures on how to obtain exemptions for humanitarian assistance under the sanctions regime and is expected to have a tangible impact on humanitarian programmes in the midterm. However, banking channels remain suspended due to institutions' reluctance to engage with DPRK. Given chronic underfunding, thematic funding modalities continued to be key sources of funding besides UNICEF Regular Resources (RR).

In 2018, UNICEF DPRK continued playing the leading role in humanitarian response; coordinating WASH and Nutrition Sector Working Groups and co-chairing the Health Sector Working Group with WHO. These groups provide a forum for effective coordination of humanitarian activities and monitoring adherence to international standards by partners in the country. Joint Ministry of Public Health (MoPH) and UNICEF technical monthly meetings were also conducted, along with quarterly and midyear reviews.

In addition, UNICEF DPRK supported monitoring of the humanitarian situation and made data on children and women available as a member of the United Nations Monitoring and Evaluation group. Furthermore, UNICEF successfully launched the 2017 Multiple Indicator Cluster Survey (MICS) results, which comprise more than 580 indicators, including on maternal and child mortality and health. The MICS results assisted DPRK in filling data gaps for monitoring human development, particularly for women and children. MICS is helping UNICEF and partners identify needs and priorities, report on

implementation of the Convention on the Rights of the Child and Sustainable Development Goal (SDG) tracking; and provides a baseline to implement and monitor the UNSF 2017–2021.

## Results in the outcome area

The DPRK five-year National Strategic Plan on measles elimination and rubella/CRS control 2018–2022 was developed with the support of the World Health Organization (WHO), Gavi and UNICEF, and endorsed by the Inter-Agency Coordination Committee. In August, the WHO Regional Verification Committee confirmed measles had been eliminated from the country. There were no vaccine-preventable disease (VPD) outbreaks and high immunization coverage was sustained.

UNICEF, in conjunction with WHO, mitigated the detrimental impact of Global Fund’s withdrawal in June through intensive resource mobilization, simplification of protocols and integrating community



intervention for childhood TB prevention, detection and treatment into the IMNCI protocol. Some 190 county hospitals provided TB treatment for more than 100,000 adults and 4,250 children, despite challenges in procurement and delivery of TB medicines. A potential TB medicine stockout was prevented through partial air shipment of essential TB drugs. Increased collaboration and communication between the MoPH National TB

Programme and MoPH Maternal and Child Health Department was a cornerstone in innovating a strategy to overcome the unexpected resource limitations.

IMNCI continued to be rolled out in the 50 priority counties. Some 35 national and provincial master trainers took refresher training and delivered cascade training to 2,700 household doctors, thus completing the 5,700 planned for 2017–2018. Six thousand hard copies of the IMNCI protocols were distributed and the IMNCI Computerized Adaptation and Training Tool e-learning platform was locally adapted and rolled out nationally.

The national emergency maternal and neonatal guidelines – developed jointly with MoPH, WHO and the United Nations Population Fund – were validated for dissemination and implementation. A total of 163 obstetricians and midwives in four convergence counties were trained, and four maternity wards and neonatal units were fully equipped and refurbished.

UNICEF signed a Programme Cooperation Agreement with Humanity and Inclusion (HI – formerly Handicap International) focusing on the implementation of the United Nations Convention on the Rights of People with Disabilities articles 7, 25 and 26; and articles 2 and 23 of the Convention on the Rights of the Child. This is the first-ever Programme Cooperation Agreement with an international civil society organization operating in DPRK. Under the strong leadership and advocacy of the Resident Coordinator, HI-Korean Federation of People with Disabilities-UNICEF also initiated partnerships with the United Nations Partnership on the Rights of Persons with Disabilities/Swedish International Development Cooperation Agency for early detection of and intervention in childhood disabilities.

The availability of essential medical services including delivery of nationwide routine immunization services, access to essential medicines and basic emergency obstetric and newborn care (EmONC) in 50 counties was ensured, despite the challenging environment and limited availability of humanitarian

funds. Routine immunization coverage was sustained for all antigens above 95 per cent nationwide. Oral rehydration salts (ORS) were provided nationwide to treat 100 per cent of the diarrhoea episodes in children under 5 years, while essential medicines were procured to treat 60 per cent of the pneumonia cases in children under 5 years living in 50 priority counties (versus the planned 100 per cent coverage). Nationwide, UNICEF provided all the Expanded Programme on Immunization (EPI) schedule vaccines and supplied 9.6 million ORS sachets. Some 3,088 essential medicine kits and 4,332 household doctor's bags were distributed in the 50 priority counties and emergency areas, reaching a population of more than 5 million people. In many places these supplies are the only source of essential medicines such as antibiotics to treat children diagnosed with life-threatening pneumonia.

Basic maternal and neonatal services reached about 90,000 pregnant women and newborns, a significant contribution to averting maternal and neonatal morbidity and mortality in DPRK. Comprehensive EmONC equipment, consumables and drugs were provided to four county hospitals, out of the nine planned, as a compounded result of both underfunding and the 1718 SC processes to grant approval to procure the necessary equipment. 8,080 Clean Delivery Kits were distributed in the 50 priority counties.

The country office emergency preparedness plan was developed and finalized with support from the Regional Office and UNICEF Headquarters. This ensured adequate preparedness and timely response. A total of 20 inter-agency emergency health kits were procured to respond to the seasonal flu outbreak in January 2018. To respond to the floods that affected the North and South Hwanghae Provinces in September, UNICEF distributed 258 Essential Medicine Kits, 110,000 sachets of ORS, seven inter-agency emergency health kits and seven tents to temporarily replace some damaged health facilities.

Ongoing support is being provided to MoPH to strengthen the Logistics Management Information System for UNICEF health and nutrition commodities, and the phase I situation analysis and recommendations were finalized.

The extensive field monitoring by UNICEF international and national staff not only allows identification of performance levels and the resultant development of strategies to address any gaps, but also provides opportunities for supportive supervision to further improve the capacity of the supervised staff. Field monitoring helped the programme to directly observe that supplies were distributed according to the agreed distribution plan and reached the intended beneficiaries.

## **Case Study:** Expanding the scope of tasks and responsibilities of household doctors in DPRK to increase detection of TB cases among children

UNICEF has supported MoPH and the National TB programme to integrate detection and referral of paediatric presumptive TB cases into the general healthcare service provided through household doctors (community healthcare providers). The duties of household doctors were expanded to include preventing, tracing, detecting and referring presumptive TB cases among children under 15 years of age.

In 2017, only 5 per cent of all notified TB cases were paediatric cases, while according to epidemiological models, the expected burden is 10 to 15 per cent of all cases. The missing cases meant that there was ongoing transmission, including of multidrug-resistant TB, and that the mortality rate in the under-15 age group could be further reduced by controlling TB.

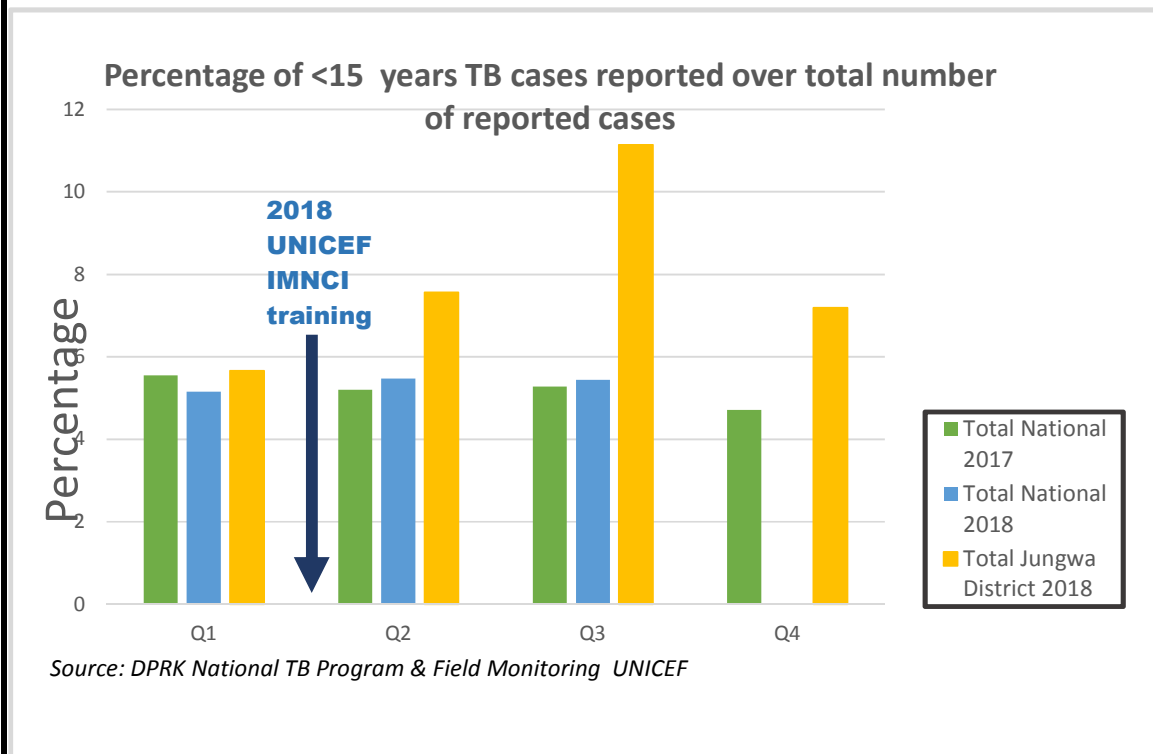
After the Global Fund discontinued support for the TB programme in DPRK, the country faced shortages of TB services in communities, including shortages of drugs to prevent TB among children. To counteract the deleterious effect of the funds withdrawal and considering the huge body of evidence on sustained declines in TB incidence through community interventions, UNICEF and WHO seized the opportunity presented by the large DPRK network of household doctors to adapt to the unexpected limitation of resources expanding the skills of the household doctors for presumptive clinical diagnosis. This modus operandi resulted in more children with TB detected and referred for treatment with minimum investment.

UNICEF strategically used its convening power to foster increased coordination between the National TB Programme and the MoPH Mother and Child Health Department. It also supported revision of the IMNCI protocol and development of a simplified childhood TB diagnostic algorithm mainly based on clinical features. The capacity of household doctors to trace and refer TB cases and initiate isoniazid preventive therapy for eligible children was strengthened.

Although the gap between policy and practice is still wide and coordination between household doctors and TB doctors at both central and local levels must improve, there have been significant documented advances.



The extra resources allocated were very minimal because the IMNCI training, essential drugs and equipment, and financial and human resources were already in place. Extra funding was allocated for isoniazid therapy and an X-ray machine. The results, although still anecdotal, are very promising, and show an increase in the number of cases detected, as shown in the graph below, for Jungwa County.



UNICEF, in consultation with MoPH, has chosen Jongju City to pilot the new integrated IMNCI and child TB community-based services. For that purpose, UNICEF will install a digital X-ray for screening/monitoring and diagnosis of presumptive TB among children. In addition, UNICEF has procured enough essential drugs and consumables (household doctor's bag refills) for nine 'convergence counties'. Isoniazid will be delivered to cover the needs of children countrywide and will be distributed through existing TB services. However, in Jongju, isoniazid distribution, as well as monitoring of children in TB-infected families, will be part of the routine practice of household doctors.

UNICEF will study the results of the integration through the Follow Up After Training tool, information gathered through field monitoring visit standard checklists and regular reporting from the national TB programme.

## Financial analysis

In 2018, the UNICEF Health section planned to spend US\$9,686,738 to support implementation of the planned activities in the annual Rolling Workplan. A total of US\$9,423,626 was made available with different life spans (all funding sources: RR, Other Resources Regular (ORR) and Other Resources Emergency (ORE)) and from different donors such as the Republic of Korea National Committee for UNICEF, the Central Emergency Response Fund, Emergency Programme Fund (EPF), SIDA, the United Kingdom Department for International Development and Gavi. The overall utilization rate of the allocated resources expiring in 2018 was 100 per cent for RR, ORR and ORE combined.

**Table 1: Planned budget and funding for the thematic sector Country Programme 2018 (USD)**

Output	Fund Type	Planned	Funded
<b>01-01 Immunization/IMNCI</b>	<b>Subtotal</b>	<b>9,092,738</b>	<b>8,650,452</b>
	ORE	3,423,492	2,981,206
	ORR	5,549,246	5,549,246
	RR	120,000	120,000
<b>01-03 Maternal and newborn health</b>	<b>Subtotal</b>	<b>744,000</b>	<b>497,770</b>
	ORE	0	0
	ORR	329,000	82,770
	RR	415,000	415,000
		<b>9,836,738</b>	<b>9,148,222</b>

**Table 2: Country-level thematic contributions to outcome area received in 2018 (USD)**

Donors	Contribution Amount	Programmable Amount
Global thematic non-humanitarian – health	313,429	292,924
<b>Total</b>	<b>313,429</b>	<b>292,924</b>

**Table 3: 2018 expenditure by outcome area (USD)\***

Other Resources - Emergency	2,929,732
21-01 Maternal and newborn health	319,851
21-02 Immunization	
21-03 Child health	991,633
21-04 Prevention of stunting and other forms of malnutrition	-14,280
21-05 Treatment of severe acute malnutrition	1,632,528
Other Resources - Regular	18,358,222
21-01 Maternal and newborn health	93,250
21-02 Immunization	966,224
21-03 Child health	15,417,717
21-04 Prevention of stunting and other forms of malnutrition	29,692
21-05 Treatment of severe acute malnutrition	1,851,338
Regular Resources	5,655,647
21-01 Maternal and newborn health	365,905
21-02 Immunization	104,794
21-03 Child health	3,364,912
21-04 Prevention of stunting and other forms of malnutrition	4,272
21-05 Treatment of severe acute malnutrition	1,815,764
<b>Grand total</b>	<b>26,943,601</b>

*\*All expense amounts are provisional and subject to change.*

**Table 4: 2018 thematic expenses by programme area (USD)\***

Row Labels	Expense
Other Resources - Emergency	349,543
21-03 Child Health	349,543
Other Resources - Regular	357,571
21-01 Maternal and newborn health	92,569
21-02 Immunization	1,914
21-03 Child health	245,581
21-04 Prevention of stunting and other forms of malnutrition	29,675
21-05 Treatment of severe acute malnutrition	-12,167
<b>Grand Total</b>	<b>707,114</b>

*\*All expense amounts are provisional and subject to change.*

**Table 5: Expenses by specific intervention codes (USD)**

Table 5 is not available from SP Analysis Cube.

**Table 6: Planned budget and available resources for 2019 (USD)**

Output	Fund type	Planned	Funded	Funding gap
<b>1.1 Policies, strategies, action plans and guidelines</b>	<b>Subtotal</b>	<b>318,000</b>	<b>246,000</b>	<b>72,000</b>
	ORE	0	0	0
	ORR	0	0	0
	RR	318,000	246,000	72,000
<b>1.2 Access to equitable maternal, neonatal and child health services, including in emergencies</b>	<b>Subtotal</b>	<b>1,490,000</b>	<b>385,000</b>	<b>1,105,000</b>
	ORE	1,105,000	0	1,105,000
	ORR	100,000	100,000	0
	RR	285,000	285,000	0
<b>1.3 Equitable access to IMNCI and immunization</b>	<b>Subtotal</b>	<b>11,147,500</b>	<b>8,282,824</b>	<b>2,864,676</b>
	<b>ORE</b>	2,864,676	0	2,864,676
	<b>ORR</b>	8,282,824	8,282,824	0
	<b>RR</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>		<b>12,955,500</b>	<b>8,913,824</b>	<b>4,041,676</b>

## Future workplan

UNICEF will continue to support humanitarian needs in DPRK and advocate with the Government to develop and implement child- and women-centred health sector policies, focusing on the provision of life-saving humanitarian interventions for the most vulnerable communities. In line with the UNSF 2017–2021, the programme will help strengthen healthcare delivery to provide gender-sensitive, evidence-based preventive and curative services, which will help to reduce maternal, neonatal and under-five morbidity and mortality.

The priority areas are:

- Extend EPI services and the cold chain to village level to ensure immunization of eligible children and women against EPI VPDs (through the Gavi Health System Strengthening 2 grant and Performance Based Funding). Incorporate new vaccines, such as measles-rubella, into EPI.
- Consolidate IMNCI in 50 counties, integrating childhood TB.
- Improve maternal and neonatal healthcare to reduce maternal and neonatal morbidity and mortality in nine counties, with a focus on EmONC.
- Facilitate conduct of Child Health Days in May and November to reach children with evidence-based interventions including administration of vitamin A and deworming.
- Continue providing around 8,500 Essential Medicines Kits for 6 million people. The focus will be on the 50 UNICEF-supported counties, including nine convergence counties in nine provinces.

- Maintain emergency preparedness and timely respond to any possible emergencies to provide humanitarian services in line with the UNICEF Core Commitment for Children.

## Expression of thanks

The humanitarian programme in DPRK faces the challenge of uncertain funding due to a historically sensitive political situation and recent unintended consequences of additional sanctions. Thematic funding, under these circumstances, plays an even more critical role in supporting maternal and child survival interventions in the country. UNICEF DPRK wishes to express its gratitude to the UNICEF Thailand Private Sector Fundraising and the United States Fund for UNICEF for their generous support for humanitarian programming in DPRK. UNICEF looks forward to continuing partnerships with National Committees to realize the rights and support the survival of the most vulnerable children and women in DPRK.

## Feedback form

UNICEF is working to improve the quality of its reports. Please feel free to submit feedback on this report by following this link: [English version](#).