Communicable and re-emerging diseases

Control of communicable diseases is one area in which the progress has been substantial. Disease specific strategic plans provide strategic framework for national disease programmes.

Significant public health gains have been achieved from improved immunization coverage. DPT 3 coverage has been consistently over 85% since 2006. DPR Korea had conducted “National Child Health (Immunization) Days” for OPV since 1997 along with routine immunization. As a result no wild polio cases have been reported since 1996 and the country has maintained polio free status since 2006. On 27 March 2014, DPR Korea along with other Member States of WHO South-East Asia Region has been officially declared as polio-free. In view of the SEA Region nearing the polio eradication status, focus will have to be on poliovirus containment, lab safety and polio endgame strategies including replacement of tOPV with bOPV and/or with IPV in accordance with recommendation by Global SAGE on polio eradication.

WHO country office was able to successfully support DPR Korea proposal to GAVI to attain two key grants: a) IPV (inactivated polio virus) introduction with a total of USD 280,000, of which USD 110,000 are being channelled through WHO. This is a time bound activity, scheduled to commence April 2015 and completed by end 2015; b) the second cycle of Health system strengthening in the context of immunization (HSS2) grant, which has been approved after over 12 months sustained efforts. It is a multi-million, multi-year grant, amounting to USD 26,039,480, of which USD 13,600,906 will be channelled through WHO over a period of five years. Furthermore, the remaining implementation of the first cycle (HSS1) grant is still continuing.

To support Regional flagship programme of measles elimination, case based surveillance on measles and rubella has been instituted, measles laboratory was provided with technical and logistical support; and plans are underway to initiate congenital rubella syndrome sentinel surveillance. Plan for implementation of national measles-rubella campaign was finalized, to be undertaken from April 2015. However, regional goal for measles elimination and rubella control by 2020 cannot be met unless there is introduction of measles-rubella vaccine, for which domestic funding is required.

The absence of neonatal tetanus cases in the country in recent years, 97% coverage of deliveries by trained health staff and 92% coverage for TT2 indicates that the country has likely been maintaining maternal and neonatal elimination status. More than 98%
coverage of 2 doses of measles, 99% coverage in the measles catch-up campaign in 2007 indicates the country has probably achieved measles elimination, which has to be verified in near future, as recommended by South-East Asia Regional Technical Advisory Group on Immunization in August 2014.

Activities related to malaria, TB and HIV are broadly proceeding as planned. The Global Fund (round 8, phase 2) grant for Malaria is ending 28th February 2015 and for TB 30th June 2015. Activities related to TB and malaria are linked to approved global fund grants. New grants under the New Funding Model are expected, with sustained efforts invested throughout 2014. These included international reviews for both malaria and tuberculosis (incl HIV) collaboratives programmes, which were conducted for the first time. In addition, a series of country dialogues were held for both malaria and tuberculosis to revise the respective national strategic plans and support the country in the development of concept notes under the new funding model. Key areas of intervention are: capacity building through training in-country and outside the country; providing technical support through regular in-country staff and external technical support as required. Targets set under the related national disease control programmes including for HIV, TB and Malaria are being achieved. The workplan budget for blood safety and traditional medicine are limited with planned activities being implemented.

The national Strategic Plan for TB Control in DPR Koreas (2015-18) was endorsed in 2014. TB programme has managed to achieve disease notification rates and treatment success (>85%) rates in line with global targets. MDR TB management has been initiated in the country and at present over 200 cases are on treatment under programmatic conditions. The national TB Reference laboratory capacity has been enhanced to conduct accurate culture and drug sensitivity tests. Similarly a Gene expert machine is functional and is aiding in the studies and diagnosis of MDR TB in the country.

Graph 2: Progress in Malaria Control in DPRK

Sustained programmatic attention to malaria prevention and control reduced cases from as high 296,540 in 2001 to 15,673 in 2013 (see figure below MOPH MTR 2014). The national malaria program collects and analyzes data from all Ris (villages) with malaria transmission. Based on the Ri level data, malaria transmission sites have been identified. The current national strategy focusses to reduce malaria transmission at the Ri level.
International Health Regulations (IHR) (2005) core capacity development is a challenge for this country. While in some areas like legislation and communication it has made remarkable progress, other areas such as surveillance and laboratory capacity, port of entry, preparedness against other hazards (radiological, chemical) need to be strengthened. DPR Korea has not yet reached the level in all IHR core capacities needed to declare itself to be IHR compliant, and further extension of the time period up to June 2016 has been submitted with new plan of activities based on deficiencies identified through IHR self-assessment (2014).

In the context of Ebola outbreak in West Africa, disease preparedness activities, particularly for EVD has been given special attention and consideration. The quarantine measures imposed by the national authorities complicated implementation, as they apply also to UN (including WHO) staff, negatively impacting on programme delivery. UN and INGO-sponsored missions, including those to support Ebola preparedness, were halted by UNDSS as a result of the quarantine measures imposed.

In collaboration with government and other partners EVD preparedness activities were mounted aimed at increasing awareness, surveillance preparedness through activating early alert and response system through preparing rapid response teams, specialized health workers and laboratory staff covering trainings and logistic requirements to ensure proper screening, surveillance, specimen collection and shipment to global reference laboratories, contact tracing and infection prevention and control.

Surveillance of communicable diseases and outbreak response and monitoring is undertaken by a network of hygiene and anti-epidemic stations – one at the central level, one in each of the 10 provinces, and 217 across the counties. At the community level, Ri hospitals in rural areas and dong clinics in urban areas are responsible for collection and reporting of information regarding disease occurrence and outbreak response through the household doctors system. There is an effort to strengthen surveillance of priority communicable diseases through introduction of integrated disease surveillance program (IDSP), which has been piloted in two provinces including Pyongyang city.

To support setting up of functional influenza surveillance, an international review of existing influenza surveillance was undertaken for the first time. It was carried out by external expert from CDC, China: gaps in the system were identified and a plan to further strengthen influenza surveillance is in progress as per recommendations of this review. Additional funds to support influenza surveillance have been mobilized through from the pandemic influenza preparedness (PIP) framework.

To support control of helminthiasis, 8.8 million doses of Albendazole were secured as donation from pharmaceutical company GSK, with in-kind support amounting to USD 175,000. This was used during the Child Health Days in May and November 2014 and the remaining doses will be used during May 2015.