

Democratic People's Republic of Korea

Population (in millions) (2011)	24.5
Country classification (2012)	Low-income
Gross national income per capita (PPP int \$) (2011)	--
Total health expenditure as % of GDP (2010)	--
Per capita total health expenditure (PPP int \$) (2010)	--
Per capita government health expenditure (PPP int \$) (2010)	\$45.68
Life expectancy at birth (in years) (2009)	70
Human Development Index (2011)	--
Median age (in years) (2010)	33
Total fertility rate per woman (2010)	2.0

The Government of the Democratic People's Republic of Korea reports as follows.

National coordination

There is a written national strategy or plan that focuses exclusively on the prevention and control of viral hepatitis. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission in health-care settings, and treatment and care.

There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. The name of this office was not provided. It has four staff members. It is not known how many people work full-time on hepatitis-related activities in all government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific population: health-care workers, including health-care waste handlers.

Awareness-raising and partnerships

The government did not hold events for World Hepatitis Day 2012, but has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: mass media and community and social organizations.

Evidence-based policy and data for action

There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: A, B and C, and for the following types of chronic hepatitis: B and C.

There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Information was not provided on the percentage of hepatitis cases reported as "undifferentiated" or "unknown" hepatitis.

Liver cancer cases are registered nationally, but cases with HIV/hepatitis coinfection are not.

The government does not publish hepatitis disease reports.

Hepatitis outbreaks are reported to the government and are further investigated. There is adequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target population is children under the age of 17 years. The last serosurvey was carried out in 2009.

Prevention of transmission

There is no national policy on hepatitis A vaccination.

The government has established the goal of eliminating hepatitis B by 2016.

Nationally, more than 90% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and more than 90% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is a specific national strategy and/or policy for preventing hepatitis B and hepatitis C infection in health-care settings. However, health-care workers are not vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings, which recommends single-use and auto-disable syringes for therapeutic injections. However, single-use or auto-disable syringes, needles and cannulas are not always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B, but not for hepatitis C.

There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government has guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education) and on-the-job training.

There are national clinical guidelines for the management of viral hepatitis, but they do not include recommendations for cases with HIV coinfection.

The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.

People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are free of charge for all individuals and are not compulsory for members of any specific group.

Publicly funded treatment is available for hepatitis B and hepatitis C. Information was not provided on who is eligible for this. Information was not provided on the amount spent by the government on publicly funded treatment.

The following drugs for treating hepatitis B are on the national essential medicines list: interferon alpha and pegylated interferon. The following drugs for treating hepatitis C are on the national essential medicines list: interferon alpha and pegylated interferon.

The Government of the Democratic People's Republic of Korea welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).