

Maternal, Newborn and Under-Five Survival

Steady reduction in MMR

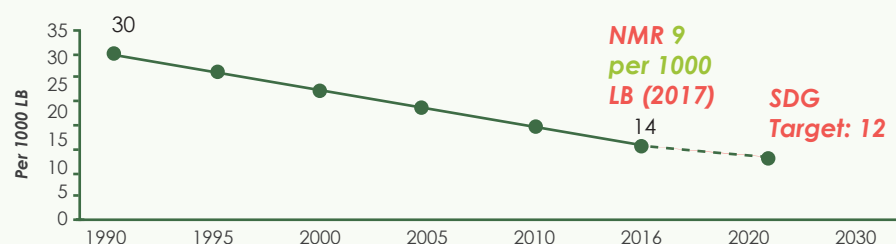


Source: UN Inter-agency Estimates: Trends in Maternal Mortality: 1990 to 2015 (UN MMEIG 2015)

Fewer maternal deaths

(in 2015 than 1990)

Below the SDG NMR Target of at least 12 per 1000 LB by 2030



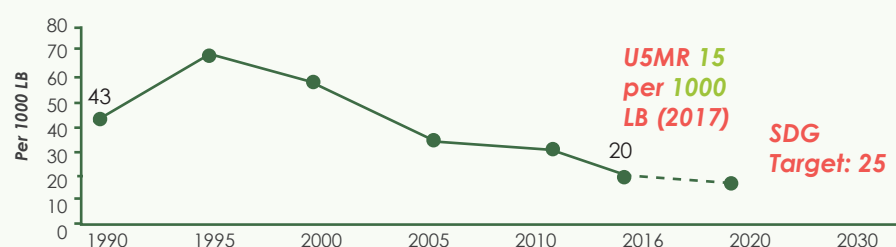
Source: UN Inter-agency Estimates: Levels and Trends in Child Mortality: 2017 Report (UN IGME 2017)

5000

fewer newborn deaths

(in 2016 than 1990)

Below the SDG U5MR Target of at least 25 per 1000 LB by 2030



Source: UN Inter agency Estimates: Levels and Trends in Child Mortality: 2017 Report (UN IGME 2017)

11 000

fewer under-five deaths

(in 2016 than 1990)

Demography		Survival		Health System	
Population	25 491 000	Maternal mortality ratio	82/100 000 LB*	Skilled health worker density	81/10 000
Annual births	350 000	Stillbirth rate	14/1000 births	Out-of-pocket expenditure	NA
Children under 5y	1 726 000 (7%)	Newborn mortality rate	9/1000 LB*	UHC Index	78/100
Adolescents	3 838 000 (15%)	Under 5 mortality rate	15/1000 LB*	RMNCH Index	82/100

Source: World Population Prospects (WPP) 2017; UN MMEIG 2015 Lancet 2015; *DPRK MICS 2017; WHO SEARO HST report 2017

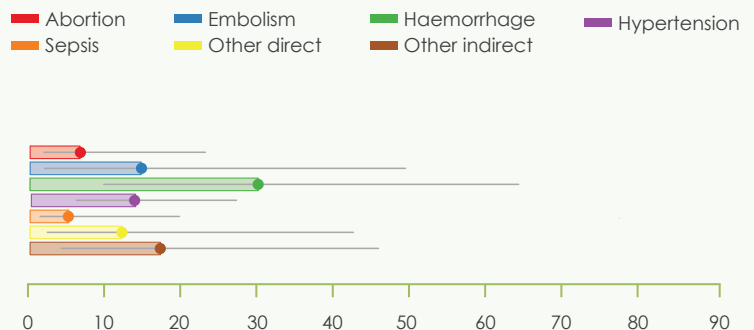
*LB= Live births

Causes of Death – Ending Preventable Mortality

300 women died due to pregnancy and related complications—focus on quality of care.

Source: UN Inter agency Estimates: Trends in maternal mortality: 1990 to 2015 (UN MMEIG 2015)

Causes of maternal deaths



Source: Lancet: Causes of Maternal Mortality 2015

4000 newborns died in the first month of life, mainly due to:

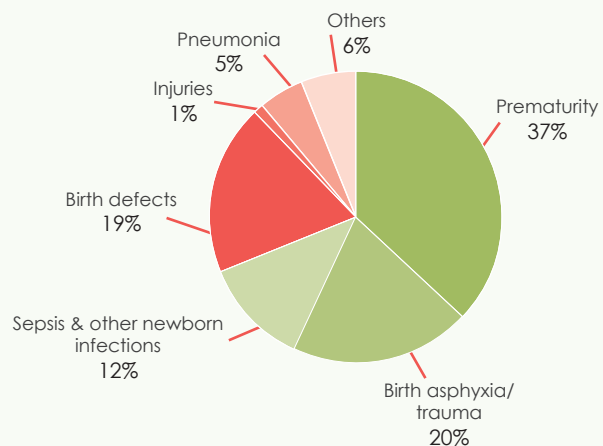
- Prematurity
- Birth asphyxia
- Infections

Source: UN Inter agency Estimates: Levels and Trends in Child Mortality: 2017 Report (UN IGME 2017)

In addition, **5200** babies were stillborn.

Source: Lancet Stillbirths 2015

Causes of newborn deaths

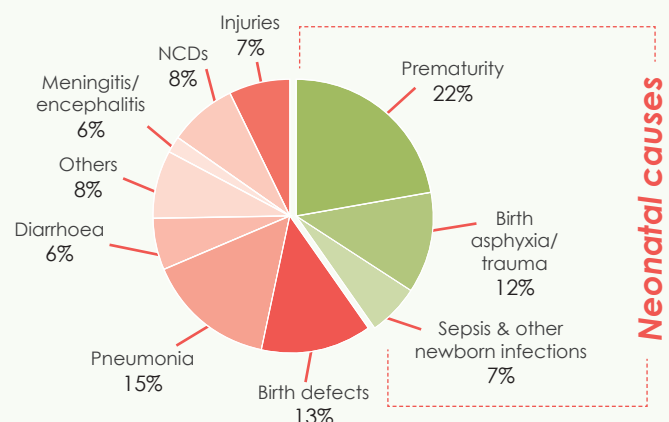


Source: WHO GHO 2015

7000 under-five deaths in 2016 even as country transitions into a low mortality country

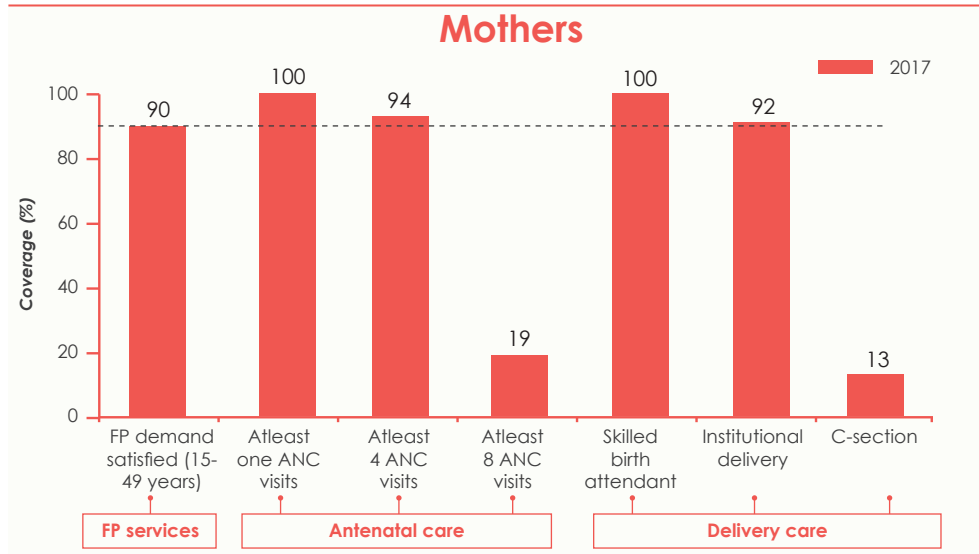
Source: UN Inter agency Estimates: Levels and Trends in Child Mortality: 2017 Report (UN IGME 2017)

Causes of under-five deaths

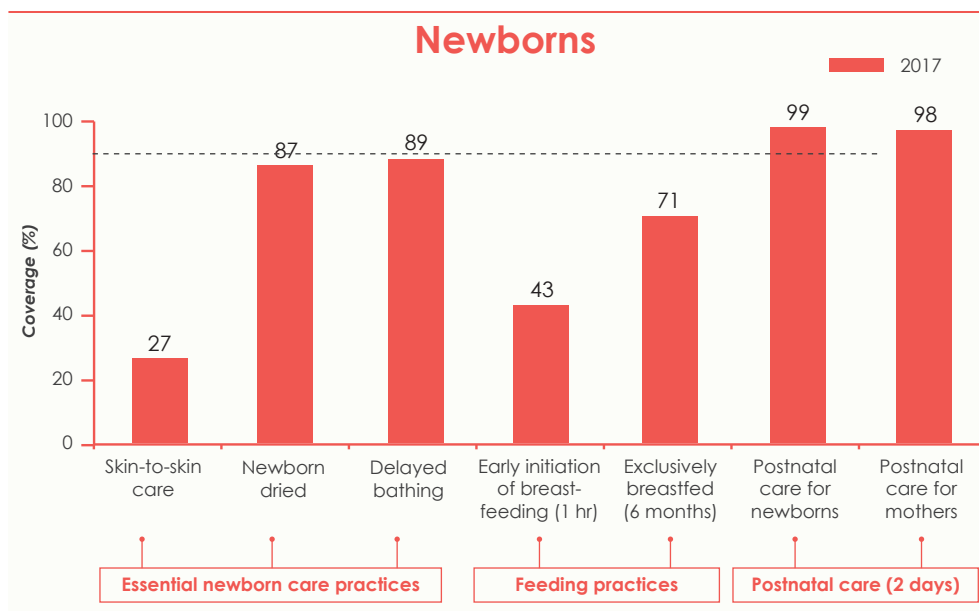


Source: WHO GHO 2015

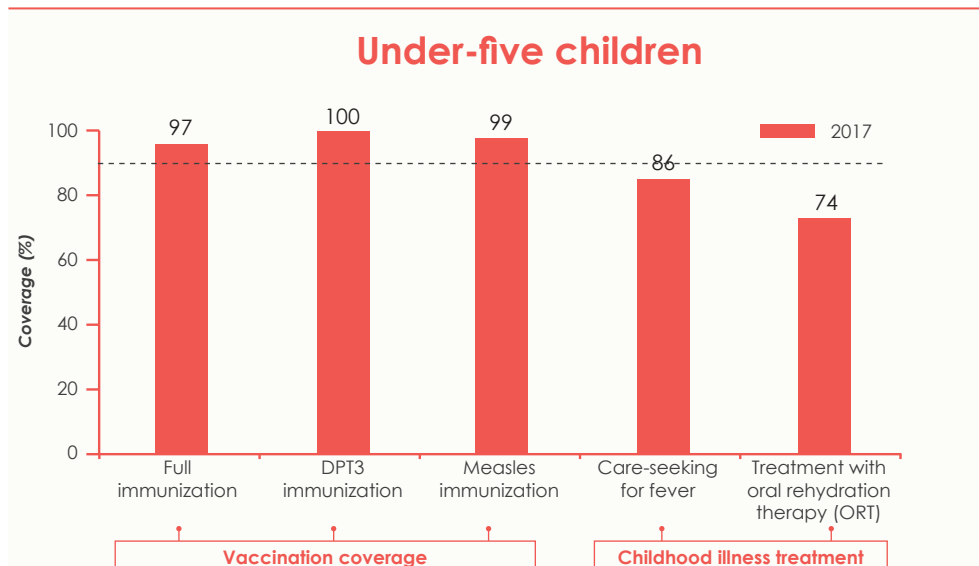
Coverage of Essential Interventions



Coverage of interventions is high.

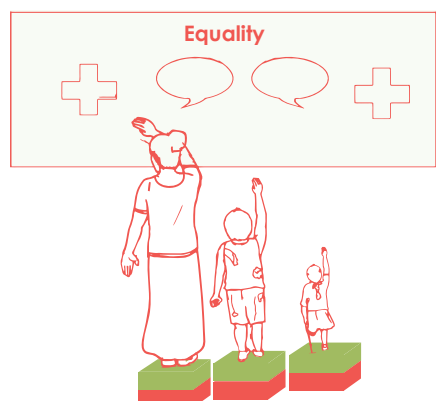


Efforts to increase essential newborn care interventions for better newborn health.

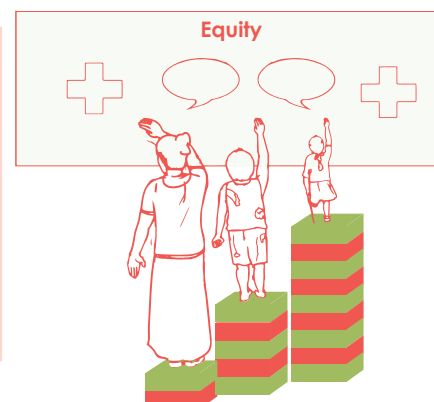


With better survival of children, cause-specific under-five mortality needs attention.

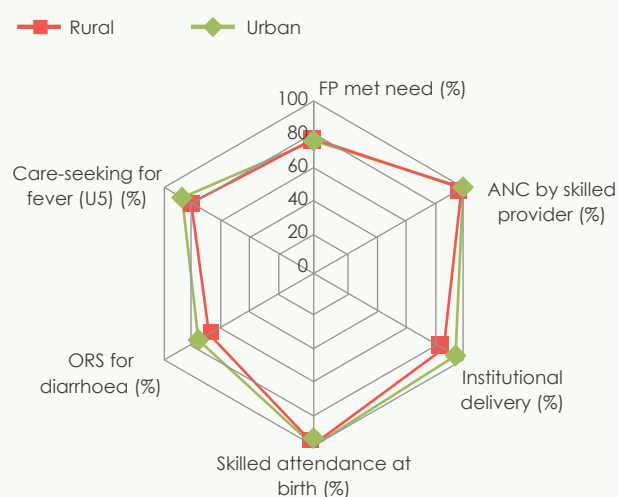
“Leaving No One Behind”: Equity in Coverage



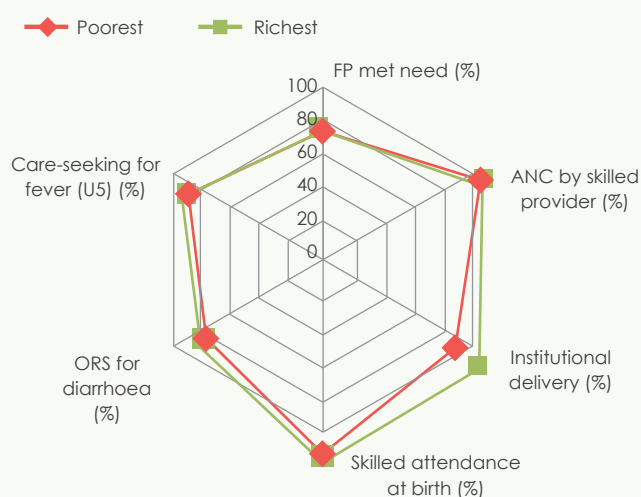
The goal is to achieve
Universal Health Coverage
by 2030



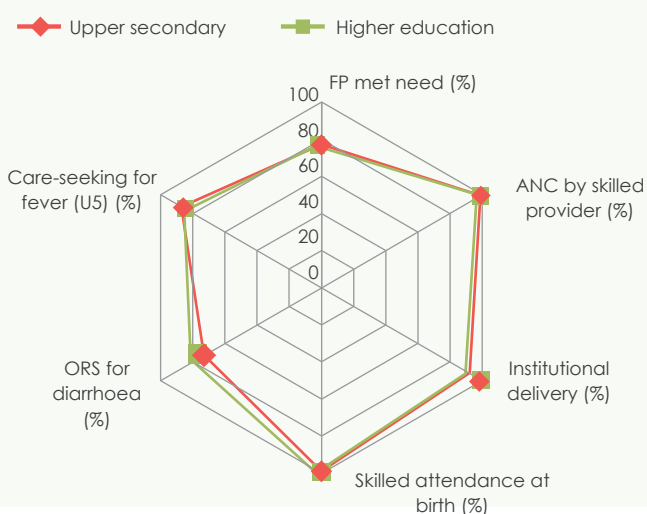
Geographic accessibility



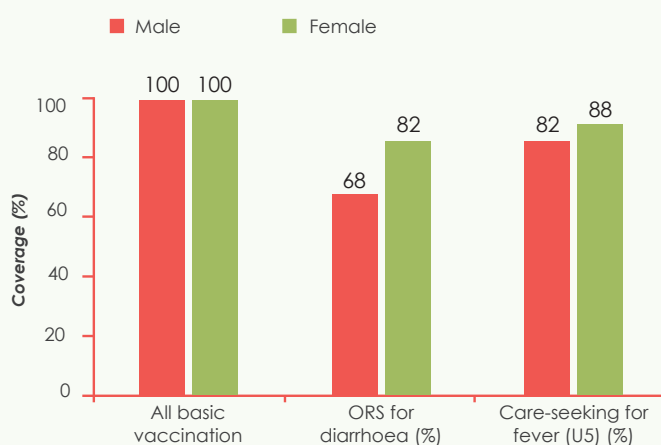
Wealth equity



Education parity

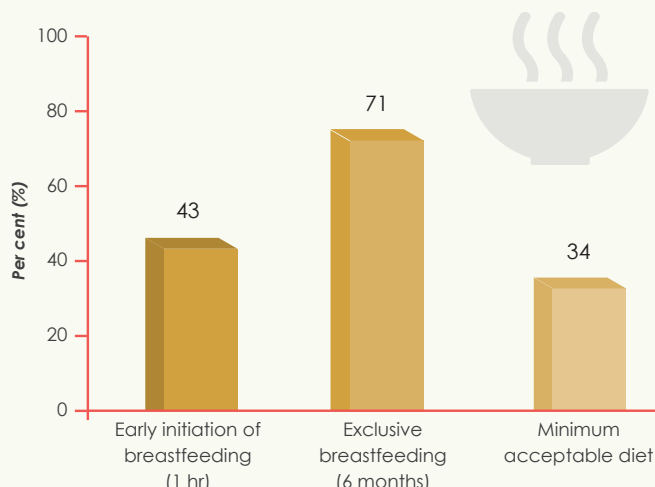


Gender parity

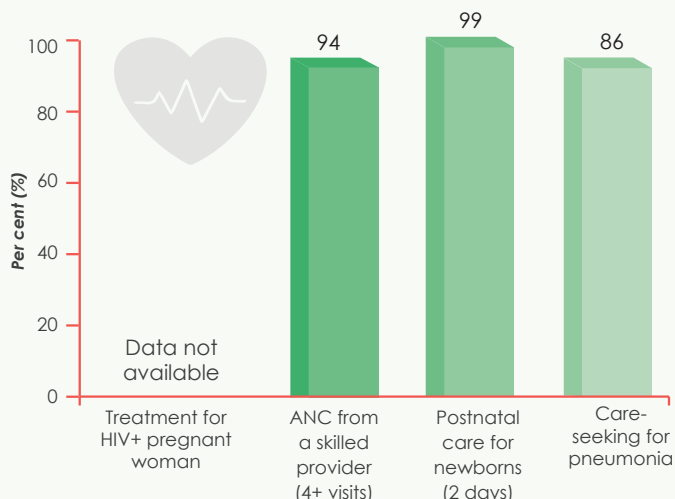


Nurturing Care for Children to Make them Thrive

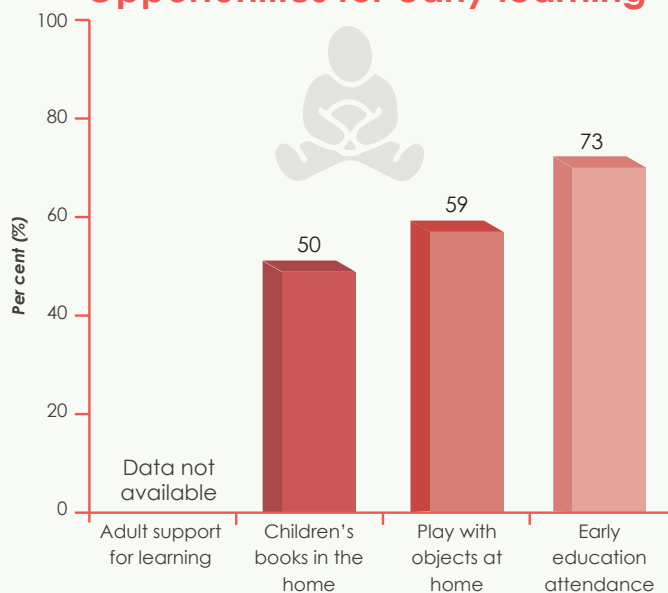
Adequate nutrition



Good health



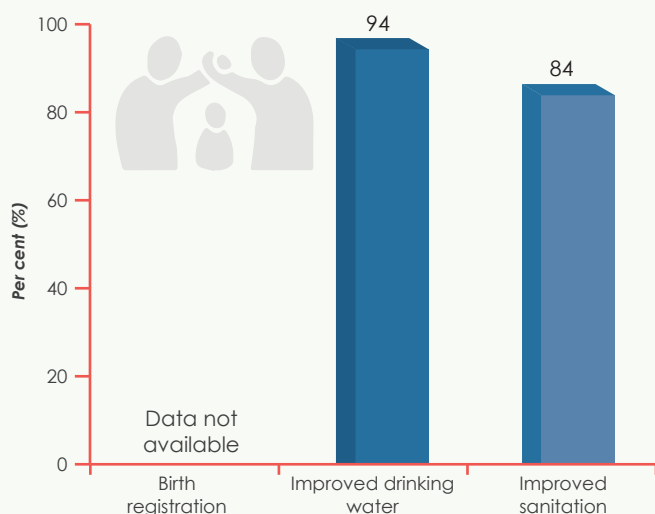
Opportunities for early learning



Children under-five are at risk of poor development.
Nurturing care makes a difference.



Security and safety



Responsive caregiving

Public information about ECD
Parental mental health
Parent support (groups, visits)
Quality child day care

Data urgently needed

Adolescent Health and Development

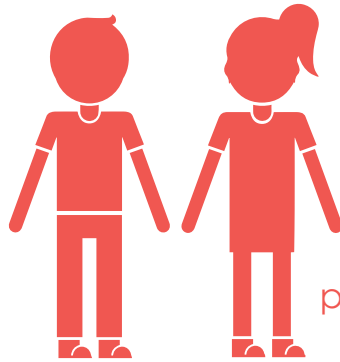
3 838 000

adolescent boys and girls in

DPR Korea

15%

of the total population



Adolescent Mortality Rate in 2016:

73 per 100 000

population

Adolescents bear a substantial proportion of the overall population's disease and injury burden.

Source: World Population Prospects 2017

Source: WHO GHO 2015

1 per 1000 15-19 year olds

Adolescent birth rate (ABR)

Data not available

Adolescent sexual/reproductive health (2016)

Data not available

Source: DPR Korea MICS 2017

Holistic approach to improving adolescent health is needed

Data not available

Source: DPR Korea MICS 2017

Readiness of Health System to address RMNCAH

81 per 10 000 Availability of health workers (density of doctors, nurses and midwives per 10 000 population) in DPR Korea

VS

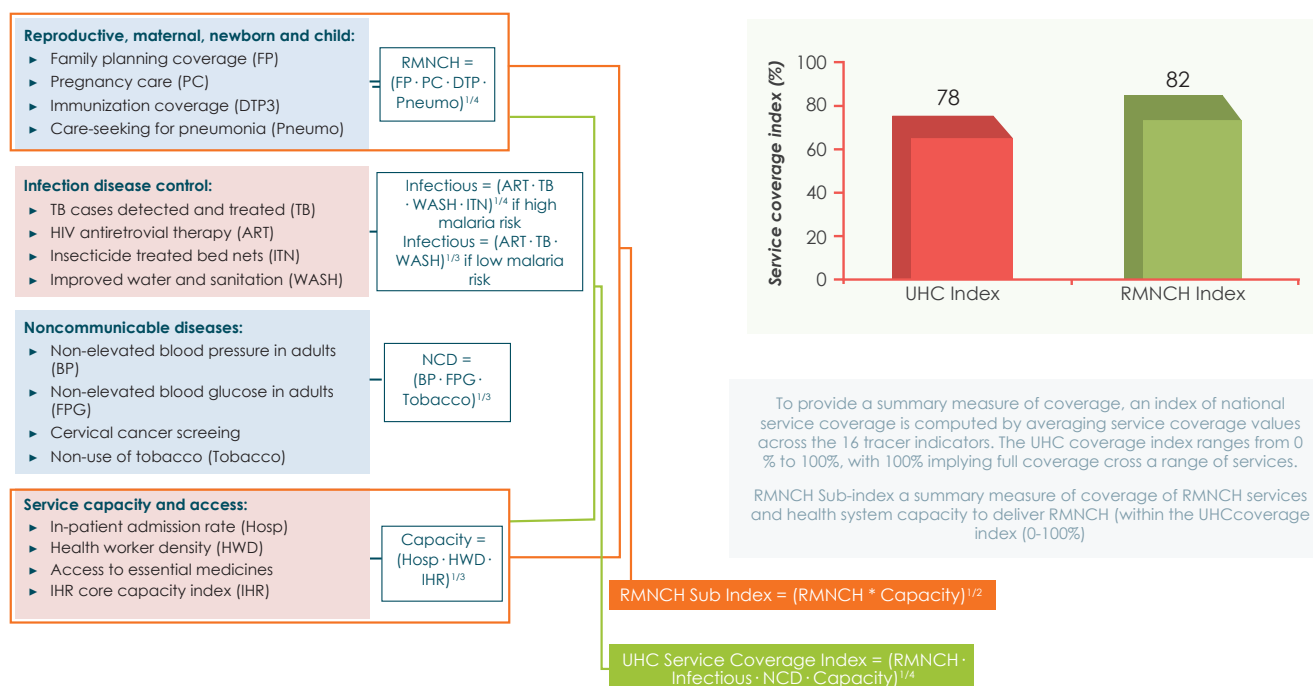
44.5/10 000 Global Strategy on HRH 2015

Source: WHO SEARO HST 2017

The goal of universal health coverage (UHC) is that all people receive the health care they need, without suffering financial hardship.

Monitoring UHC requires measuring health services coverage and financial protection especially for RMNCAH (SDG target 3.8)

UHC coverage index of essential health services



Source: WHO SEARO HST 2017

Tracking RMNCAH Progress – SDG Targets to 2030

SDG	GS		Indicator	Data (2016-2018)	Progress (2030)	Source
3.1.1	1	Survive	Maternal mortality ratio (per 100 000 live births)	82		UN MMEIG
3.2.1	2		Under-5 mortality rate (per 1000 live births)	15		MICS
3.2.2	3		Neonatal mortality rate (per 1000 live births)	9		MICS
-	4		Stillbirth rate (per 1000 births)	14		Lancet
-	5		Adolescent mortality rate (deaths per 100 000 adolescents)	73		WHO GHO
2.2.1	6	Thrive	Stunting among children under 5 years of age (%)	19		MICS
3.7.2	7		Adolescent birth rate (per 1000 women 15-19years)	1		MICS
3.8.1	8		Coverage index of essential health services UHC (%)	78		WHO SEARO
-	9		Out-of-pocket health expenditure as a percentage of total health expenditure (%)			
-	10		Current country health expenditure as a share of GDP (%)			
5.6.2	11	Transform	Country has SRH care, information and education laws and regulations that guarantee women aged 15-49 access (%)			
7.1.2	12		Primary reliance on clean fuels and technology (%)	10		MICS
16.9.1	13		Births registered (%)			
4.1.1	14		Children and young people education at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics (%)			
5.2.1	15		Intimate partner violence in ever-partnered women and girls aged 15 and older (physical, sexual or psychological violence)			
6.2.1	16		Population using improved sanitation services (%)	84		MICS
Index						
			SDG Indicator			
			Global Strategy Core Indicator			
			On track to achieve SDG target by 2030			
			More efforts needed towards achieving SDG target			
			Already below global SDG target			
			No data available or SDG target not available			

Disclaimer – All data in the WHO SEARO RMNCAH Factsheet have been adequately sourced from latest DHS/MICS in consultation with respective WHO Country Focal Points and MoH representatives.

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