Correspondence

Open letter to The Global Fund about its decision to end DPRK grants

Dear Peter Sands and Aida Kurtović,

On Feb 21, 2018, The Global Fund quietly announced its intention to close down its malaria and tuberculosis (TB) projects in the Democratic People's Republic of Korea (DPRK, North Korea). The decision will have profound negative effects on the health of millions of North Koreans and the populations of other countries in the northeast Asia region.

Since 2010, The Global Fund has disbursed over US\$100 million to support malaria and TB control programmes in North Korea. UNICEF and WHO implemented these programmes in collaboration with the DPRK Ministry of Public Health. This has been the largest foreign investment in health in North Korea in history, and a remarkably effective one.

The Global Fund's decision will cripple the efforts to control both diseases, and the effects on TB control will be particularly profound. The DPRK Ministry of Public Health recognises TB as the most important public health issue in the country.2 North Korea has a TB prevalence that is similar to sub-Saharan Africa despite being a country where HIV is assumed to be nonexistent, and drug-resistant TB strains pose a serious problem. These strains were likely created in the late 1990s before spreading unchecked due to a scarcity of resources for diagnosis and treatment.3 In 2017, North Korea was put on the WHO high-burden country lists for both TB and multi-drugresistant TB (MDR-TB).4

The Global Fund's investment enabled the national TB programme to undergo a much-needed modernisation, including the introduction of new diagnostics and treatment protocols. Currently, over 100 000 patients with TB are treated annually with high-quality TB drugs

procured from the Global Drug Facility in Geneva. The suspension of Global Fund grants, and the absence of any coherent exit strategy, is likely to lead to massive stock outs of quality-assured TB drugs nationwide. In other settings, this has led to the rapid creation of drug-resistant TB strains, as doctors ration pills and patients take incomplete regimens. An explosion of MDR-TB in North Korea would take decades to clean up and could detrimentally affect the public health of bordering countries like China and South Korea.

To avert such a public health and humanitarian crisis, we respectfully request the following: a full account of The Global Fund's process in reaching the decision; a description of the conditions that would need to be met to resume the projects; and, if the conditions are not able to be met, then the continuation of the projects until an alternative source of funds is secured. The goal of these requests is to ensure a continuous supply of quality-assured TB and malaria medications for North Korean patients.

The decision to suspend The Global Fund projects in North Korea, with almost no transparency or publicity, runs counter to the ethical aspiration of the global health community, which is to prevent death and suffering due to disease, irrespective of the government under which people live. It is indeed "a catastrophic betrayal of the people of DPRK".⁵

KBP is Director of North Korea Programs for the Korean American Medical Association. KS is endTB co-leader for Partners In Health. UK is a Director of Interactive Research & Development. We declare no competing interests.

*Kee B Park, Uzma Khan, Kwonjune Seung kee_park@mail.harvard.edu

Korean American Medical Association, Englewood Cliffs, NJ, USA (KBP); Program in Global Surgery and Social Change, Harvard Medical School, Harvard University, Boston, MA 02115, USA (KBP); Interactive Research & Development, Dubai, United Arab Emirates (UK); Partners In Health, Boston, MA, USA (KS); and Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA (KS)

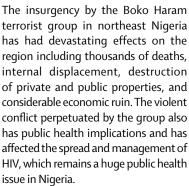
- The Global Fund. Korea (Democratic Peoples Republic). https://www.theglobalfund.org/en/portfolio/country/?k=79cc6298-8372-48b4-9712-b11eaba1a805&loc=PRK (accessed March 2, 2018).
- Stone R. Public enemy number one. Science 2013; 340: 422–25.
- Seung KJ, Franke M, Linton SW. Multidrug-resistant tuberculosis treatment in North Korea: Is scale-up possible? PLoS Med 2016; 13: e1002062.
- 4 Global tuberculosis report 2017. Geneva: World Health Organization, 2017.
- 5 Horton R. Offline: North Korea—the case for health diplomacy. Lancet 2017; 390: 1016.



Published Online March 14, 2018 http://dx.doi.org/10.1016/ S0140-6736(18)30672-X

This online publication has been corrected. The corrected version first appeared at thelancet.com on March 15, 2018

Quantification of the effect of terrorism on the HIV response in Nigeria



The association between conflict and HIV incidence remains debatable. Studies have reported that new HIV infections might increase during armed conflict because factors such as violent sexual acts, survival sex, and unavailability of reproductive and other health-care services during conflict can accelerate HIV transmission. 1-3 Other studies4-6 have found stabilised or decreased HIV transmission during conflict, possibly due to the presence of factors that reduce vulnerability and exposure such as reduced risky sexual behaviour, disruption of sexual networks, and mortality among high-risk groups.3

To contribute to this debate and provide information on the probable effect of the armed conflict on the HIV response in Borno State (the epicentre of Boko Haram in Nigeria), we reviewed the national health sector performance data and spectrum estimates and did



Submissions should be made via our electronic submission system at http://ees.elsevier.com/ thelancet/