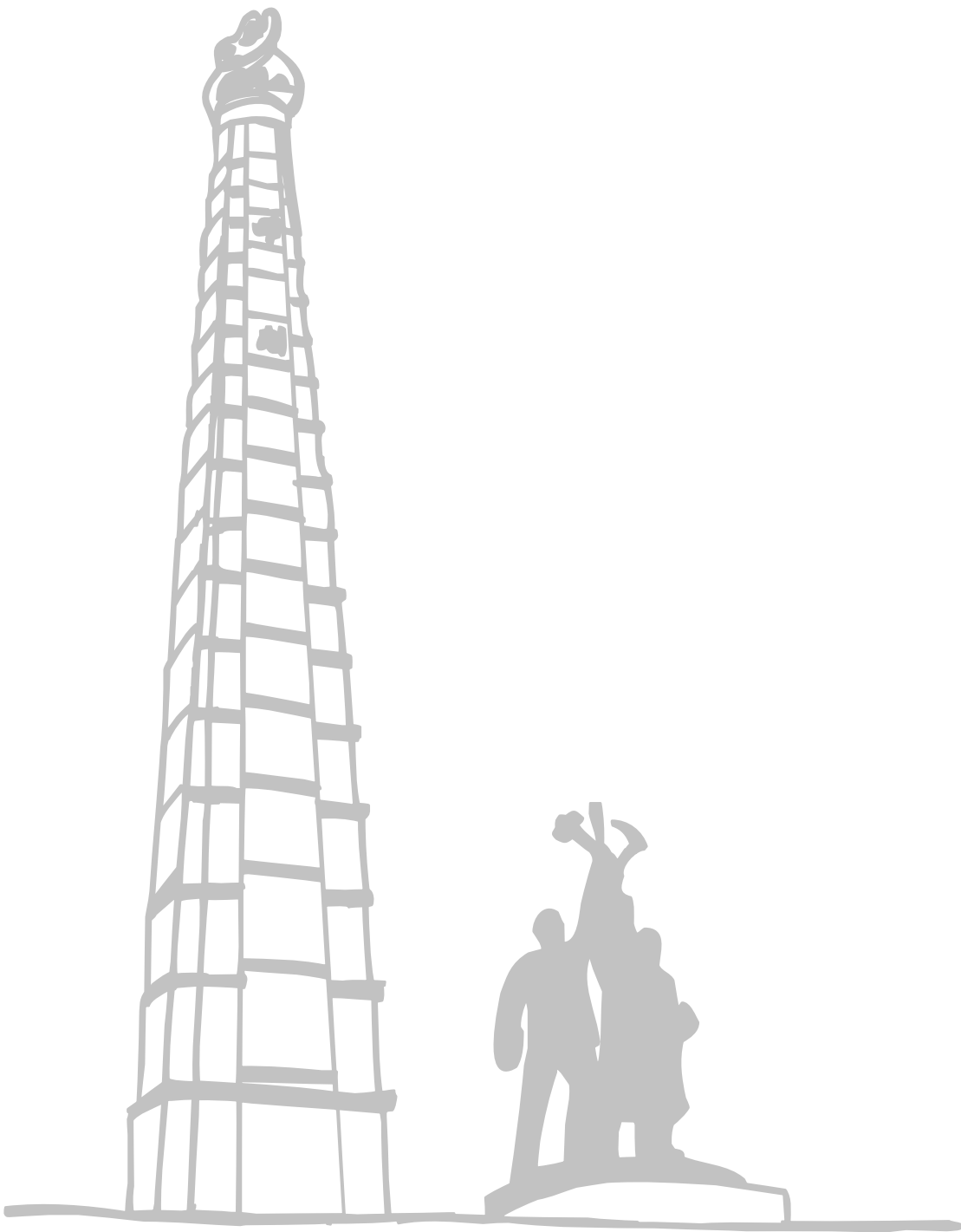


Emergency and Humanitarian Action

Country Report

DPR Korea



DPR Korea



HAZARD PROFILE

Natural disasters

The Democratic People's Republic of Korea (DPR Korea) is a peninsular country in which mountains and uplands cover nearly 85% of the total area, leaving barely 15% for cultivable plains and lowlands. In recent years, the country has been affected by unprecedented natural disasters, and is exposed to frequent occurrence of floods, landslides, tidal waves, typhoons, droughts, waves/surges and other types of natural disasters such as wind storms.¹

Human-induced disasters

A large explosion occurred at Ryongchon city, North Phyongan Province on 22 April 2004, during shunting operations at the railway station. Two train wagons carrying ammonium nitrate came into contact with a wagon containing fuel oil. This resulted in a massive explosion creating a large crater and levelling everything within a 500 m radius. The Flood Disaster Rehabilitation Committee (FDRC) of Ryongchon County confirmed that the explosion injured approximately 1300 people, 370 of whom were hospitalized. One hundred fifty-four bodies were recovered, including 76 children. WHO undertook a health needs assessment in Sinuiju City to identify how best the international community could assist the Ministry of Public Health (MoPH).

The explosion also caused major damage to housing and infrastructure, including schools and medical facilities. An estimated 1850 families (approximately 8000 people) became homeless due to the destruction of 1850 houses. This represents approximately 40% of the area of the township. Public buildings suffered major damage; 12 were completely destroyed and 10 partially destroyed. The city's water supply, electricity and telephone systems were severely disrupted.

The national authorities and the National Red Cross responded effectively to the disaster. The Ministry of Public Health (MoPH) immediately sent medical supplies from Pyongyang to Ryongchon County. Medicines and medical supplies from UNICEF, WHO and the International Federation of Red Cross and Red Crescent Societies (IFRC) available in-country were reallocated from existing programmes and delivered to Ryongchon County.

Health hazards

After years of progress in the field of health in the 1970s, the health status of the population started to decline in the 1990s. Many of the health indicators deteriorated and some of the morbidity and mortality figures increased by two- to three-fold. Drug supplies are limited and doctors use traditional medicines to treat illnesses. The economic downturn has led to the erosion of DPR Korea's extensive health-care infrastructure. There are serious shortages of essential drugs and vaccines as well as essential medical diagnostic equipment and surgical supplies.

- **Measles:** Since 1992, no cases of measles had occurred in the country. However, in February 2007, the MoPH informed WHO and UNICEF that there was a measles



outbreak in the country. It started in November 2006 from a small county in the northern border with China and spread all over the country. The age group affected ranged from infants to those about 45 years old, with 40% of cases among 11–19-year-olds. A total of 3500 cases was reported, with four deaths. The MoPH requested WHO and UNICEF for support to control the outbreak.

- **Diarrhoeal diseases**, acute respiratory infections and other childhood diseases together with malnutrition are the main causes of childhood morbidity and mortality. More than one third of children aged six years and below suffer from chronic malnutrition, and about one eighth are severely stunted. However, there was a marked improvement in children's nutritional indicators between 2002 and 2004 (National Nutrition Assessment of 2002 and 2004).
- **Malaria:** *Vivax* malaria re-emerged in the Korean peninsula in 1998. The number of malaria cases reached epidemic proportions in 2001 with 300 000 reported cases. WHO's assistance has supported the dramatic 95% decrease in the number of malaria cases from 185 420 cases in 2002 to 9300 cases in 2006.
- **Tuberculosis:** Following economic decline and natural disasters in the 1990s, a sharp increase was reported in the incidence of tuberculosis. The Directly Observed Treatment, Short-course (DOTS) treatment network was introduced at the end of 1997 with WHO support and expanded in five phases from 1998 to the whole country; the cure rate is about 85%.
- **Severe acute respiratory syndrome (SARS)** and the **avian influenza** pandemics are the most recent global health challenges. There was an outbreak of H1N1 avian influenza in two poultry farms at the end of 2004 and early 2005 (winter season). The MoPH in collaboration with WHO/FAO and in partnership with the Ministry of Agriculture managed to control the outbreak by April 2005. The Government has been vigilant in controlling for potential future outbreaks.

Humanitarian situation

Since its independence, DPR Korea has experienced several stages of development including post-war reconstruction and industrialization. The country achieved a number of successes including free education and 100% literacy, free medical services and relatively long life expectancy. Remarkable economic growth was achieved. Health indicators were one of the best in the Region till the early 1990s, when they fell following dissolution of the former Soviet Union, natural disasters, years of isolation and lack of investment.

Over almost a decade, the humanitarian assistance to DPR Korea achieved substantial progress towards meeting some of the basic needs of the population. Chronic malnutrition was almost halved between 1998 (62%) and 2004 (37%).

In 2005, the Government decided to stop the humanitarian assistance and move towards development-oriented collaborative programmes. This made it difficult for UN agencies to raise the necessary funds to sustain the gains and respond to immediate needs. The situation was further complicated by a complex regional and international geopolitical climate. These constituted severe challenges to the economic growth of the country and the normal livelihood of the people.

EXISTING DISASTER MANAGEMENT SYSTEM

National policies, guidelines and legal framework for disaster management

Before 1995, when the country had high health and economic indicators, the health sector did not have any disaster management policies/guidelines. It had sector-wise health programmes and guidelines. However, in 1995, the Government in the Cabinet instituted a non-standing committee for addressing and managing health-related disaster management involving several ministries and social institutions, named the Flood Disaster Rehabilitation Committee (FDRC). The FDRC also worked in good collaboration with the UN and international NGOs operational in the country after the UN Appeal by the Government.

With the improvement of the country's overall economic, agricultural and health status, the Government decided to discontinue the humanitarian assistance from the international community at the end of 2005, and appealed for more development-oriented assistance. The FDRC has stopped its work; however, the same mechanism of coordinating general international support through international and UN agencies still exists and is functional.

Environmental concerns are protected through the Environment Protection Law and the health of workers by the Socialist Labour Law.

Disaster management in the health sector²

Historically, DPR Korea has an extensive and comprehensive health system infrastructure.³ It is geographically divided into nine provinces and one municipality of the capital, 210 counties, and is further subdivided into smaller administrative units, as Ri (rural areas) and Dong (urban areas). Under the management of the MoPH, DPR Korea has a vast, equitably distributed network of more than 800 general and specialized hospitals at the central, provincial and county levels, about 1000 hospitals and 6500 polyclinics at Ri and Dong, with an estimated staff of around 300 000. At the lowest level, a household doctor (section or family doctor) provides curative, promotive, rehabilitative and preventive health care. All health facilities in DPR Korea are State owned and the State is responsible for the health of the people. The fundamental principles of the national health policy include universal and free medical care services, maintaining preventive and promotive health services, and the development of Juche-oriented medical science and technology. Primary health care (PHC) is organized around the section doctor (household doctor) system. The system helps to improve the quality of care at the household level. The eight essential elements of PHC are implemented through this system. The PHC health worker is a doctor who is qualified to deliver health services to the households under his/her charge. This system is supported by a referral system to higher levels of care.

There is no specific national disaster preparedness/management plan so far in the country, and it would be helpful if WHO's technical inputs are provided for the MoPH to formulate one.

WORK OF WHO

DPR Korea has been a member of WHO since 1973, but the collaborative programme was for many years under national execution. In 1997, a WHO Emergency and Humanitarian Action (EHA) office was established in DPR Korea as a result of the deteriorating humanitarian situation.





The WHO Country Office in DPR Korea was established in Pyongyang in November 2001 with a designated WHO Representative. In March 2003, an update of the Country Cooperation Strategy (CCS) was completed. There has been increased coordination and interaction with the MoPH, UN Agencies and other development partners since the establishment of the Country Office.

WHO has participated in the annual UN Consolidated Appeals (CAPs) for DPR Korea. Resources through the UN Consolidated Appeal and other funding mechanisms have been instrumental in addressing major public health problems. This shows that, in countries with complex emergencies, WHO has the ability to mobilize resources. Experiences from recent years also confirm that it is possible to effectively implement health programmes in DPR Korea in spite of the institutional and political constraints. The emergency programmes have also provided an entry point for a broader assessment of the health sector in DPR Korea. In principle, the WHO regular budget has been used for long- and medium-term health goals, whereas funds from the UN Appeal for emergency and humanitarian action have been used for short-term emergency health problems. Following the Government's decision to go for development-oriented support, WHO has been positively working on the same lines, utilizing the emergency-based resources from donors for medium- and long-term development assistance.

WHO in cooperation with the MoPH is currently focusing on strengthening the health infrastructure through providing county and Ri hospital kits in collaboration with donor communities including the European Commission Humanitarian Aid (ECHO).

The following health areas were agreed upon with the MoPH as the national health priorities for the Country Cooperation Strategy (2004–08).

- Control and prevention of communicable diseases (malaria, tuberculosis, HIV/AIDS) including strengthening of the surveillance system and public health laboratories;
- Immunization and vaccines: During the recent measles outbreak, WHO and UNICEF provided measles vaccine, syringes, needles, safety boxes and vitamin A for the National Immunization Campaign in two phases (15 March and 15 April 2007). Technical assistance on outbreak investigation, laboratory diagnosis and treatment is also being provided.
- Promoting evidence-based health policies and health care (clinical guidelines, rational drug use, traditional medicine);
- Strengthening basic health services close to the community;
- Updating technical skills of health personnel;
- Improving blood safety;
- Strengthening technical and research capacity in public health and epidemiology;
- Health systems development;
- Tobacco control;
- Increasing the capacity of the MoPH in emergency preparedness and response, and working in a partnership environment.

WHO takes active part in the interagency collaboration with other UN agencies, NGOs, donors and embassies in Pyongyang. Good cooperation between agencies has contributed to effective sharing of information and adoption of common strategies for the work of international organizations in the country.⁴

FUTURE PLANS OF WHO

WHO and MoPH plans for 2008–09

- To strengthen health staff capacity for health-related disaster management
- To improve emergency health information, communication and response
- To support emergency management such as supply and logistics, and provide short-term consultants
- To provide technical assistance for programme planning and management.

PRIORITY NEEDS

- Strengthen health infrastructure according to long-term based development assistance by increasing WHO's technical inputs in the health sector through training, both in-country and abroad, and assisting the health facilities at the community and referral level by upgrading their technical and physical capacities.
- Strengthen human resources within the MoPH and other health-related institutions for macro/micro health planning, public health management and health information systems consolidation.
- Strengthen health education through pre-service medical university education as well as in-service reorientation programmes for doctors and other health staff.
- Strengthen partnerships with global and regional health-related networks.





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¹http://www.searo.who.int/en/Section313/Section1518_6795.htm

²http://www.dprk.searo.who.int/LinkFiles/WHO_Collaborating_Centres_CCSDPRK.pdf

³<http://www.dprk.searo.who.int/EN/Section11.htm>

⁴http://www.dprk.searo.who.int/EN/Section2_12.htm