

## Humanitarian Action to the Democratic People's Republic of Korea

Akinori KAMA\*

**Abstract :** UN agencies are appealing for a total US\$126,000,000 for emergency assistance to the Democratic People's Republic of Korea (DPRK) for the period from April 1997 to March 1998<sup>4)</sup>. The appeal addresses urgent needs resulting from the effect of the unprecedented flooding in the DPRK in 1995 and 1996. It focuses on following three priority sectors:

- Food aid, representing the most urgent need
- Food security in order to assist in resuming normal food production
- Health to restore basic health services, disrupted by the floods

The major portion of requested fund, US\$95,500,000.-, is for the procurement of food. US\$21,000,000.- is for projects related to food security and US\$9,000,000.- is for restore basic health services. Additionally, US\$750,000.- are requested to ensure adequate coordination, monitoring and reporting.

**Key words :** DPRK, Disaster, Flood

### Introduction

Floods occurred during the months of July to middle of August 1995 in the DPRK, and the Government of DPRK issued an appeal for international assistance, and this is the first time appeal from the country since after Korean War. The most episode of floods was a three day period of intense rainfall which ended on 20 August 1995. 5.2 million people were affected in varying degrees throughout 145 of the country's 200 countries (Figure. 1, Table 1)<sup>6)</sup>. In total approximately half a million people were left homeless. This severely affected the October 1995 harvest. The effect of destroyed land, loss of agricultural machinery and particularly the destruction of irrigation systems, dams and pumping stations caused a carry over to the 1996 harvest, and this situation was exacerbated by a second flood in early August 1996.

### Methods

This study was carried out at the South East Asia Regional Office, World Health Organization, New Delhi, India. Although limited health statistical data is only available through the Bureau of Statistics, Pyongyang due to the political situation in the country, the author collected health statistical data from the Humanitarian Action Department/WHO, Geneva, the International Federation of Red Cross, United Nations, United Nations International Children's Emergency Fund.

### Results

Table 2 shows economy plan of the DPRK. Under the 3<sup>rd</sup>-7 year plan (1987-1993), economic planning put a strong emphasis on heavy industry with parallel development of light industry and agriculture<sup>7)</sup>. In 1992, priority was awarded to the development of mining, metal, power industries, rail transport and communication.

---

\* Yamagata School of Health Science  
260 Kamiyanagi, Yamagata-shi, 990-2212, Japan

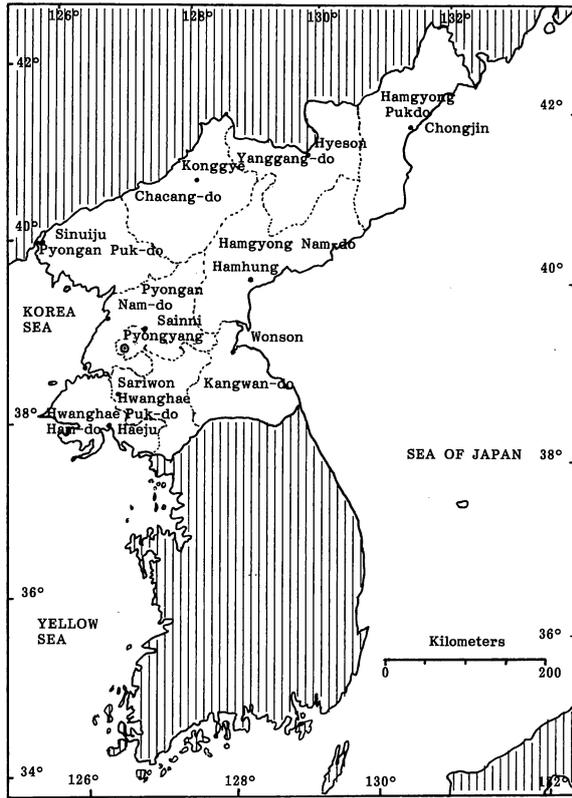


Fig. 1 DPR KOREA

Table 1 Disaster in 1955

Province (Affected countries and ri's)	Inhabitants in damaged area	Homeless people
South Pyongan (20 countries 22 ri's)	537,000	17,130
North Pyongan (24 countries 394 ri's)	2,048,000	192,560
Changang (18 countries 208 ri's)	828,000	78,250
South Hwanghae (12 countries 151 ri's)	482,000	4,635
North Hwanghae (14 countries 143 ri's)	690,000	99,840
Kangwon (12 countries 126 ri's)	155,000	46,155
South Hamgyong (2 countries 24 ri's)	80,000	4,050
North Hamgyong (8 countries 62 ri's)	229,000	840
Ryganggang (7 countries 57 ri's)	157,000	38,280
<b>Total</b>	<b>5,206,000</b>	<b>481,740</b>

Emphasis was also placed on the development of agricultural sector and increasing the production of textile and consumer goods to improve the people's standard of living.

Military service is selective: army five to eight years, navy five to ten years, and air force three to four years. The total strength of the armed forces in June 1992 was 1,132,000 : army 1,000,000 and navy 40,000. Security and border troops numbered 115,000 and there was workers' and peasants military ("Red guard") numbering about 3.8 million (Table 3<sup>7)</sup>). The ratio of DPRK's armed forces to total population is believed to be the highest in the world. The Government expenditure on defense in 1992 was budgeted at 4,581 million won or 11.6% of planned budgetary spending.

In 1991, according to the South Korea estimates, the DPRK's gross national products (GNP) was approximately US\$22,900 million, equivalent to \$1,038.- per head. UNDP estimates that real gross domestic products per head in 1991 is \$1,750.-. The South Korea also estimated that in 1992, the DPR Korean economy

Table 2 Economy plan

Plan	Duration	Remarks
3 year plan	1954-1956	Success
5 year plan	1957-1961	Success in 1960
6 year plan	1971-1976	Completely finish in 1977
2nd 7 year plan	1978-1984	Announced achievement in 1985, but shift to 3rd plan
3rd 7 year plan	1987-1993	Reduced turnover Three years breaks

declined for a third successive year, contradicting by 5.1% , in real term-compared with the average annual growth rate of 7.9% that was envisaged during the third (1987–1993) seven year plan. During 1980–1991, according to estimates by the World bank, the population increased by an annual average of 1.7%.

At middle of 1991, it was estimated 32.6% of labor force were employed in agriculture (including forestry and fishing). The principal crops are rice, maize, potato and soybeans. The DPRK is not sufficient in food, and imports substantial amounts of wheat, rice and maize annually. The raising livestock (principally cattle and pigs), forestry and fishing are important. During 1980–1991, according to the FAO, agricultural production increased by an annual average of 2.3% . The South Korea estimated that agricultural production increased by 2.8% in 1991, compared with 1990. In 1993, cold waves hit both Korea and Japan during summer, and these countries suffered rice shortage.

There are no deposits of petroleum, and hence the country relies on imports from the People's Republic of China (1.1 million tons in 1990) and Iran (980,000 tons). Until 1990 the USSR was the principal supplier of petroleum.

The principal exports in the late 1980s were non-ferrous metals, coal, rice, marine products, silk and cement. The principal imports were petroleum, chemicals, cereals, cooking coal, machinery and capital equipment.

The DPRK's economic situation declined sharply in the 1990s. First, the abandonment (from 1 January 1991) of the barter trading system between the DPRK and the USSR (then its major trading partner) in favor of trade conducted exclusively in convertible currencies, a substantial reduction in deliveries of crude petroleum and gain from the USSR, and finally the dissolution of the USSR in late 1991. The further set-back was the imprecision, in late 1992, of similar trading regulations by the China, which had become DPRK's principal trading partner. The continuing shortage of fuel supplies reportedly led to a decline (of an estimated 40% - 50% ) in the productivity of industrial enterprises in 1992, with resulting widespread shortage of basic consumer goods. In December 1993, it was officially admitted that the 3rd seven year plan had failed to achieve its industrial targets owing to the disappearance of communist country markets and aid. The policy now concentrates on the development of agriculture, light industry and foreign trade.

The disaster in 1996 was certainly not as severe as the previous year, however, there was another noticeable reduction in the harvest. Two successive years of floods have undoubtedly set back the agricultural sector and have significantly compounded the underlying food production problems in the DPRK. As a result, the harvest in 1996 was reduced to an estimated 3.36 million tones. The Figure. 2<sup>2)</sup> shows the agricultural production levels.

The public distribution has been under considerable strain over the last few years. Although measures were taken to maintain food distribution to the population (such distribution of unconventional food commodities like potatoes or green maize during the critical periods of food shortage), standard rations in the system have been gradually reduced over last two years.

The original distribution levels of this nation-wide feeding mechanism, differ, depending on the role of the beneficiary is as follows (Table4, 5<sup>2)</sup> :

At present, the public distribution systems can only provide between 100gm and 150gm per person per day

Table 3 Military expenditure and resource use imbalances

Country	Military Expenditure (as % of GDP)		Average annual Imports of no-nuclear arms (U.S.\$ millions) 1988-1992	Armed forces per 1,000 people 1990
	1960	1990-91		
DPR Korea	11.0	8.9	514	51.5

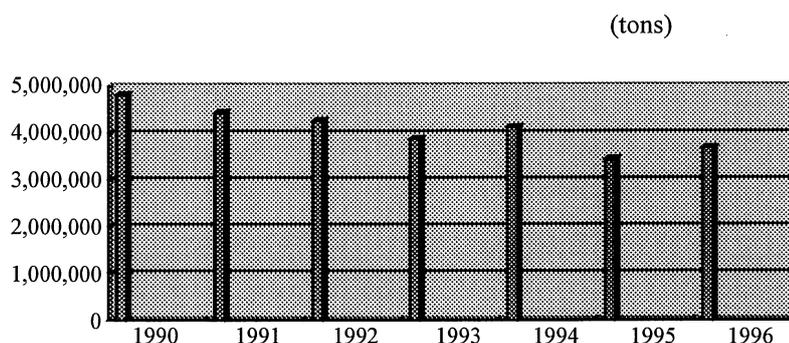


Fig. 2 Harvest production

on average. No distribution is made between different members of the community—for example, 400gm would be supplied to a family of 4 regardless of the age of the children or the occupations of the parents.

The salary range from 60 won per month for an 18 years old factory workers to 158 won per month for a dentist . The salaries and public distribution system supply in Pyonyang can be higher than rural area.

The importance of fuel as a distributing factor to the cessation and or irregularity of the public distribution system to some areas is not be underestimated. With a fuel shortage now widespread in the DPRK, it is to be expected that some remote areas may not even have received government food rations for months. It is estimated that 15% of children may fall out of the nursery/kindergarten net. They do not get rations in addition to those provided to the families. These children are likely to be at higher risk of being malnourished than their counterparts who attended nurseries.

Table 4 Public distribution system.

Type	Gm/day
Engine drivers and other heavy jobs	900
Workers in heavy industry factories	800
Normal adults	700
Retired people	600-500
Students and school children	400
Children in Kindergartens	300
Children up to 1 year old	200
Babies	100

Table 5 Typical salaries

Type of job	Won/month
Factory worker-inexperienced	60
Support staff for co-operative farm	70
Garment factory worker	90-100
Shop worker	90
Experienced factory worker	105
Construction company worker	120-140
Fisherman	130
Chemical worker	150
Dentist-rural	158

## Discussions

The aim of this study was to investigate exact situation in the capital as well as rural area and clear negative factors in the agriculture and health sectors in the DPRK.

Free medical care is provided to all citizens by the Ministry of Public Health and there are no private clinics<sup>9)</sup>. There is acute shortage of essential drugs and there is an urgent need to make available drugs, vaccines, intravenous fluids and medical supplies<sup>1)</sup>. The prior to natural calamities the country was producing sufficient drugs to meet at least 80% of the requirement of district hospitals, clinics, polyclinics, TB centers and factory hospitals, etc. Currently, only about 10% of the drug requirement is locally produced. The balance quantity has to be met through imports and with assistance from outside sources.

The combination of damage (ex. Production facilities, shortage of fuel and raw materials, destruction of

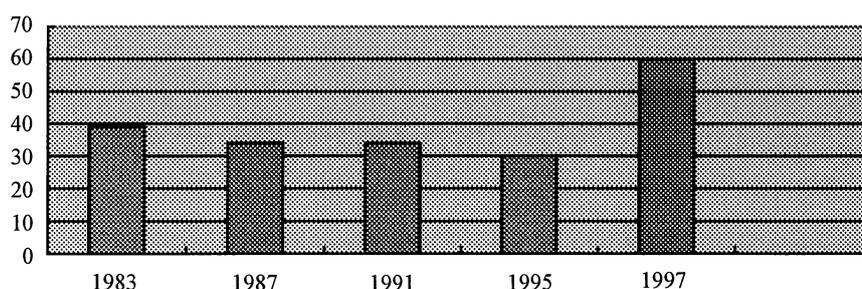


Fig. 3 Under 5 mortality rates over time in the DPRK (probability of dying between birth and five years, expressed per 1,000 live births)

health centers) caused by the floods and overall economic decline in the DPRK has resulted in a decline in health care provision. The health status of population appears to be declining although there are few statistics available and it is difficult to quantify problem. The fig. 3<sup>3)</sup> shows the under five mortality rates over time in the DPRK.

According to health statistics announced by the Ministry of Public Health, there was tuberculosis free in the past, however, after years of self-sufficiency and low levels of communicable diseases, the government is now reporting outbreaks of polio and a significant increase in the number of cases of tuberculosis<sup>9)</sup>. The tetanus cases have been increasing and there is a demand for vaccines and cold chain supplies. There are also reports of incidence of scabies, respiratory infections and diarrhoea. Scabies was also evident in the orphanages (Table 6<sup>7)</sup>).

Table 6 Major health indicator

Indicator	Current Status
Crude health rate	5.9
Crude birth rate	2.2
Life expectancy at birth	-Male 71.0 -Female 77.6
Infant mortality rate	9.2
Maternal mortality rate	---
Number of medical doctors per 10,000 population	29.7
Number of middle-level personnel per 10,000 population	39.9
Hospital beds per 10,000 population	136

## Conclusion

Some of these constraints result from the government regulations, while others are brought about by the international community. The immediate constraints identified are as follows :

- lack of transparency
- tight control on the movement of international missions
- increased control on the use of communication equipment

Due to the political structure of the country, the international community may not be able to draw on past

experiences to efficiently plan and implement adequate interventions in the DPRK. Many of the coping strategies used in past emergencies can not be used in the country. Population movement, for example, is restricted preventing migration to other areas to sell labor or trade. This makes any information sharing all the more valuable.

UN agencies can confirm that there are severe food shortages in the country, although there is no evidence of widespread famine or malnutrition. Although evidence points to an extremely serious situation, the full extent of the emergency is still not known due to insufficient information. There is an acute food shortage and breakdown in the food and medical distribution system would seem evident. However, the extent of the crisis is difficult to establish or validate. All indications are that what is taking place in the DPRK is a major socio-economic, structural emergency.

## Acknowledgments

I express my gratitude to Dr. Hiroshi Makajima, Director General, World Health Organization for his cooperation and also acknowledge the technical support of Dr. Takako Yasukawa, Humanitarian Action Department, WHO, Geneva, Switzerland.

## References

- 1) Burkholder Brent : Health/nutrition Assessment Mission to the Democratic People's Republic of Korea, 7 - 9, 1997
- 2) Massing Lourdes : Evaluation mission to North Korea, International Federation of Red Cross, 2 - 32, 1997
- 3) Norton Rebecca : Special supplement to the RNIS Report, 3 - 8, 1997
- 4) United Nations : Democratic People's Republic of Korea, 1 - 2, 1997
- 5) WHO : Joint mission report to DPRK, 1997
- 6) WHO/SEARO (A. Kama) : Assessment of damage and emergency assistance to the DPR Korea, 1 - 3, 1995
- 7) WHO/SEARO (A. Kama) : A survey of national health administration of the Democratic People's Republic of Korea. 15 - 19, 1995
- 8) WHO/SEARO (A. Kama) : WHO collaboration to DPR Korea, 1 - 4, 1996

Received December 26, 1997

Accepted February 2, 1998