N Korea cluster meeting: Conclusions and recommendations
Amsterdam, 29th July 1998

Reading the different documents....:
1. Minutes of meeting MSF DPRK in Pyongyang
2. Data on Feeding centres
3. Interpretation of data FCs

....while taking into account our original objectives ....:
1. Investigate whether there is a health/nutritional crisis going on
2. Get access to and assist the population that are victims of this crisis (in case we indeed find that there is one)

....and making the following observations....:
1. We still have not been able to document a nutritional or health crisis
2. We have not been able to gain free access to populations and places and it is unlikely that we will ever get permission to do a random survey.
3. We have not been able to clearly identify who would be vulnerable people other than assuming children in institutions. (are there vulnerable families/communities, population groups, geographic regions?)
4. We have been successfully distributing drugs and medical materials of which at least 75% seems to have reached the targeted health structures
5. We do not know whether all population has access to these health structures
6. The feeding centres we are running see very limited numbers of malnourished children. Not clear whether due to lack of malnourished kids or lack of access. Also effectiveness of treatment of kids in FC can not be independently assessed.

....we come to the following preliminary conclusions....:
* The programme has sofar not been able to achieve it's original objectives and cannot be sure that we will be able to achieve them in the near future
* The Korean government still has full grip on us and we might have been successfully used by the government to cover up a crisis
* By lack of other access and due to ample ECHO funding focus of attention seems to have shifted too much towards drug distribution part of programme

Otherwise we feel there are three questions that have sofar not sufficiently been answered:
- We say that human rights are violated. Which human rights do we refer to and how are they violated? And what should be our answer to that.
- Who are the vulnerable populations that we should try to access?
- Has there been a famine/ crisis and do we know that it is over now?

Balancing reasons to stay........:
* We feel that Korean gvt is trying to cover up a crisis and denies the population in need to be assisted and given relief. We need to be as close as possible and continue to try and get access. To try and assist (effective humanitarian assistance)
* But even so when can not be very effective just be present (proximity, solidarity)
* We need to continue to try and witness humanitarian crisis and human rights violations. (witnessing / advocacy)
* A change is expected in the short or medium term future. A violent change with important humanitarian crisis is one likely scenario. If that happens we should be present and prepared.
* We might not have exhausted all possible strategies yet to gain access.
* One needs to have patience when trying to gain access to a country like N Korea.
* If a new disaster happens we are closer at hand and still have contacts with gvt.

......against reasons not to stay:
* Gvt seems successful in using us to cover up a crisis and violations of human rights. In this way we implicate ourselves.
* During a next famine or health crisis the same might happen.
* We might never be able to achieve our aims (reach the vulnerable population or to get reliable information).

......we conclude and recommend:
We should probably stay and continue to try and build our relationship and build up an information base as well as continue to try and gain access.

However we should to all means try to avoid being implicated in being used as a cover up by the gvt and therefore there are the following pre-conditions:

- Continue active loby to gain access to vulnerable populations
- Continue active attempts to gain access to more reliable information and more information sources. Partly this can be done by choosing pilot areas where we concentrate and build up more regular and more in-depth contacts. While at the same time continue a reasonable wide geographical coverage, to be able to travel and note changes in harvest and natural disasters
- Improving basic health care should never become the objective of the programme (can only be used as tool/strategy to achieve main objective).
- Make clear to the outside world that while we do not see evidence of an emergency it does not mean there is none.

Therefore the MoU should include the following:
- as wide a geographical access as possible
- access to institutions
- should allow us to intervene during new disasters (floods as well as droughts as well as epidemics etc)
- should provide permission to train even at community level

Finally we need to clearly define thresholds that indicate that the moment has come to leave and all sections should stick to that.

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