TRIP REPORT
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Democratic People’s Republic of Korea
18th – 22nd of May, 2004

Itinerary:

17 May 2004  Debriefing with Eric, HoM MSF France Seoul, just returning from a short visit to RyongChong, North Korea. (In Beijing)
18 May 2004  Travel from Beijing to Pyongyang
            Welcome by FDRC Official
            Discussion about programme and itinerary
19 May 2004  Travel to North P’yonan province
            Visit to Ryongchon (site train accident)
            Visit to Uiju Hospital
            Stay over in Sinuiju
20 May 2004  Departure for Pyongyang
            Visit to Mangyongdae Hospital (Pyongyang)
            Visit to Emergency Hospital Pyongyang
            Meeting with the association to assist the Elderly (Help Age)
21 May 2004  Departure for Kaech’on and Huich’on
            Visit to Kaech’on Hospital (South P’yongan province)
            Visit to Huich’on Hospital (Chagang province)
            Return to Pyongyang
            Meet with MoH
            Meet with FDRC
            Meet with SCF (UK)
            Meet with MDM (France); Premier Urgence
22 May 2004  Return to Beijing and home
Objectives of the visit

The main purpose of the visit was to negotiate terms & conditions for an MSF medical assessment in North Korea.

Before the trip a brainstorm session was held in Amsterdam with all interested parties inside MSF, including desk for North Korea programmes from Paris (Gaëlle) and the previous Head of Mission for the North Korea programme (Marine) to determine what the ‘bottom line’ was for MSF on conditions for this explo:

Non-negotiable:

• The definition of a (possible) program is based on the needs assessment;
• Access to patients and expats involved in diagnosis & treatment;
• We will listen to Govt. recommendations for areas of intervention, but will also make our own suggestions;
• We will not bring a major donation – we work needs based only
• We choose the composition of the explo team.

Highly beneficial:

• Bring our own translator;
• Changes in itinerary possible;
• Horizontal or vertical programmes;
• Cross borders in North Korea;
• MoH involvement;

The invitation to visit DPRK for discussions with Ministry of Health and FDRC were negotiated through the official channels of the DPRK Embassy in Bern, who also held the diplomatic representation to the Netherlands.

Medical donations of any kind were not part of this visit.
Negotiations on arrival.

We were met at the airport by a representative of FDRC, Mr. Dong. After initially trying to book us into the newest foreigners hotel (Monsubong Hotel) – this was not possible as too many foreign delegations arrived that day, so we were diverted to the Haebangsan hotel in the centre of town.

Two issues needed to be negotiated; the rental of the car and the schedule of the week. Mr. Dong was more urgent on the first issue than the second. However, we concentrated on the first issue and made three requests for changes in the proposed programme (which was prepared on paper – in French):

1. Cancellation of two of the four proposed visits to hospitals in Pyongyang; as we indicated we had more interest in the situation outside Pyongyang.
2. Inserting a second meeting with FDRC, initially only planned for the last afternoon before departure – to allow a first round of negotiations, one day in between for both parties to think about the positions brought forward, and the last meeting to find a common ground.
3. Inserting one hospital in a different province other than proposed by the FDRC.
4. Request to see some of the patients from the Ryongchong train explosion that were transferred to Pyongyang.

These requests were noted by Mr. Dong who promised an answer from FDRC the next day.

Results:
- Request 1 & 2 was granted, but request 2 retracted again the morning of the planned 1st meeting with FDRC, for reasons of ‘non-availability’.
- Request 3 was not really granted, not really denied, hovering in between ‘we do not have time’ and ‘we will see if time allows’. Finally on the actual morning we had proposed this visit, after initially saying we would not have time, halfway the journey to the ‘planned’ hospital the FDRC liaison decided we could make it so instructed the driver to change the routing and proceed to the MSF requested hospital (Kaech’on) in South P’yongan province.
- Request 4 was granted the next day. 7 patients were identified in Pyongyang that came from the train crash. However, as these patients were in one of the hospitals we had cancelled from the list, we politely declined the offer. (as we could not do anything with these patients anyway for medical assessment, the request only being made to see if this would be possible)

A fourth chance requested was completely ad-hoc when driving through the centre of Ryongchong on the way to Sinuiju, where we asked the driver to stop at the site of the explosion. This was granted by the FDRC liaison, and we were able to walk around a little, but after 10 minutes he got a bit nervous and ushered us back to the car.

More complicated, and certainly considered more urgent by the FDRC liaison, was the car issue. The North Korean embassy phoned a few days before the trip to urgently request MSF to arrange our own car by borrowing one from another international NGO in Pyongyang, as FDRC had not managed to find a car for us. SCF-UK had agreed to this, so we did not expect this to be an issue. However, on arrival, the FDRC liaison did have a 4WD car organised, and urged us to continue to use ‘his’ car, rather than proceeding with the one from SCF-UK. We did not agree to this, and with the exception of the first day (when the SCF car was not available), we used the SCF car for the field trips.

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1 We choose this hospital for the ad-hoc request, as it lay geographically in the same direction as one of the planned visits in Chagang province, and it was a place where MSF worked before.
From these proceedings a very mixed impression emerged:

- On the one hand very organised and pre-planned (schedules, cars, liaison officer etc.); but highly disorganised when it comes to changes of plan and/or logistics details ('trying' a few hotels, fuel bills, times of departure etc.)
- On the one hand a very centralised system (liaison needing permission from the bosses for any – even minor – change of plan); to a very de-centralised system where logistic details seemed to be in the direct interest of the liaison (car rental prices, fuel prices, hotel prices) and seemingly ad-hoc decision by the liaison to grant our request for stopping in Ryongchon and changing the routing last-minute to include the additional hospital MSF had requested.

As these negotiations were concluded, there was no programme planned for the first afternoon of arrival. Time was spent on a walkabout in Pyongyang, where there were no restrictions, and no liaison/escort required.

Note: the 'medical' information in the following report on the visits to the hospitals only accounts for what the health officials cared to tell us, and the liaison FDRC officer cared to translate/interpret for us, so has no medical relevance. It is meant as an impression of what kind of access seems likely in a medical assessment to follow.

Visit to Uiju Hospital – 19 May 2004

A few observations on the road-trip from Pyongyang to Uiju hospital:

- Very few checkpoints existed between Pyongyang and Uiju (5 hours drive). Only 4 police checkpoints were seen, all of which did not stop the car (even though it was one of only a hand full on the road); and were also not checking the population on foot passing through the checkpoints. In addition two more formal checkpoints existed on entering the 'special economic zone' of Sinuiju, where the car was stopped and the liaison needed to step into the office for paperwork. The general population here did need to show a special ID, and everyone was stopped and checked. Only on returning into Pyongyang district the car was stopped and papers (including passports) needed to be shown.
- In the populated areas the roads were very busy with people, either on foot, on bicycle, or ox-cart.
- All the fields were packed with workers planting rice.

Passing the site of the explosion in Ryongchon on the way to Uiju, we asked and were allowed to stop and walk around a bit. Most of the damaged buildings had already been demolished to the ground, leaving a gaping hole full of rubble right in the centre of town. Thousands of workers with pickaxes and hammers were busy breaking and clearing the rubble encouraged by hundreds of red flags and speakers everywhere playing marching tunes. The little first aid-tent was spotted mentioned in Eric report, which functioned as a first-aid station for the workers on the ground.

Uiju Hospital.

Uiju is a relatively small town close to Sinuiju (= "new" Uiju), the Special Economic Zone of the DPRK. The hospital serves the county, with in total 140,700 persons. It is a rural area. 4km. from the Chinese border. The hospital was flooded in 1995, when the water stood at 4.5 meters.

We met with the Hospital Director and local FDRC & Korean Red Cross officials.
The Hospital was established in 1945 and has grown since. At present it has 280 staff, of which 200 were reported to be medical doctors. Later it was said that these 200 staff included medical doctors, nurses and caretakers. The hospital has 480 beds (we did not see them). There is also one ambulance available, and the complicated and/or urgent cases can be referred to the hospital in Sinuiju. Sometimes the road to Sinuiju is inaccessible because of heavy rain and flooding.

Medical equipment is outdated and dates from the 1950's and 1960's. In particular the machinery to sterilise the medical equipment and the X-ray machine are very old and Soviet Union style, and only kept operational with great creativity and technical skills.

Main diseases (as reported) were diarrhoea, intestinal diseases, ulcers, and diseases of the liver (hepatitis?) and are treated with traditional Korean medicines, which is produced in the hospital. Only a few cases of TB were reported. As everywhere else in the DPRK the patients don’t pay for treatment. IV fluids are produced in the hospital and beer bottles used to contain the fluids.

Because of the flooding in 1995 the water system is poorly functioning. The salty seawater caused corrosion of the pipes and the water is not safe for drinking. There is a pump available and the water does not reach the third floor (the hospital has 4 floors). The hospital has 24 hrs. electricity supply, although the region suffers power cuts in the winter.

It was possible to see some patients, because we were allowed to visit the paediatric ward. Some children were visibly sick (and a bit scared of us). The hospital staff makes great effort to answer our questions and to accommodate our visit. We are invited for dinner and taken to a "tourist site", with sweeping views of the Border River and China on the other side.

**Sinuiju – some useful info**

The night was spent in Sinuiju (provincial capital). No walking outside the hotel compound was allowed. At the breakfast table the expat monitor of WFP joined us, who had been in function for the past nine months. He observed that in the last half year it had become notably easier to do his job, and had the impression he could finally to some real monitoring of distributions. Most important change had been that previously every single location to visit had to be approved 7 days in advance by FDRC, thus leaving the impression that all sites were carefully prepared for a monitoring visit. However, since a number of months WFP only has to apply for permission to monitor a certain province in advance, after which the daily programme of which schools, nurseries etc. is randomly selected by WFP each morning, discussed that same morning with local FDRC, leaving straight after these discussions to the site. He said it rarely happened that a site picked by WFP on the morning of departure was not approved and scrapped from the days programme.

**Visit to Mangyongdae Hospital (Pyongyang) – 20 May 2004**

Large Hospital (300 beds) in west Pyongyang. We were (coldly) received by the Director of the Hospital, the Director of the Emergency Unit and the Director of the Pharmacy. The hospital has 5 sections (internal medicine, ortho-pediatrics, paediatrics, obs. & gynae, traditional medicine). There is also a separate ward for “serious” cases (remained undefined). The hospital is the centre of the county; 18 county clinics refer to the hospital. A total population of 276,000 persons is served.

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2 On the road between Sinuiju and Uiju there was indeed one ‘wading’ spot driving through a shallow part of the river, so it’s imaginable that after heavy rain the road is closed for a while.
The Hospital Director explains that in particular the paediatric ward is always full and that the need for paediatric treatment and care is high. Main diseases are respiratory infections (in winter) and diarrhoeal diseases (in summer). There is no TB reported; the hospital focuses on prevention of TB.

Medicines are supplied by the Government and UNICEF (once a week). The prescription of the donated medicines is in Korean, to prevent misunderstandings. The French NGO Premier d’Urgence and ECHO donated technically heavy equipment, which was proudly shown to us. We learned later from P’U that the Government had requested P’U to donate the machinery to this specific hospital (which was surprising as needs seemed higher in other places).

The hospital has 24 hours electricity supply, but there are disruptions in water supply.

The Hospital Director explains that MSF could assist with the donation of an X-ray machine and donation of medicines. At present approx. 60% of the treatment is done by traditional Korean medicines and acupuncture.

We did not see patients (not enough time as the director insisted on following the pre-planned route first).

Emergency Hospital – Pyongyang - 20 May 2004

We were received by the Director of the Hospital.

Dilapidated building in Pyongyang. The hospital is the emergency hospital for Pyongyang city (2,500,000 people) and is specialized in emergency medical care, such as accidents, natural disasters and chronic diseases. The hospital has 200 beds and 200 staff (of whom 115 were considered medical doctors). The hospital has 18 ambulances but most ambulances have no or minimal first aid kits and/or reanimation equipment. The patients from the Ryongchon train accident did not go to this hospital but are treated in Sinuiju. Seven serious cases were referred to another hospital (not clear why). The hospital has 24 hours electricity supply.

The hospital is in need of practically everything, but asks in particular for equipment to deal with cardiac arrest and heart failure, stretchers, wheelchairs, and first aid kits for the ambulances.

We saw some patients, and the OT was in full swing.

Meeting with Help Age – the Association to assist the elderly - 20 May 2004.

We met with Mr. Ryang Hui Chol, the Chief Executive, who openly explained that the Government does not do enough to help the elderly.

This organization was established in 2003 and focuses on protection of the elderly by providing social and medical assistance, and by public awareness raising. It was explained that 12.4% of the DPRK population is > 60 yrs. and Help Age focuses on the elderly who are childless (in Korean culture children take care of their senior parents). Help Age works together with the French NGO Triangle and is looking for further partnerships with INGO’s, in particular to assist with the construction of elderly centres and training of doctors and nurses in geriatric care. Triangle has assisted Help Age with water repair and heaters in three old peoples homes. In total the DPRK has 14 of these homes.
The hospital uses 70% traditional Korean medicines and 30% western medicines. There is a lack of essential drugs, because the last donation was made three months ago by the ICRC.

The hospital has 19hrs of electricity per day and the heating system functions on coal. It is said that it gets very cold in winter (we believe it!).

Every week (!) the medical doctors have to do an examination to keep their medical knowledge updated. Every three months there is an exchange of knowledge with the other hospital in town, and if possible with other hospitals.

The Hospital Director leaves us with a request for an ambulance (the hospital has only one – we did not see) and an echography machine.

**Ministry of Health - 21 May 2004**

We met with the MoH vice-director of International Assistance, who has received the MSF paper as was drafted by Michiel and shared with DPRK officials in Switzerland. MoH vice-director explains the relation between the collapsed economy, the American sanctions and natural disasters, and the problems in the health care sector. Not enough money is invested in health and NGO’s “fill the gap”. DPRK is still proud of the high coverage of its vaccination, although we questioned the quality of the vaccines. The official line is that “all children are vaccinated against all key diseases”.

Main issues are (1) the need to modernize (“upgrade”) the hospitals and (2) the need to transfer medical skills, knowledge and techniques. The bottleneck is the diagnosis of diseases, often because the appropriate medical equipment is not available and/or the medical knowledge insufficient. Once a diagnosis is made, there is lack of equipment and medicines to treat. Supply of medicines is also insufficient.

MoH explains that intestinal and diarrhoeal diseases are major health problems, in particular in the summer. Obviously this relates to watsan issues.

MoH finds it difficult to nominate a specific geographic area for intervention as the Government distributes equally over the country. The situation is the same everywhere. However, highly densely populated areas seem most affected by the collapsing economy and the consequences for health.

MoH inquires on our ability to provide high tech equipment – which is politely turned down as not being the expertise of an organisation like MSF. Likewise MoH advises to start with hospitals in Pyongyang, which is also politely turned down.

The meeting ends with an appeal by MoH to MSF to share its opinions and views. MoH claims to be open for our suggestions and advises us to share our ideas with our FDRC minder, Mr. Dong. MSF explains that we will draft a follow up paper and will propose possible areas of intervention. MSF also expresses the wish to cooperate with MoH.

**Floods Damage Rehabilitation Commission - 21 May 2004**

We meet with Mr. Ri Hyui Choi, the FDRC Commissioner for European NGO’s, later we heard that he is relatively new in the job.

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Help Age aims to concentrate on dental care and eye surgery for the elderly. We introduced Orbis.

**Hospital of Kaech’on - 21 May 2004**

Left Pyongyang early to visit the Hospital of Kaech’on, where MSF was operational in the ‘90’s. MSF is fondly remembered. We arrive (too) early and find the hospital staff doing their morning exercises on the lawn. The local FDRC officials have not yet arrived as we are only expected at 10h00 (we arrive at 8h30). We meet with the Hospital Director.

Kaech’on is in miners’ area, and the hospital covers a population of 330,000. The area is covered by 12 hospitals and 70 county clinics. The hospital has moved from the building where MSF worked in the ‘90’s as the old building was damaged during the floods. The Director remembers that MSF donated medicines and medical materials (“those were the good old days”).

The hospital has 500 beds (they say) and the Federation of Red Cross Societies donates medicines, but not on a regular basis. Like all other hospitals we visited, the Kaech’on Hospital produces traditional Korean medicines. Only 10% of the drugs are western medicines. Main diseases are respiratory infections (winter) and diarrhoeal diseases (summer). Also heart failure is mentioned. The Director also mentions 1,000 TB patients. TB is detect by X-ray and/or sputum test, and some patients are treated according to DOTS protocol. However, there are not enough medicines. WHO and Eugene Bell Foundation assist with TB control. The hospital is 24 hrs. supplied with electricity because “a special arrangement is made”.

It is possible to visit the wards (we were asked what we wanted to see and opted for the paediatric ward). Some very sick children, including a severely malnourished child struggling for his life. No IV fluids available for this boy.

At the end of the visit the FDRC (?) official shows up and there is some heated discussion between the Hospital Director and the official. This is not translated.

**Huich’on Hospital – 21 May 2004**

The FDRC officials are waiting for us at the entrance of town and accompany us during the visit. There are two hospitals in Huich’on town. This hospital serves a population of 70,000 persons. Although we are not aware of an MSF intervention in this area, the Hospital Director thanks us warmly for our assistance during the mid ‘90’s.

The Hospital Director explains that the hospital has 18 sections and 102 medical doctors, 21 nurses and 13 pharmacists. The hospital functions as the regional hospital and has 219 beds. Diarrhoea and intestinal diseases are most common. Also, reference is made of 10 TB patients, but our question about TB creates enormous confusion with the Hospital Director and is only answered after intervention by the FDRC officials. The Director repeats what the officials state.

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3 Hong Kong based NGO specialising in mobile (flying) clinics in China for eye surgery.
Mr Ri invites us to present our impressions from the field trips, and lay out what actions we would like to propose.

We summarize the requests we received from health officials in the hospitals as well as the Ministry of Health as follows:

- Hospital equipment is outdated, as is the lack of knowledge how to use the medical equipment, which leads to difficulties how to diagnose diseases. There are also difficulties with the sterilization of equipment. There is a need for high-tech equipment in all hospitals that we visited.
- Main disease (in particular in summer) are intestinal and diarrhoeal diseases, which raises concerns about the water-quality. There is a need to focus on prevention of outbreaks. In winter respiratory infection are main cause for morbidity.
- Need for medical supplies and medicines is very high and clearly visible, as 70% of drugs are traditional Korean medicines. Essential drugs are often missing.

Based on this trip we inform FDRC that we have enough reason to believe medical needs are high, and that we will recommend MSF to proceed with a medical assessment. As high tech equipment is not what MSF is competent in providing, as discussed with the Ministry of Health, we propose the following assessment:

- Follow through on the trip to Uiju, as suggested by FDRC, with a medical assessment to further investigate the high incidence of water-born diseases, combined with a watsan assessment in the communities.
- Follow through on our visit to Kaech'on hospital, where the medical director indicated high needs on all medical levels as the area is densely populated, including an investigation in the shortfall in TB treatment in the area indicated as one of the main health problems.
- Following the recommendations of the other health partners of FDRC and Ministry of Health of the international community, we identified North Hamgyong province as an area not receiving any external assistance in the health sector at all, and recommend MSF to take on this area with a comprehensive health assessment.

FDRC accepts our views and compliments us with the analysis. It is said that the situation in all hospitals is similar and that there are no objections to approve an MSF mission to the areas suggested, including North Hamgyong. However, FDRC raises concern about MSF capacity as the area is remote and its context complicated - mentions that Chongjin city alone already has 14 major hospitals.

MSF explains that we are independent from donor funding and that we can start an assessment as soon as an agreement is reached. We aim to follow up in the summer months.

MSF also mentions that for our organisation it is very important that our own (expatriate) health staff has the opportunity for direct contact with the patients - this remark goes down like a lead balloon and is entirely ignored.

It is agreed that MSF will draft a proposal for further assessment and possible interventions for MoH, as well as a draft MoU for the assessment for FDRC, which will be shared with the DPRK people in the Embassy in Bern. The Embassy will forward the document to FDRC and MoH.
**Other international organisations in Pyongyang**

Some useful impressions from other actors:

**SCF-UK:**
- Started working last year after receiving an invite through their China mission to engage in North Korea. Have noted reasonable flexibility in choosing areas of intervention, credit that to the fact that they were ‘lucky’ with the FDRC liaison person they got assigned. Gave some anecdotal evidence of differences of working space for various organisation, attributed to their respective liaison officers.
- Found it more difficult to work with the local (provincial) FDRC officials in the beginning, who seem to be more ‘by the book’ than their counterparts from Pyongyang. However, noted that persistence is rewarded, and that after a few months of working these officials were de-frosting a bit, gradually allowing more leeway in the projects.
- Were particularly pleased with their watsan intervention as a way to get access to the community level. The expat watsan engineer unexpectedly got access to the household level in the communities for his work, which gave some real observations on the living conditions previously invisible.

**MDM-France.**
- Were on a two weeks assessment at the same time as our visit. Were very disappointed with the cooperation of the authorities during the assessment, where they were mostly shown hospitals in Pyongyang, and only twice a hospital in a rural area not too far from the capital.
- FDRC insisted that they first come with a proposal to assist a hospital in Pyongyang to ‘prove’ their capacity, before considering other programmes outside the capital.
- Seemed to have chosen the Pyongyang emergency hospital for their initial intervention (same as visited by MSF).

**Premier Urgence**
- Have been working in DPRK for a number of years, mainly on the high-tech end in main central hospitals.
- Were not entirely satisfied with their freedom to decide priorities for the installation of their mini-IV fluids factories. Seemed to be pre-cooked between ECHO and FDRC, and not always in line with their own ideas of where the needs were highest. Were not sure if this was due to ECHO or FDRC.
- Felt locked in their MoU; which stipulates installation of the machines, training of technical maintenance staff and supply of raw material for the production. So although they were allowed to make as many visits to any of the hospitals where such a machine was installed, there was no point as they could only see the machine and nothing else.

**Merlin (by phone afterwards)**
- Just finished a one-month medical assessment conducted at the same time as our visit. Got invited to do so through a UK member of Parliament with good connections in North Korea.
- Were very dissatisfied with the level of cooperation of the FDRC during their assessment. Were left in Pyongyang for a week before being allowed anywhere in the provinces, and felt bullied into accepting a programme for a Pyongyang hospital. Had to threaten with the donor (ECHO) not willing to fund anything in the capital before being allowed their field trips.
- Were more satisfied once in the province and will proceed with a proposal to ECHO and FDRC for South-Hamgyong province.

Conclusions

A clear effort was made during this visit to appear as ‘flexible’ as possible – allowing changes in the pre-set programme; allowing pick-and-choose drop-ins in the patients wards. As this experience was not echoed by the other two organisations that were making an assessment trip at the same time, which faced obstruction and inflexibility, it remains to be seen what the reality will be during the assessment. It is possible that:

- DPRK officials are always ‘nice’ on the first visit, and become nasty as soon as you have your small toe inside the door.
- The theory about the influence of liaison officers is correct, and we were just lucky with ‘our’ minder.
- There is some hidden reason why they are particularly eager for MSF to re-engage with DPRK, so we get more leeway.

In spite of doubts if our experiences with access to patients and flexibility of choosing your own areas of intervention is a real indication of change, there is enough secondary evidence of other actors (WFP, SCF-UK, ECHO, Merlin) that some sort of ‘Glasnost’ has occurred in the past year with regard to humanitarian assistance, allowing more freedom of movement, access to beneficiaries and choice of intervention areas to justify an MSF assessment mission.

This mission needs to have a certain level of ‘give and take’ to make it work, without loosing sight of the minimal conditions for MSF to work – hence the suggestion to assess one of the Government suggested provinces balanced with two proposed by MSF – and this logic needs to extend to the micro-level during the actual assessment as well.

ANNEX: Some practical info for the assessment teams:

Living:

- Recommend ‘Hae Ban Song’ Hotel Pyong Yang (Euro 55 pppn, longer term prices negotiable) as it is centrally located on walking distance from Government buildings.
- Longer term arrangements only on diplomatic compounds: ‘Polish Compound’ average 450 – 500 Euro per apartment per month, General Diplomatic Compound average 650 – 750 per apartment per month.
- Full freedom of movement inside Pyongyang without ‘minder’, outside Pyongyang (except Nampo) ONLY inside hotel compounds.

Money:

- Official currency for foreigners is Euros, other currencies sometimes possible (USD, Yen etc.). (Take sufficient small EURO coinage: prices are low and change rare)
- Local currency WON not allowed by foreigners (except on one market in Pyongyang)
- Bank accounts and direct transfers from Europe possible after signing of MOU; in the short term other agencies (i.e. SCF) have indicated they are willing to facilitate transfers for MSF.
- Credit cards are possible for supermarket, plane tickets and cash at banks (visa, MasterCard)

Communications:

- International direct dialling possible for NGOs, but expensive (average of Euro 1000 per month has been quoted)
- E-mail through local server possible, not hotmail but Yahoo! Accounts. Full internet access available for foreigners at WFP.
- E-mail through direct international dialling possible (e.g. server Amsterdam) but unreliable.
- Mobile phones, Sat phones, radio communications not allowed. Mobile phones will be confiscated at the airport (and returned on departure – don’t forget to remove your SIM-card before arrival)

Transport:

- Outside Pyongyang only 4WD (nicknamed ‘Safari’ in NK) are used as roads are bad. Average rental price around Euro 80 per day.
- Only Petrol engine cars are used as Diesel freezes in the winter.
- Taxis available at hotels in Pyongyang, return to/from airport around 25 Euros.
- Expats can drive themselves in Pyongyang and Nampo (FDRC drivers only available during the day).
- Fuel costs 11 Euro/15 litres for diplomatic cars, 7 Euro for 20 litres for local cars.
- Imports are possible with signed MOU, through a local import/export firm. Most cargo arrives by boat in Nampo.
- Driving times:
  - Pyongyang – Uiju: 5 Hours
  - Pyongyang – Kaechon: 1.5 Hours
  - Pyongyang – Chonjin: 2 Days (summer)
    3 Days (winter)

- Flights:
  - 2 x week Bejing (Tuesday/Saturday)
  - 2x week Shenyan (China)
  - 2x week Vladivostok
  - Summer:
    - 1/two weeks Moscow
    - 1/ week Macao
    - 1/week Bangkok/Yangon
  - No internal flights exist (except for army)
  - !!!!! CONFIRM FLIGHTS BOTH IN AND OUT !!!!!

Visa

Multiple entry NOT possible
Police registration Pyongyang necessary (through FDRC liaison)
Exit Permits necessary (through FDRC liaison)
Embassies:
- Bern – Berlin – Bejing – Bangkok
Consulates:
- Paris – Benxi – HongKong and more...