THE HEALTH SYSTEM IN NORTH KOREA HAS COLLAPSED
Help is needed urgently but needs careful distribution and training of staff

Hong Kong December 7th, 1997. "There are doctors and buildings, but no aspirin, no anaesthetic, no basic medicines, no heating, no soap and no milk and therefore no patients. The health system in North Korea has collapsed leaving almost the entire population with no care except for traditional 'Korio' herbal medicine and help is urgently needed" said Dr Eric Goemaere, Director General of Medecins Sans Frontieres (MSF), who yesterday returned from an assessment mission in North Hamgyong, the northern most province of DPRK (North Korea).

But Dr Goemaere warned: "The international community must not make the same mistakes as in Bosnia and Rwanda and dump drugs, food and assistance indiscriminately. Distribution must be monitored and training is essential". In North Korea there is 1 doctor per 300 inhabitants (in most western countries it is approximately 1 x 800 and varies elsewhere). But because there have been no supplies to the hospitals for the past 3-4 years, the doctors have not been able to help and patients have chosen to stay at home to die. Without patients, medicine and practise, the medical staff urgently need training in patient care and drug management.

Although it is accepted that there is food scarcity (Government and WFP data on crops etc.), there are no visible signs of widespread "famine" like skeletal people collapsing from starvation in the street. However there are signs that food is a problem and that coping mechanisms are weak: people are scavenging for the last grains of rice after the harvest has been taken in, no markets, no fuel, no transport ...

Access around the country is improving, but full nutritional surveys to assess food distribution and levels of malnutrition around the country have still not yet been possible at a village or household level.

In the three southern provinces where MSF has been working for the past two and a half months: South Pyongan, North Hwanghae, Kangwon, 1,500 children under 5 years old have been treated for severe malnutrition in the 38 feeding centres MSF supports. Many were suffering from Kwashorkor or severe oedema (qualitative malnutrition - due to a lack of protein). Out of approximately 2 million people in the provinces, 1,500 is not a large number of malnourished children. What is significant is that the number of children admitted to the feeding centres doubled after the first month, as more and more people got to know that the hospitals and health centres could offer basic care once again.
It is clear that there is a confidence crisis in the health system but that when the staff and supplies are in place, the patients come back. If drugs are to be distributed and distribution monitored, it must be at a county hospital level and not just at a provincial capital hospital level (e.g.: in North Hamgyong province there are 17 county hospitals outside the capital, each supporting 20 clinics for 2-3 villages each or 2-3,000 people).

Dr Goemaere added: “Direct donations will never cover the needs of 23 million people. The assistance needs to be diversified to reach the needs of the people”. It is not just food and drugs that are needed but also seeds, tools, fertiliser and fuel and even the basic materials for restarting the four drug producing factories which used to produce most of the medicines for the hospitals.

Dr Goemaere concluded: “In hospitals and village clinics I was impressed by the doctors’ motivation. Although access is improving steadily, aid agencies still have to obtain from the North Korean authorities wider and more systematic access to those in need and to monitor distribution. On the other hand, those providing relief have to diversify the type of aid provided to increase North Korea's capacity to produce food and drugs. If these steps are not taken, the people of North Korea will become even more vulnerable to famine and disease over the next year”.

MSF has been working in North Korea since 1995-1996 when it provided emergency assistance after the floods by supporting the existing health structures in delivering basic health. In 1997 MSF distributed 2,200 tons of spring barley seeds as part of measures to rehabilitate flood damages and increase agricultural production. Since July of this year eight international staff have been running a medical and nutritional emergency relief programme in three southern provinces of North Korea.

Note to Editors:
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