

**Joint UNCT submission for the UN Compilation Report
Universal Periodic Review - Democratic People's Republic of Korea (DPRK)
6th session (30 November - 11 December 2009)**

I. Introduction

This submission was jointly drafted by the United Nations Country Team (UNCT) in the DPRK, which is currently comprised of FAO, UNFPA, UNICEF, WFP and WHO.

The present document summarizes available information falling within the mandates of resident UN agencies and organizes it around the Millennium Development Goals (MDGs). The UNCT is not in a position to report on all points as per the UN compilation report outline as either information is not available internally and/or UN agencies on the ground have no means to verify/confirm information from other sources.

II. Background

The Democratic People's Republic of Korea is the socialist country where all means of production are owned by the State and social, cooperative organizations. The Socialist Constitution of the DPRK specifies that the State guarantees all the conditions for democratic rights and liberties as well as material and cultural well-being of the citizens.

Currently, the DPRK continues to suffer complex humanitarian problems since the 1990s despite gradual improvements in recent years. Existing problems ranging from widespread food shortages to declining health system, lack of access to safe drinking water or quality education, to name just a few central issues, seriously hamper the fulfillment of basic human rights of population of the DPRK.

III. Framework

3.1. Scope of international human rights obligations

The Democratic People's Republic of Korea (DPRK) is a State party to four of the six fundamental international human rights instruments. It acceded to them in the following years:

- International Covenant on Economic, Social and Cultural Rights (ICESCR) – 1981;
- International Covenant on Civil and Political Rights (ICCPR) – 1981;
- Convention on the Rights of the Child (CRC) – 1990;
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) – 2001.

The DPRK is also a signatory to the Millennium Development Goals (MDGs).

3.2. Human Rights and Millennium Development Goals

The DPRK is a centrally planned economy. Overall responsibility for formulation of both medium term plans and annual budgets rests with the State Planning Commission, a Cabinet-level body. Planning tends to emphasize achievement of quantitative targets in a production mode, rather than qualitative goals related to human development. However, the DPRK has subscribed to the Millennium Development Goals (MDGs). As in other socialist states, medium-term plans guided overall economic, social, defence and other activity. After an initial five-year plan, focused entirely on reconstruction, up to 1960, a series of seven-year development plans ensued with periods of adjustment between them. The last seven year plan came to a close in 1993. There has been no further overall medium-term planning of the economy, though there are a number of sectoral and other plans. In 2004 the government presented a set of national priorities for 2004–2006 and looking beyond to 2007–2009, which are very much in line with the MDGs.

In order to better understand the situation of vulnerable groups of children and their families it is important to understand the general situation of children in DPRK. The situation with respect to progress relating to MDGs presents a mixed picture with some of the goals reportedly achieved. The assessment of the achievements towards the MDGs is complicated because of the lack on an agreed set of national indicators, under which baseline data could be established and the absence of reliable data in many sectors. It is hoped that results of UNFPA-supported national census, the Nutrition Assessment planned by WFP and the Multi-indicators Cluster Survey (MICS) by UNICEF (expected by end of the year) will provide reliable MGD-related and other key data for the DPRK.

MDG 1: Eradicate extreme poverty and hunger

Domestic cereal production consistently falls below the needs of its population. Whilst there have been some positive developments in recent years within the agricultural sector, further progress is constrained by shortages of inputs, especially fertilizer, fuel and spare parts for mechanized equipment. There a need for improving incentives and for institutional change.

The indicator for estimating progress on MDG 1 is underweight in children under five. On the basis of the Nutrition survey carried out in 2004 this is estimated at 23 per cent. The MICS estimated prevalence of underweight in 1998 stood at 60 per cent, this is therefore a reduction of more than 50 per cent. However, this indicator should be measured using baseline figures from 1990 and there is no such data available relating to underweight children.

Based on the last nutrition survey conducted in 2004, chronic malnutrition of children under 5 stood at 37 percent and malnutrition of mothers at over 30 per cent. The UN Country Team and other agencies in DPRK focus attention on doing whatever is possible in these circumstances to protect the well-being of the vulnerable populations. Their mainstream programs in the sectors of health, nutrition, water, sanitation and hygiene and education are all critical in these efforts.

In 2008, two assessments in the area of food security were carried out jointly by WFP and FAO - Rapid Food Security Assessment (RFSA) in June and Crop and Food Security Assessment (CFSA) in October.. For the 2008/2009 marketing year, the CFSA estimated that the country would experience a cereal shortfall of 836,000 tonnes, leaving 8.7 million people in need of food assistance. Both assessments (RFSA and CFSA) show that the impact of food shortages has been unevenly divided amongst the population, with urban households in areas of low industrial activity (particularly the Northeast) being the most affected. Young children, pregnant and lactating women and elderly people also form the most vulnerable category due to their particular dietary needs.

MDG 2: Achieve universal primary education

All three indicators relating to MDG 2 (net enrolment ratio in primary schools, completion rates and literacy for 15-24 year olds) are reportedly achieved in DPRK. However, these figures have not been accepted internationally due to the absence of a verifiable process of estimating them. Based on field observations, this goal is in all probability fully achieved.

The Constitution guarantees universal free and compulsory education for 11 years: one year of preschool, four years of primary school and six years of secondary school.

The DPRK has a longstanding State policy of collectively supporting children's care, upbringing and education. The codification of standards for the care of children began as early as 1947 with the Rules of Childcare, in which the State assumed responsibility for providing childcare. Subsequent legislation in 1949 – the Rules of Childcare Centres – further developed regulatory standards. The present system of care for children is based primarily on the Law on Nursing and Upbringing of Children (1976). In establishing the rationale and framework for the nursery system, the law commits to maintaining standards for feeding and encouraging the psychosocial development of children, as well as assuring hygiene and epidemic prevention. Operationally, social cooperative organisations are obliged to maintain the material conditions of nurseries and kindergartens at levels determined by the State.

Following its accession to the Convention on the Rights of the Child (CRC), the DPRK adopted the Civil Law in September 1990 and the Family Law in October 1990. The Civil Law defined children as persons below the age of 17 years and established equal civil rights for adults and children, and adopted standards of civil responsibility for children.

The Family Law obligates the State to pay primary attention to providing the material conditions for mothers to bring up and educate children soundly (Article 6). It also ascribed special responsibility to women for the upbringing and education of children (Article 18).

MDG 3: Promote gender equality and empower women

The third Goal (promoting gender equality and empowering women) which is measured by indicators relating to parity between boys and girls in primary, secondary and tertiary education, female/male literacy and share of women in wage employment is also reportedly achieved in DPRK. Similar to the situation with respect Goal 2, observations in class-rooms confirm that there is parity in enrolment.

The single target of the MDG is to eliminate disparities in primary, secondary and tertiary education. Additional indicators used in the DPRK assessment are literacy rates and the share of women in wage employment in the non-agricultural sector. Using these indicators the MDG is also reportedly achieved in DPRK.

Progress towards promoting gender equality has been significant since 1946, when the equality of the sexes was first promulgated in the DPRK. This notable success might be attributed to the consistent national approach to gender equality. Gender equality has been proactively facilitated by reducing women's individual reproductive responsibilities for childcare, thereby enabling their effective participation in the productive and public spheres. Women are accorded equal social status and rights with men in the Constitution.

This commitment is backed by a series of protective measures and entitlements, including maternity leave (for a total of five months, up to the child attaining three months of age) and a reduced work regime for mothers of multiple children, for example. The other significant stream for promoting gender equality relates to the establishment of a network of maternity hospitals, nurseries and kindergartens, and other measures. The DPRK made substantial gains in bringing women into the labour force; by 1993 women accounted for 40.4 per cent of the total labour force. This country is also one of the rare examples of complete pay equality between men and women. The government's deliberate attempt to feminise sectors, such as public health (67.3 per cent) and education, demonstrates the success of its effort, though there does still exist some gender hierarchy with men occupying higher-skilled (and thus more lucrative) positions than women. Interestingly, housewives are categorised as unemployed.¹

The trend in political decision-making is similar. The ratio of women to men decreases with the level of decision-making from the periphery to the centre. While noting that women make up approximately 20 per cent of the deputies to the 11th Supreme People's Assembly, and 30 per cent of the local People's Assemblies, the Committee on the Elimination of All Forms of Discrimination Against Women expressed concern over the relatively low numbers of women in decision-making positions in politics, the judiciary and the civil service, as well as low participation in the Foreign Service.

MDG 4: Reduce child mortality

The goal of reduction of child mortality to achieve a target of Under 5 mortality (U5MR) of 18 per 1,000 live births looks unlikely to be achieved.

The Under 5 mortality figures remain at 55 the same as those reported in 1990. The U5MR increased by about 1.8 times between 1993 and 1999 and a commensurate rise in the infant mortality rate (IMR) indicates a steady increase over the last decade in children's risk of dying before reaching five years of age. About one in five children reported having diarrhea in the two weeks prior to the Nutrition Survey conducted in 2004. As in many other countries in the region, neonatal deaths are underreported. However it is thought that neonatal survival has increased since 2000. There still remains though a notable lack of information surrounding neonatal health.

The main causes of death in children under five are diarrheal diseases and acute respiratory infections (ARIs), combined with malnutrition as in many other developing countries, though little is known about causes of death in the perinatal and neonatal periods.

¹ UNICEF (DPRK) 2006, *An Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea 2006*

Routine immunization services have greatly improved. Recently a nationwide evaluation survey of the Expanded Programme on Immunization (EPI) coverage was conducted under the technical guidance and direct supervision of an International consultant. Survey results shows that more than 96 per cent of children under age one have been vaccinated against tuberculosis, polio, measles and hepatitis B; 92 per cent received shots for diphtheria, pertussis and tetanus (DPT).

The DPRK has a very extensive network of health care institutions and providers. This comprises section (or household) doctors attached to each work team, one per 130 families; clinics, polyclinics and hospitals in each ri and dong; a hospital and anti-epidemic station in each county or urban district; hospitals attached to large urban factories; and specialized institutions, including maternity and pediatric hospitals in each province and municipal city. There are also tertiary institutions in Pyongyang. Under the law health care is completely free of charge. The existence of this network is a major achievement and an advantage in the provision of health services to children. However, over the past decade or so, the system has become increasingly vulnerable due to the economic difficulties faced by the country. This has led to a general deteriorating of infrastructure and especially shortages of medicines and other supplies.

The DPRK previously produced its own drugs but, like other parts of the industrial economy, these factories now operate well below their potential. Most essential drugs to treat basic respiratory infections and diarrheal diseases in children have been provided by external agencies.

MDG 5: Improve maternal health

Progress for Children 2007 report gives a figure of 370 per 100,000 live births for maternal mortality rate in DPRK whereas the DPRK Government figure shows 97/100,000 live births. The census with other UN supported surveys should provide current accurate figure on Maternal Mortality Rate (MMR).

Government reports that 97 percent of births take place in institutions, while the 2006 Reproductive Health Survey assisted by UNFPA and UNICEF estimates the rate at 89.5 per cent.

Persistent health challenges include: the high prevalence of anemia in pregnant women (33%) and women with children under 2 years of age (34%); the proportion of malnourished women with children less than 2 years (32% based on mid-upper arm circumference); and the proportion of women weighing less than 45kg (21%).²

While the proportion of women that receive antenatal care is high, the quality of care is constrained by an inadequate equipment necessary for antenatal assessment (e.g. testing for anemia), staff skills, transport for referral, and access to emergency obstetrical care including safe blood.

Since the end of the 1990s, the fertility rate has stabilized at around 2.0. According to a recent reproductive health survey supported by UNFPA and UNICEF, the contraceptive prevalence rate is 69.1%. The majority of couples prefer modern methods (58.5%) over traditional methods (10.6%). Popular methods of contraception include the intra-uterine device (48%), and periodic abstinence (9.4%). Condom use among couples is low (2.5%), and likely to be lower again where use is not for family planning purposes. Limited use of condoms and other supply-based methods including the pill is likely, due to their lack of availability and inadequate counseling³. Shortages of equipment and supplies comprise a major reason for non-uptake of family planning services and combined with access-to-information constraints, are likely to explain the high (21%) unmet need for family planning, and abortion rate (121 per 1000 live births). According to a 2004 survey, 85% of these induced abortions could have been avoided through adequate provision of family planning resources. Like for most MDG indicators in the DPRK, there is a lack of data for the new MDG 5 target on universal access to Reproductive Health.

It is essential to target those in need with a full range of reproductive health services and information, and there is also a responsibility to provide pregnancy and delivery care for high- risk vulnerable women in a humane manner.

MDG 6: Combat HIV/AIDS, malaria and other diseases

² CBS ICN DPRK 2004 Nutrition Assessment Report of Survey Results.

³ DPRK Reproductive Health Survey 2006, 2007

DPRK claims it has no cases of HIV/AIDS in the country. The claim is based on the official government position that there is no reported incidence of HIV/AIDS in the country. The TB program has made some progress in DOTS expansion and has consistently surpassed the global case detection and treatment success targets. Extension of free medical services equitably to all citizens free of charge as a fundamental right removes financial access barriers observed elsewhere in the world. Besides this, TB control is a stated priority for the Ministry of Public Health

Malaria continues to undermine public health to varying degrees in seven out of ten provinces in DPRK since its re-emergence in the late nineties. Transmission varies within and across affected provinces as reflected by the variation in yearly incidence rates. Since the introduction of selective and then sub-sequentially mass chemoprophylaxis with primaquine annually, the country has managed to dramatically reduce annual rates from 296,540 cases in 2001 to just 7,436 cases in 2007.

In 2008, the Global Fund on TB, Malaria and HIV/AIDS approved the DPRK's TB and Malaria proposals (total of USD 65 mln for the next five years). This was the first time for the country to become a recipient of the Global Fund grants. The HIV proposal was not approved during that round but will be revised and resubmitted to the Global Fund in 2009.

MDG 7: Ensure environmental sustainability

DPRK claims to have achieved 100 per cent access to safe water. This is not corroborated by field observations, particularly during the increased access to assess water systems following the floods in August 2007.

The coverage of basic sanitation is reportedly 57 per cent. Field observations indicate that considerable ground remains to be covered in this sector as well. The goal to ensure environmental sustainability in the areas of water, sanitation and hygiene is unlikely to be met.

Although official figures on water quality are not readily available, reports of sub-standard water quality and contamination are common. Ministry of City Management (MoCM) notes that outbreaks of water-borne diseases, caused by secondary contamination of water in pipelines, remain a major problem. Seepage during nonpressurized hours is one major cause of decline in water quality. Testing and monitoring of water quality are regularly undertaken at anti-epidemic stations (AES) of the Ministry of Public Health.

In the absence of baseline data, very little is known about hygiene practices in the DPRK. The 2004 NNA found that 80 per cent of mothers with a young child aged 0 to 3 years disposed of their children's stools using a containment method. Hygiene practices are likely to be compromised in urban areas that are most severely impacted by shortages in piped water supply. In rural areas, where human excrement is used as a fertilizer and regular washing is of utmost importance, hygiene is likely to be compromised by the shortages of water, soap and disinfectants^{4,5}.

Approximately 57 per cent of households have flush toilet systems and 43 per cent have pit latrines. In one quarter of the households, the facility is not within the dwelling. The CBS baseline assessment in three counties found, however, that the majority of people relied on traditional pit latrines, which might be much closer to the 79.7 per cent of the population that relied on dug latrines in 1998⁶. The population census and housing conducted in October 2008 by the Government with UNFPA assistance will provide more detailed information on the housing.

The limitations in water supply are rooted in a combination of both crisis, such as flooding, and the lack of systematic renovations and rehabilitation. The shortfalls in water supply are related to a range of technical factors, such as inadequacy of water sources, which require re-planning, and the maintenance and rehabilitation of the water storage structures, pipelines (delivery and distribution) and pumping systems. Leakage due to rusted pipes, estimated by the Ministry of City Management (MoCM) to be up to 50 per cent, exacerbates supply problems. In addition to aging motors and pumps that are incapable of distributing the maximum yield, key connections are lacking due to missing parts and maintenance of electrical equipment.

Also restricted by recurrent power shortages, pumping stations are unable to supply adequate amounts of water.

⁴ UNICEF (DPRK). 2006, *An Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea 2006*

⁵ DPRK 2004: *Nutrition Assessment Report of Survey Results*

⁶ UNICEF (DPRK). 2006, *An Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea 2006*

Agricultural production is restricted by low soil fertility related to soil acidity, the result of intensive chemical fertilizer applications over recent years. Furthermore, the widespread production of locally made compost makes heavy demands on valuable organic matter. Inappropriate cultivation of sloping lands continues with deforestation, increased soil erosion, potential watershed destruction and the risk of flooding to lowland food producing areas.

IV. Capacity building and technical assistance

The unpredictable security and political issues surrounding DPRK underpin the manner in which UN and other development agencies are able to work in the country. Many donors are unwilling to commit support to DPRK, which seriously hampers efforts of UN agencies working in the country. The UNCT, however, remains of the view and continues to advocate with donors that humanitarian concerns of the population of the DPRK should not be left hostage to resolution of nuclear/political issues.

This year UN agencies are commencing joint strategic planning for the DPRK for 2010-2015 in support of the advancement of the MGDs in the country.

V. Possible reference documents

- WFP/FAO Rapid Food Security Assessment (RFSA) report, 2008:
http://www.wfp.org/country_brief/asia/korea/other_doc/DPRK_RFSA_Executive_Brief_FINAL.pdf
- FAO/WFP Crop and Food Supply Assessment Mission (CFSAM) report, 2008:
<http://www.fao.org/docrep/011/ai475e/ai475e00.htm>
- Concluding Observations of the CRC Committee on the 1st and 2nd Reports
- The Consolidated 3rd and 4th Periodical Report to CRC
- UNICEF (DPRK), 2006, *An Analysis of the Situation of Children and Women in the Democratic People's Republic of Korea 2006*
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- DPRK Ministry of Public Health, Coverage Evaluation Survey, 2008