

**Transcript of press briefing at WHO headquarters, Geneva  
Dr Margaret Chan, WHO Director-General  
30 April 2010**

Good afternoon. We welcome you to this virtual press conference today, April 30<sup>th</sup>, 2010. My name is Christy Feig, and with us is Dr Margaret Chan, Director-General of the World Health Organization. Dr Chan will be discussing her trip to the Democratic People's Republic of Korea from which she has just returned. After some brief comments, Dr Chan will accept questions about the trip. Reporters who would like to ask a question, please dial 01 on the keypad to get into the queue.

Now I will hand over to Dr Chan.

**Dr Chan:** Thanks Christy. Good day to friends of the media. As you know I have just returned from a country visit to the Democratic People's Republic of Korea, DPRK. In fact this was my third visit to a developing country this year. Earlier in the year, I had the pleasure of visiting the Maldives and Bangladesh.

Since taking on this job, I've been invited to visit a number of developing countries and, of course, all countries wanted to put on their best face when they welcome a guest. But I am also invited because countries want to show me the challenges they face and hear my views about potential support from WHO and other agencies.

My visit to DPRK was very brief and focused on some specific health problems and health needs. You may have some questions that I may not be able to answer.

Let me take a minute to give you my initial impressions and thoughts of my visit to DPRK.

I was impressed with some of the notable public health achievements such as:

- Good immunization coverage. Childhood immunization coverage averages 90% and above.
- Effective implementation of maternal, newborn and child health interventions, very good DOTS coverage for tuberculosis and success in controlling a recent resurgence of malaria. WHO is currently providing substantial financial and commodity support to improve maternal and child health and to maintain malaria control.
- The opening of a telemedicine facility established in 2008-2009 is very important in using information and communication technology to extend access to health care and improve its quality, especially in remote areas. As you well know, 80%

of the country's land is quite mountainous. It also opens possibilities for better training of health staff and better disease surveillance.

- Finally, the provision of primary health care has a very prominent place in the health system. I noted the large number of family doctors, and in DPRK they call them household doctors, offering services at facilities and also through reaching out to families.

Despite these successes, there are challenges.

- The health system requires further strengthening in order to sustain the governments policy of universal coverage, and of course to improve the quality of services.
- More investments are required to upgrade infrastructure and equipment, to ensure adequate supply of medicines and other commodities, and to ensure the correct skill mix of the health workforce.
- Greater emphasis is needed on nutrition and lifestyle related disease like cancers, heart diseases and stroke, along with more efforts in tobacco control.

Increased flexibility of the government in engaging with international health partners, such as the Global Fund and the Global Alliance for vaccines and immunization that we call GAVI has resulted in recent programme funding from these initiatives.

The emphasis on transparency, good quality data and accountability are important because to do that we will be able to bring in more international support in terms of resources.

The last point I wish to make is the "Improving Women and Children's Health Project" which is a partnership between the DPRK, WHO, and the Republic of Korea. This is helping to build a bridge for dialogue and trust between DPRK and the Republic of Korea. And WHO was happy to be able to assist in this effort.

Thank you.

**Christy Feig:** Dr Chan, thank you very much. Again to ask a question, please type 01 on your keypad to get into the queue. Before we go over to questions, may I remind you that an audio file of Dr Chan's briefing will be available immediately afterwards in the media centre section of the WHO website. And a transcript will be available a few hours later.

If you have a question that you want to ask Dr Chan about her trip, please type 01 on your keypad to get into the queue. Do we have any questions?

Again a transcript will be available in about an hour after this press conference and it will be on the website at [www.who.int](http://www.who.int). And if you click on the media section it will lead you to where the transcripts are. You can find it there. And if you have any questions you can always call the media line at +41 22 791 2222.

**Our first question is from Jonathan Lin with Reuters.**

**Jonathan:** Hello Dr Chan. Thank you for talking to us today. Did you discuss how North Korea is dealing with the H1N1 pandemic and has WHO already delivered vaccines to North Korea?

**Dr Chan:** Jonathan, thank you for that question. Yes we indeed we also touched upon the issue of how the country dealt with H1N1. In fact, the work in DPRK in terms of control of communicable diseases is pretty robust. I'm reflecting on the experiences both in controlling H5N1, earlier, and of course, currently in dealing with H1N1. So they have in place a good system to deal with that. On the vaccines, we are now actually on the way to delivering them to the country so they can deploy it as and when they have received the vaccines from us.

**Jonathan:** Could you say how many vaccines you will be supplying to North Korea?

**Dr Chan:** Normally, we say that we would provide about 10% of the country's population. DPRK has about 24 million people so we will be delivering about 2 million doses or there about.

**Jonathan:** Just on the timing of the delivery of vaccines to North Korea?

**Christy:** I'm going to direct you to the Flu media department here at WHO, and that is Gregory Hartl's number.

**Christy:** Next question is from E J Cho of the *Voice of America*

**EJ:** Dr Chan, how to rate the nutritional level of ordinary North Koreans and how is this linked to their susceptibility to illnesses?

**Dr Chan:** Thank you E.J. for that question. As I have indicated earlier on, I spent about two and a half days in Pyongyang but based on what I saw, the population in the capital, in terms of their height and weight, they are pretty similar to Asian people who I have seen in other countries. I don't have direct data yet on the nutritional status but I could tell you that based on the evidence available to WHO and also during my visit to the hospitals, I could see that nutrition is an area that the government has to pay attention, and especially for pregnant women and also for young children. We know how important nutritional status is in the nine months during the pregnancy and the plus 24 months, meaning the first two years of a child's life.

I did see anaemia in children in the country and I did see some low birth-weight babies. Again the situation has improved over the years, but there are still some areas that the government needs to work on.



**Christy:** Thank you EJ. Again if you would like to get into the queue to ask a question, please type 01 on your keypad.

Any other questions on the Director General's trip to the DPRK, please type 01 on your keypad.

**Lisa Schlein** from *Voice of America*: Dr Chan, first of all just a technical question. How long were you in the country, you said it was very quick. I was wondering who were you meeting with. And you talked about the challenges, but what sort of things did the country or officials actually ask you for direct help

**Dr Chan:** I arrived in Pyongyang on Sunday and I came back here last night, so I am still a bit confused with the time. But I was there solidly for about two and a half days. During that time, I met with government officials such as the President of the Presidium? of the Supreme People's Assembly, I met with the Minister of Foreign Affairs, and the Minister of Public Health, and his team. Of course, I also met with senior officials of the United Nations who are accredited in the DPRK.

During one of the receptions I had the opportunity to meet with ambassadors from countries which have embassies in the country, meaning DPRK. I also had the pleasure to talk to very important members of civil society groups, such as Red Cross and Red Crescent Societies.

Of course during those two and a half days, I also visited a central hospital, and a maternity hospital in Pyongyang, and then I also visited a rural hospital located about an hour's drive from the city. I also visited the telecommunication centres where I was able to make connections by video conferencing with three provincial hospitals and talked to the directors in charge of those hospitals. I wanted to understand how telemedicine has improved the quality of care and how it helps them in terms of their professional training. Those were all the things I did in two and a half days.

And your question about some of the direct issues for which the government was requesting help. I've outlined some of the challenges for the country, including a couple of very obvious things. They are keen to sustain the gains in MDGs 4, 5, 6, that is maternal, child mortality improvement, as well as their work in TB and malaria. Now as perhaps I need to explain, they have received two Global Fund grants. One for malaria and one for TB and this is very important for them.

Number one, there is now significant resources to help them to do more work on tuberculosis as well as malaria. Also they were requesting support from WHO, UNICEF and other agencies to help them to implement this project as they did not have experience in implementing a Global Fund project. As we all know, Global Fund agreements and projects are quite onerous in terms of requiring result-based financing; they require very

good reporting; and they also require unrestricted access of authorized representatives of Global Fund to the country and to the programme sites in order to check the programme method and documentation.

It is important to recognize that for DPRK and more specifically, for the Ministry of Public Health to accept these conditions. This is a big improvement and the government has demonstrated flexibility and a willingness to work with partners in global health and to improve the health of their people.

**Lisa:** If I may follow-up, I understand you have to be invited by a country and can't just impose yourself upon the country. From what you said now, does it appear to you that the government of North Korea is perhaps becoming more open and more willing to be more open and to engage more with other countries, not just on health but on other issues as well.

**Dr Chan:** I would not be able to comment on other issues, but basically during my two and a half days' meetings and discussion with them, I think this is a very useful visit for myself and to understand the country and to see how WHO can help them in global health. Also, according to the feedback from the country, they are very pleased with the visit because we were very professional, we discussed technical areas for which the country needs international support.

The impression I'm getting is I can confirm, at least in the area of health, that the government is receptive to engagement with international partners and they are receptive to the request for increased transparency, to have better quality data, and to being held accountable for the resources flowing into the country to improve health. To me this is a very good sign, as it signals for the international community who wish to engage a government in terms of health, we need to encourage them. We need to be able to be a global actor.

### **The next question from Jules in Kyoto News.**

First question, your predecessor in 2001, Dr Brundtland said that the DPRK's health system was in near collapse, and I quote. Now you say you are impressed with some improvements. But how would you rate the country's overall health system?

The second question I have concerns this ranking...to what extent does WHO rely on DPRK figures, does WHO consider these figures to be reliable and so why?

**Dr Chan:** Thank you for those two very important questions. I would not be able to assess the situation as to what it was like in 2001, but in my discussion with the government, it was very clear to me that in 2001 or there about, was a very difficult period for the country because they had successive natural disasters. Now based on what

I have seen I can tell you they have something which most other developing countries would envy.

For example, DPRK has no lack of doctors and nurses, as we have seen in other developing countries where most of their doctors have migrated to other places. But DPRK has enough doctors and nurses, they have a very elaborate health infrastructure, starting from the central to the provincial to the district level. One very important element they have is what they call "household doctor". One doctor takes care of 130 families and about 500-550 people depending on the size of the family. So the doctors there work in the clinic to provide family health care services.

Of course they use both traditional and western medicine. In afternoons they will do home visits, and they keep good medical records. I personally reviewed those medical records at the clinical level. But the only point I need to mention is the records are not computerized but manual. So that is something we need to address when we say they need to improve the quality of data in order to use modern technology to properly collect those data and do analysis. It is very difficult to work on manual records. My sense is that the data needs improving. And in order to improve the confidence of partners, there is a good infrastructure that may be the entry of many people.

Another important element is that as a government policy the health of every citizen in the country is covered, so there is universal coverage. People in the country do not have to worry about a lack of financial resources to access care. But the country has another challenge, and that is distance. I found travelling in the mountain area to be quite difficult and of course, there is a lack of fuel; that too is a challenge.

That is why in this country the use of telemedicine would be important to improve the health service and to help the professionals so that the doctors and nurses can get access to centres of excellence in the capital, and not working in isolation.

So what struck me was what they have managed to do under very difficult conditions.

**Question from Shabtai Gold at DPA:**

**Shabtai:** Can I clarify something earlier, you said the height and weight in DPRK is similar to that of other Asian countries, did I hear you right?

**Dr Chan:** I said what I saw in Pangung might not be representative for the entire country, but that is what I saw in the capital. Of course, one thing I recognized is that walking is quite well observed in that country, and I suggest that is why I didn't see many obese people.

And if you look at me I am also an Asian, I am pretty short but Asian standards, so when I compare to most of the people I saw on the street, I can only make a very broad



comparison. But mind you, as I said, now in Asian countries, because of affluence and intake of food we are seeing obesity which I don't see in DPRK.

The study from South Korea a few years ago said that North Korean males were 5.9 centimetres shorter than their Southern contemporaries, and for women there was also a similar gap. And there are obviously nutritional problems in DPRK, so is the obesity and size issue connected to a serious nutrition problem in the country and a serious lack of good food for the people.

**Dr Chan:** Of course there is no denying that, as I said, I have not looked at the study you refer to but the government does accept that they have gone through some very difficult years with flooding and drought and natural disaster, so malnutrition is a problem but things have improved in recent years.

It is also important to mention that the national support through World Food Program and also like UNICEF and other agencies like Red Cross and Red Crescent needs to be sustained.

**Christy:** That's all we have time for today. I apologize to the journalists who were not able to get their questions through. This has been the virtual press briefing from World Health Organization headquarters with Dr Margaret Chan, Director-General of the World Health Organization. I would like to remind you that there will be an audio file posted on our website shortly and later today a transcript of the briefing. The web site is [www.who.int/](http://www.who.int/). If you need to reach us please call our media line at +41.22.791.2222 if you have a question about pandemic influenza please call +41.22.791.5000. Thank you again for joining us and have a good day.