

# Health and Disaster Diplomacy in North Korea: Ensuring Access and Accountability in Complex Political Environments

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Recent humanitarian crises in Gaza, Darfur, the Democratic Republic of the Congo, Iraq, Somalia, Myanmar, Ethiopia, and Zimbabwe have disproportionately affected vulnerable civilian populations and have been complicated by political restrictions on humanitarian access.<sup>1</sup> In areas frequently embroiled in war and political instability, aid agencies often face the challenge of negotiating with militant authorities in order to secure access. This is not a new problem. The challenge of negotiating access with militant authorities has been discussed and has led to philosophical disagreements between leading humanitarian organizations such as Médecins sans Frontières and the International Committee of the Red Cross/Red Crescent. This challenge remains, and aid agencies still struggle to maintain adequate operational access when working under politically constrained conditions. As humanitarian minimum standards, such as those advocated by the Sphere Project, acquire increasing global acceptance, these agencies also will be charged to demonstrate effectiveness and to ensure accountability, even in the complex and constrained climate of war and civil instability.

To illustrate the challenges in negotiating access and ensuring adherence to humanitarian standards in the setting of political instability, this discussion examines the case of US non-governmental organizations (NGOs) attempting to operate in North Korea. As in other contexts, the quandary facing the humanitarian community in North Korea has mirrored national discourse regarding diplomatic engagement. Historically, the US has declined official diplomatic relations with North Korea, due primarily to objections over nuclear arms proliferation. However, when the US State Department removed North Korea from the List of State Sponsors of Terror in October 2008, the prospect of diplomacy and political engagement was reaffirmed.<sup>2</sup> The same question debated by the US government has confronted the NGOs operating in North Korea: should the regime in North Korea be engaged? For US NGOs in North Korea, such a decision essentially has been a choice to maintain operations or to leave, since access to the North Korean people is facilitated solely through the country's regime.

Many US NGOs have been increasingly challenged by this question of engagement as the need for foreign humanitarian assistance has gained urgency in North Korea. Following an agricultural crisis, the elimination of critical partners for subsidized energy and trade, the death of a revered leader of 40 years, and, in the mid-1990s, a series of disasters related to natural hazards, North Korea has turned increasingly to the support of foreign humanitarian assistance.<sup>3,4</sup> The health sector has been particularly debilitated, with the collapse of the domestic pharmaceutical industry, increasing numbers of hospital admissions, and an escalating burden of infectious diseases. As a result, North Korea has provided increased access to foreign humanitarian aid organizations operating in the health sector.<sup>5</sup> In particular, US NGOs have played a critical role in the humanitarian response to major health crises in North Korea.

In response to devastating need, the US NGOs chose to engage the North Korean government and thus, were granted access. As the NGOs engaged

North Korea, they entered a charged socio-political space inherited from an unresolved war decades prior that subsequently had been aggravated by ongoing diplomatic hostilities between governments. The NGOs found themselves maneuvering in a delicate space where even small missteps could ignite conflict and impede programmatic success. As a consequence of operating within such a tense political environment, foreign humanitarian agencies have encountered significant challenges and varied success in North Korea.<sup>6</sup> A small number of US NGOs have experienced decades of constructive collaboration with their partners in North Korea, while in contrast, reputable organizations such as Médecins sans Frontières have curtailed activities due to political restrictions on activity and access.<sup>7,8</sup>

Dissatisfaction regarding access has been a chief precipitant for such programmatic failures in North Korea. Agencies that have experienced such difficulties assert that the conditions for aid organizations operating within North Korea violate the humanitarian principles of accountability, monitoring, and access.<sup>9,10</sup> As a whole, such accounts suggest that operating conditions in North Korea may not allow for the attainment of minimum standards according to existing models of humanitarian efficacy, such as those prescribed by the Sphere Standards and the indicators of progress in the Paris Declaration.<sup>11,12</sup> The complex political environment of North Korea invariably has contributed to the situation, making it difficult for US NGOs to ensure adequate access in accordance with these accepted standards.

In spite of such challenging conditions, US NGOs have devised innovative measures and diplomatic strategies to secure access in North Korea. According to a recent study of US NGOs with ongoing operations in North Korea, continued programmatic success has relied on a willingness to make critical concessions that prioritize the health of the collaboration itself.<sup>13</sup> Thus, those US NGOs that have experienced long-term programmatic stability in North Korea have employed a diplomatic strategy that has focused on building trust and rapport with local authorities. With such a diplomatic approach, these NGOs have negotiated and secured access given a restrictive political environment.

Such an approach fits into the paradigm of health diplomacy, which has been defined as “the chosen method of interaction between stakeholders engaged in public health and politics for the purpose of representation, cooperation, resolving disputes, improving health systems, and securing the right to health for vulnerable populations”.<sup>14</sup> Those US NGOs that have been successful in North Korea have operated with this diplomatic agenda, and therefore, health diplomacy may be the most appropriate paradigm for contextualizing the preferred method for ensuring access in complex political environments like North Korea. The related concept of disaster diplomacy also is relevant, since humanitarian actions often have occurred in response to natural and human-made events in North Korea.<sup>15</sup>

Within these diplomatic frameworks, political concessions and adaptations provide critical leverage when negotiating access, but they also threaten adherence to traditional humanitarian standards. Quantifiable process and outcomes data derived from these standards would provide a

mechanism for adherence and accountability, but existing indicators likely would require supplementation in contexts like North Korea, where political adaptations and diplomacy are utilized to secure access. The US NGOs in North Korea have not conformed to the traditional humanitarian *modus operandi*, and so dedicated tools for evaluation must be developed to ensure appropriate accountability of these specialized diplomatic missions.

Unfortunately, no dedicated assessment tool is available for health and disaster diplomacy, and current operational models do not guarantee adherence to common standards, such as Sphere. The situational nature of such missions has led some to posit the Logical Framework Process as a means for project management and evaluation.<sup>16</sup> According to this model, outcomes can be assessed through predetermined goals specific to a context rather than through generic standards. By comparing observable changes to intended goals, this framework serves as an evaluating mechanism for organizations to improve performance and ensure accountability. Although such a model is useful for internal evaluation, there also is a need to establish standardized criteria that conform to international standards and can be used to evaluate operations across different circumstances. This is challenging, given that the diplomatic component of these operations often is unique to each context. However, there are shared elements to these missions that can be incorporated into common standards with broad applicability.

Thus, this discussion introduces the need to develop a standardized model for evaluating efficacy in health and disaster diplomacy in order to ensure appropriate accountability. Such a model would hold traditional humanitarian standards at its core, but also would feature a mechanism to evaluate the diplomatic component of these operations. The latter could be derived from models of performance and outcomes assessments in the field of public diplomacy.<sup>17</sup> Furthermore, the model that is developed for health and disaster diplomacy could be incorporated into the Sphere Companion Standards that have been proposed as a means to address those dimensions of humanitarian actions that are outside of the traditional realm of the Sphere Standards.<sup>18</sup> This would ensure optimal integration of this specialized model into established global standards for humanitarian effectiveness.

The development and application of such a model will contribute significantly to the understanding of humanitarian operations undertaken in complicated political environments like North Korea and will provide the necessary tools for assuring appropriate evaluation and accountability of these non-traditional diplomatic missions. Nonetheless, such a model should be applied with caution due to a number of potential hazards. The model most likely will encounter situations in which humanitarian agencies have negotiated a compromise that balances demands for improved access against the maintenance of relations with local authorities. Under such circumstances, the model should not be used to justify conditions that violate traditional humanitarian principles. It also will be essential to ensure that such a model does not provide institutional cover for human rights violations and ethno-political persecution. Applying this methodology in countries like

Zimbabwe, for example, may be quite problematic. In such situations, concomitant efforts in human rights diplomacy will be essential so as to mitigate such a risk.<sup>19</sup> Considering the growing complexity of the socio-political environments

in which NGOs operate, more agencies may employ an operational strategy that incorporates health and disaster diplomacy, necessitating the development of effective tools that can evaluate political adaptations while ensuring adherence to traditional humanitarian standards.

#### References

1. Médecins sans Frontières (MSF): MSF releases 11th annual "top ten" list. Available at <http://www.doctorswithoutborders.org/publications/topten/>. Accessed 19 March 2009.
2. Congressional Research Service: North Korea: Terrorism list removal? Available at <http://ipc.state.gov/documents/organization/98097.pdf>. Accessed 19 March 2009.
3. Watts J: North Korea shows signs of openness after flood. *Lancet* 2007;370:1021–1022.
4. Noland M: Famine and reform in North Korea. *Asian Economic Papers* 2004;3:10–40.
5. Smith H: *Hungry for Peace. International Security, Humanitarian Assistance, and Social Change in North Korea*. 1st ed. Washington, DC: US Institute of Peace Press, 2005.
6. Flake GL: The Experience of US NGOs in North Korea. In: Flake G, Snyder S, (eds): *Paved with Good Intentions: The NGO Experience in North Korea*. 1st ed. Westport, CT: Praeger Publishers; 2003.
7. MSF: MSF calls on donors to review their policy in DPRK. Urgent needs in North Korea but MSF forced to pull out. Available at <http://www.doctorswithoutborders.org/pr/release.cfm?id=460>. Accessed 16 March 2009.
8. Goe LC, Linton JA: Community-based public health interventions in North Korea: one non-governmental organization's experience with tuberculosis and hepatitis B. *Public Health* 2005;119:347–352.
9. Tong J: Questionable accountability: MSF and Sphere in 2003. *Disasters* 2004;28:176–189.
10. Congressional Research Service: CRS Report for Congress: U.S. Assistance to North Korea. Available at [http://assets.opencrs.com/rpts/RS21834\\_20080731.pdf](http://assets.opencrs.com/rpts/RS21834_20080731.pdf). Accessed 19 March 2009.
11. Sphere Project: *Sphere Humanitarian Charter and Minimum Standards in Disaster Response*. Geneva: Steering Committee for Humanitarian Response, 2004.
12. OECD DAC: High Level Forum on Aid Effectiveness Paris Declaration on Aid Effectiveness: Ownership, Harmonisation, Alignment, Results, and Mutual Accountability. Available at <http://www.oecd.org/dataoecd/11/41/34428351.pdf>. Accessed 19 March 2009.
13. Yim ES, Choi RY, VanRooyen MJ: Maintaining health sector collaborations between United States non-governmental organizations and North Korea through health diplomacy. *Prehosp Disaster Med* 2009;24(3):153–160.
14. Health Diplomats: Health Diplomacy. Available at [http://www.healthdiplomats.com/index.php?page=31\\_health\\_overview](http://www.healthdiplomats.com/index.php?page=31_health_overview). Accessed 19 March 2009.
15. Disaster Diplomacy: Disaster diplomacy: Current view. Available at <http://www.disasterdiplomacy.org>. Accessed 19 March 2009.
16. Drifmeyer J, Llewellyn C: Toward more effective humanitarian assistance. *Mil Med* 2004;169:161–168.
17. Maxwell School of Citizenship and Public Affairs, Syracuse University: Performance Accountability: Linking national performance to multilateral results. Available at <http://www.diplomacy.edu/Conferences/MFA2007/papers/mathiason.pdf>. Accessed 19 March 2009.
18. Sphere Project: Sphere companion standards. Available at: <http://www.sphereproject.org/content/view/358/268/lang,english/>. Accessed 19 March 2009.
19. Mullerson R: *Human Rights Diplomacy*. New York: Routledge, 1997.

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