

UNICEF会議における朝鮮民主主義人民共和国代表の報告

去る5月14日から16日、北京においてアジア・太平洋諸国を対象としたThe Fifth Ministerial Consultationが開催された。この会議は、「子どもの権利条約」実施のための会議である。

ERINAは、この会議での朝鮮民主主義人民共和国代表団の報告の英語訳をユネスコ北京事務所より入手した。1993年から1999年までの朝鮮民主主義人民共和国での子どもたちがおかれた状況がよくわかる資料である。公開に際して、ユネスコ北京事務所の承諾を得た。

Translation

National Report

Democratic People's Republic of Korea

The 5th Ministerial Consultation for
the East Asia and Pacific Region

May 2001

The Democratic People's Republic of Korea (DPRK), since its inception in 1948, has been giving priority to the upbringing and education of children, based on the human-centered Juche idea, and has taken various legislative and administrative measures in the field.

With the adoption of the "Law on Public Health", the "Law on the Nursing and Upbringing of Children" and the "Law on Education" the Government instituted a universal free medical service system and a universal 11-year free compulsory education system thus ensuring that the State assume full responsibility for and takes care of the health and wellbeing of children and women at the expense of the state and the society.

DPRK has established a coherent health care system, which provides both preventive and curative services to the whole population. Preventive care forms the core of the public health policy and, for its materialization, the section-doctor system has been introduced. This laid a solid foundation for preventive and curative services protecting the health of children and women.

As a result, a remarkable progress has been made in the field of children's wellbeing, and the under-five mortality rate declined from 37 per 1,000 in 1960 to 14 in 1993.

The Government of the Republic ratified the Convention on the Rights of the Child (CRC) in 1991.

Right after signing in 1991 of the Declaration and Program of Action of the World Summit for Children and based on its own policy and assessment of the welfare status of children and women, the Government drew up the National Plan of Action for children to achieve end-decade goals and made energetic efforts for its implementation.

In this context, the Government organized the National Coordinating Committee for UNICEF (NCC) and the National Coordinating Committee for the Implementation of the Convention on the Rights of the Child (NCRC). The two agencies stay in close contact with each other and pool their efforts to solve any problems arising in the implementation of the National Plan of Action.

In 1996, the Government conducted the mid-term review of the WSC goals. The Government shared the result with ministries and social organizations related to children and women's wellbeing and took corrective measures for improvement. The result was used not only in the formulation of the State policy but also in preparation of UN Interagency consolidated appeal for the country and programmes of UN and other international organizations including UNICEF.

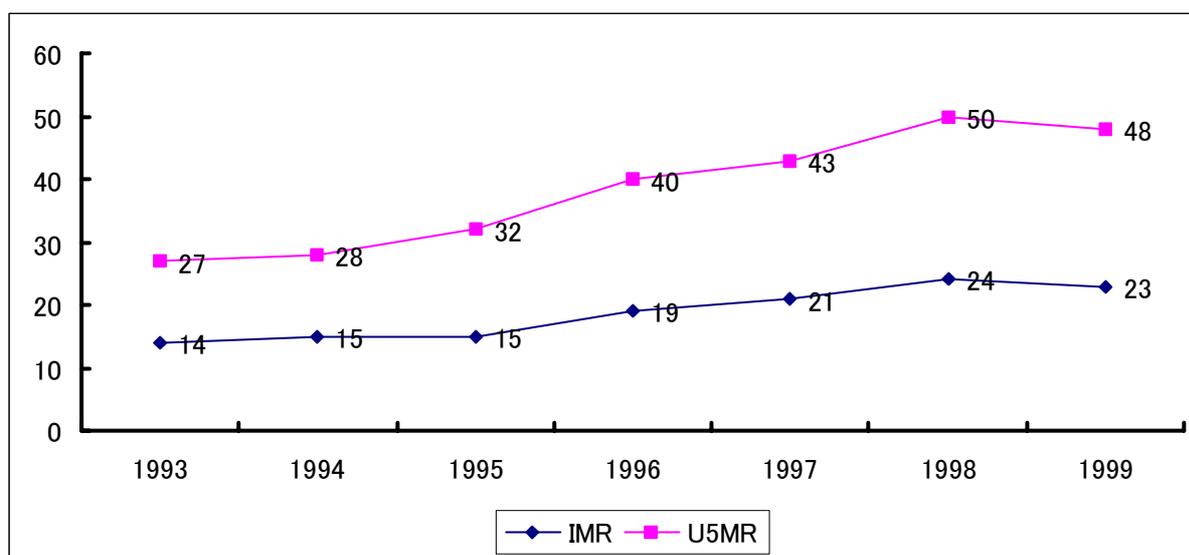
The disintegration of the socialist market in early 1990s and the economic sanction imposed by hostile forces seriously affected the economy of the country. In particular, the flood in 1995, the heaviest in the century, caused damages worth US\$ 15 billion throughout the country. The drought and other recurrent natural disasters continued to negatively influence the overall economy of the country and people's lives as well as education and public health, which are directly linked to the wellbeing of children.

Due to the aforementioned factors, the result of the 1996 mid-term review and that of MICS conducted in 1998 and 2000 showed that children's welfare indicators declined considerably as compared to previous years in spite of the Government's efforts for 10 years.

For instance, in the last 6 years the total fertility rate was reduced by 0.2 and the average life

span by 6.4 years, while the infant and under five mortality rates increased respectively by 1.7 and 1.9 times.

INDICATOR	1993	1999	INCREASE/ DECREASE
Total population	21,213,000	22,575,000	1,541,000
Total fertility rate	2.2	2.0	-0.2
Average lifespan	73.2	66.8	-6.4
Infant Mortality Rate	14/1000	22.5/1000	8.4/1000
Under-five Mortality Rate	27/1000	48/1000	21/1000
GNP per capita	US\$ 991	US\$ 457 (1998)	US\$ -534



And GNP per capita decreased by more than half to the level of US\$ 500.

While the infant and under five mortality rates showed gradually increasing trends, vaccination coverage for DPT, polio, tetanus, measles and tuberculosis sharply decreased from 90% in 1990 to 50% in 1997.

The shortage of food caused by natural disasters deteriorated the general nutritional status of children and women resulting in severe malnutrition. Low birth weight rate began to increase.

The quality of the education has been compromised due to irregularities in provision of textbooks and other educational and learning materials.

In 1994, the piped water supply reached 86% of the population throughout the country. However the damaged infrastructure, breakdown of sewage system and sanitary facilities and fluctuations in power supply, which followed the natural disasters, reduced access to safe drinking water to 53% in 1996.

The above mentioned difficulties still persist in the new century posing a great challenge to the Government's efforts for the children's welfare.

It is an immediate task of the Government to remedy adverse effects on children's wellbeing of

temporary economic difficulties of recent years and to restore pre-disaster levels in a short span of time.

The DPRK Government will mobilize the country's possible resources and strengthen its cooperation with the international community to establish an effective nutritional management system for children and further develop the existing free medical service system and compulsory education system.

Priority will be given to the elimination of severe malnutrition of children. To reduce children's morbidity rate, IMCI Initiative will be introduced and appropriate measures will be taken to build the capacity of the medical staff.

Regular distribution and proper use of ORS will contribute to the reduction of deaths due to diarrheal diseases. The domestic production capacity of essential drugs will be strengthened. Special efforts will be made to enhance the capacity of medical service providers, caregivers and to empower families to prevent and effectively manage acute respiratory infections and diarrheal diseases.

As part of the activities designed to control micronutrient deficiencies, the nation-wide salt iodization and Vitamin A supplementation will be implemented, while local production of nutritious food for children containing synthetic micronutrients will be normalized.

Measures will be taken to achieve more than 80% of vaccination coverage of children. While meeting the national needs of vaccines, EPI recording, monitoring and evaluation system will be introduced. Cold-chain system will be upgraded at all levels from the central down to the community level, and the transportation capacity will be strengthened.

Particular attention will be paid to the eradication of polio.

TT vaccination of pregnant and other women of childbearing age will protect 80% of infants against neonatal tetanus.

The state policy and guidelines on maternal/reproductive health including the control of AIDS will be reviewed and updated, while the number of Baby Friendly Hospitals will be increased.

National capacity will be enhanced in health information and electronic communication.

Stronger State and social support will be provided to secure better conditions for nursing and education of children.

Efforts will be made to improve the nursing and education of children in need of special protection, particularly those living in geographically disadvantageous, disaster-hit, rural and mountainous areas and isolated islands, as well as handicapped children like blind, dumb and deaf.

Construction and repair of kindergartens and schools will proceed in a planned way so that children can learn and grow in educationally and hygienically perfect conditions.

Modern educational facilities including video players, computers, projectors and tape-recorders will be provided in greater numbers. Need for textbooks and laboratory facilities will be satisfactorily met.

The content and methodology of education will improve consistently with the economic and cultural development of the country to meet the requirements of the information technology era, and children's rights will be reflected in teaching curricula.

The Government will enhance the capacity of the Grand People's Study House (GPSH) as the information, education and communication center at the service of children's well being.

Different children's books, publications and documents will be made readily available, while a computer network will link the GPSH to libraries at all levels for them to access its comprehensive database.

In cooperation with UNICEF and other governmental and non-governmental organizations, efforts will be made in the coming 3 years to eliminate chemical, physical and biological risk factors related to water, environmental sanitation and individual hygiene, focussing on the most disadvantaged children.

Child rights indicators will be reviewed and increased. Data collection, analysis and evaluation system will be upgraded using modern facilities.

In line with its policy attaching great importance to children, the Government will increase the State expenditure in this field and raise State and social interest.

In achieving the goals of children's wellbeing in our region, it is important to secure a favorable international atmosphere by strengthening the regional and international efforts.

Each country will have to reflect child issues including compulsory education in its policies, provide a legal frame ensuring child rights and create a social and international environment conducive to its implementation.

It is needed to address adverse effects on children of "globalization", to oppose all forms of sanctions, and to solve the debt issue of developing countries.

Regional actions are also required to cope with unpredictable disasters such as natural calamities, which threaten the achievement of the goals of children's wellbeing in our region.

We should identify regional issues/problems and take appropriate measures to solve them regionally or globally with supplementary funds other than the assistance currently received by countries in the region.

It is a pressing task of all States to provide a healthy social environment for the existence, development and protection of children, so that the masters of the 21st century can live in a more wonderful, secure and peaceful world.

There is no change in the policy of the DPRK Government attaching great importance to children. The Government, in line with its policy, will formulate a new National Plan of Action for children and women and will make active efforts for its implementation.

World Summit for Children Indicators	
Under-five mortality rate	48/1,000
Infant mortality rate	23/1,000
Proportion of under-fives who are too thin for their age (underweight prevalence)	27.9%
Proportion of under-fives who are too short for their age (stunting prevalence)	45.2%
Proportion of under-fives who are too thin for their height (wasting prevalence)	10.4%
Use of safe drinking water (in disregard of its quality)	100.0%
Use of sanitary means of excreta disposal (in disregard of its quality)	100.0%
Children reaching grade four, primary school	100.0%
Net primary school attendance rate	99.6%
Literacy rate	100.0%
Antenatal care	97.1%
Childbirth care	96.7%
Low birth weight (below 2.5 kg)	6.4%
Iodized salt consumption	1.7%
Under five children receiving Vitamin A supplementation	97.0%
Mothers receiving Vitamin A supplementation after childbirth	20.2%
Exclusive breastfeeding rate among infants aged less than 4 months	90.7%
Proportion of infants aged 6-9 months who are receiving breast milk and complementary food	18.4%
Continued breastfeeding rate children aged 12-15 months	86.3%
20-23 months	36.5%
Coverage of 1st dose of DPT immunization for children by age one	91.0%
Coverage of measles immunization for children by age one	96.3%
Coverage of 1st dose of polio immunization for children by age one	98.3%
Coverage of tuberculosis immunization for children by age one	81.5%
Proportion of children received treatment during diarrhea	90.9%
Proportion of under-fives who received increased fluids and continued feeding during diarrhea	17.7%
Proportion of under-fives who were taken to an appropriate health provider while in acute respiratory infection	82.7%
Early childhood education rate among children aged 3-4	3.2%
Proportion of under-fives who received increased fluids and continued feeding during illness	17.9%
Proportion of mothers who know at least 2 signs for seeking care immediately	78.4%
Birth registration among under-fives	98.9%

