

# BEIJING (regional)

COVERING: China, Democratic People's Republic of Korea, Mongolia, Republic of Korea



Present in the region since 1987, the ICRC moved its regional delegation for East Asia to Beijing in 2005. The delegation fosters support for humanitarian principles, IHL and ICRC activities in the region and worldwide, among governments, experts and National Societies. It promotes the incorporation of IHL into national legislation, military training and academic curricula. It supports the region's National Societies in developing their IHL promotion and tracing activities. In the Democratic People's Republic of Korea, in partnership with the National Society, it supports hospital care and contributes to meeting the need for assistive/mobility devices.

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ in the Democratic People's Republic of Korea, patients in 4 hospitals benefited from treatment standards and/or facilities improved through cooperation between hospital authorities and Movement partners
- ▶ in China, the Justice and Public Security Ministries, and national health authorities, discussed solutions to health issues in detention at seminars, joint technical meetings and study tours facilitated by the ICRC
- ▶ at a seminar hosted by the Chinese armed forces and the ICRC, senior military officers from the region, and from 58 other countries, enhanced their capacities to incorporate IHL in their operational planning
- ▶ influential actors in the region discussed humanitarian issues/concerns and IHL, notably at workshops linked to the "Strengthening IHL" process and at seminars on cyber-warfare and IHL at sea
- ▶ students in the region tested their grasp of IHL at debates and moot court competitions, including an Asia-Pacific contest organized by the Hong Kong Red Cross, Branch of the Red Cross Society of China

## EXPENDITURE (in KCHF)

Protection	961
Assistance	4,038
Prevention	4,014
Cooperation with National Societies	1,375
General	-

**10,388**

of which: Overheads 634

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>85%</b>
---------------------------	------------

## PERSONNEL

Mobile staff	21
Resident staff (daily workers not included)	45

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries	2,000
Essential household items	Beneficiaries	2,000
Productive inputs	Beneficiaries	600
Work, services and training	Beneficiaries	30
Water and habitat activities	Beneficiaries	10,000
		632
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	5
		5
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	459
		450
<b>Physical rehabilitation</b>		
Centres supported	Structures	4
		3
Patients receiving services	Patients	1,030
		869

## CONTEXT

The Chinese authorities continued to undertake reforms, notably of the judicial system. Unrest continued to be reported in parts of China, particularly in Xinjiang province; there were incidents in Hong Kong as well; the government stepped up security operations in response.

Territorial disputes continued to test relations between States in the region. There were tense encounters at sea: one between Chinese and Vietnamese naval vessels prompted violent protests that led to the temporary evacuation of thousands of Chinese nationals from Viet Nam.

In February, the Democratic People's Republic of Korea (hereafter DPRK) and the Republic of Korea (hereafter ROK) held a reunification meeting for families separated by the 1950–53 Korean War: some 80 elderly people from the ROK met about 180 relatives from the DPRK. However, relations between the two States remained strained; at several occasions, both fired artillery shells into the disputed waters between them. The six-party talks on the DPRK's nuclear programme did not resume.

The DPRK rejected a UN General Assembly resolution calling for the country to be referred to the International Criminal Court for alleged human rights violations.

The ROK continued to emphasize military vigilance.

## ICRC ACTION AND RESULTS

In light of persisting tensions and the prominent global roles of the countries covered, the Beijing regional delegation continued to focus on promoting humanitarian principles and IHL and securing support for ICRC operations in the region and worldwide. Discussions with decision-makers aimed to foster better understanding of IHL, humanitarian issues and the ICRC's neutral, impartial and independent humanitarian action. The region's authorities, armed/security forces, academics and other sections of civil society, other parties concerned, and the National Societies discussed these topics at various meetings/events. These included workshops linked to the "Strengthening IHL" process and IHL-related seminars on specific themes, such as maritime operations and cyber-warfare.

In the ROK, the ICRC consulted government officials, armed forces personnel, other key actors and the Republic of Korea National Red Cross on the ICRC's role in addressing the residual humanitarian consequences of past conflict. The presence of an ICRC representative since the beginning of 2014 helped to broaden contacts.

The ICRC endeavoured to build on the interest expressed in 2013 by the Chinese, DPRK and ROK authorities in expanding their partnerships with the organization: for instance, it worked with the Red Cross Society of China on a livelihood-support project for disabled persons, and designed water supply-improvement projects to benefit peri-urban populations in the DPRK.

In China, discussions with the Ministries of Justice and Public Security, on prison management and detainees' treatment and living conditions, continued; these aimed to encourage cooperation among them, the Health Ministry and other stakeholders in addressing health issues in detention. As a result, both ministries held seminars on the subject, and the Justice Ministry convened

a joint technical meeting with health authorities to tackle the prevention and control of HIV/AIDS and TB in prisons; with ICRC support, health officials visited Azerbaijan to study their detention authorities' success in checking the spread of TB.

In the DPRK, together with the Ministry of Public Health and the Red Cross Society of the Democratic People's Republic of Korea, the ICRC strove, as before, to help improve the quality of surgical/medical services at four referral hospitals, providing material/training support to this end. The ICRC organized an overseas study tour for hospital directors and arranged seminars to help surgeons, including from the Korean People's Army, add to their skills in trauma care.

The Chinese Red Cross, the DPRK Red Cross and the ICRC maintained their key roles in providing physical rehabilitation services.

The ICRC supported the region's armed/security forces' efforts to enhance their personnel's knowledge of IHL and other international norms. It worked with the Chinese armed forces to organize an international seminar on incorporating IHL in military operational planning, attended by representatives from 62 countries, including, for the first time, the DPRK. The ROK military organized, jointly with the ICRC, a workshop aimed at strengthening their legal officers' advisory capacities with regard to IHL compliance. The ICRC helped the Mongolian army train IHL instructors.

In China, Mongolia, and the ROK, the ICRC maintained partnerships with educational authorities, academic institutions and the National Societies in introducing students to IHL, and assisted them in developing/conducting IHL courses, organizing competitions and running the Exploring Humanitarian Law programme. The Chinese Red Cross trained more teachers with a view to enabling the programme's expansion in Beijing and Qingdao.

The ICRC continued to provide support for the National Societies to develop/implement activities in response to humanitarian needs and to promote IHL and humanitarian principles; it also continued to coordinate efforts in this regard with other Movement partners. As its international role grew, the Chinese Red Cross drew on the ICRC for advice on such matters as working in conflict areas.

## CIVILIANS

### **Vulnerable people to benefit from proposed cooperation between the region's authorities, National Societies and the ICRC**

The Chinese Red Cross and the ICRC laid the groundwork for a joint project – developed within the National Society's Integrated Community Resilience Programme – to assist disabled people and the communities around the physical rehabilitation centre in Kunming, in Yunnan province (see *Wounded and sick*), in restoring/securing their livelihoods. To this end, 152 households were identified as beneficiaries, after they had submitted viable business plans/proposals and after an assessment by National Society/ICRC teams. At ICRC training sessions, National Society volunteers – a total of 76 individuals from the Yunnan and Hong Kong branches, and from the National Society training centre – learnt to collect baseline information for measuring the impact of a livelihood-support project.

People also stood to benefit from the Chinese Red Cross's efforts to improve its family-links services; these efforts included volunteer training and joint field trips with the ICRC to assess its branches' capacities in this regard.

In the DPRK, preparations were made for a project, in Kaesong City, to improve peri-urban communities' access to water and sanitation systems. The authorities, the National Society and the ICRC held discussions to finalize the project's design and sourcing plans. The food gardening facilities of an orphanage in Hamhung were refurbished under a project proposed by the National Society and funded by the ICRC.

In all the countries covered, the needs of vulnerable people continued to be monitored, and areas of cooperation explored/discussed, whenever possible, with the authorities, other parties concerned and the National Societies. The concerns of families dispersed since the 1950–53 Korean War remained on the agenda of the ICRC's meetings with DPRK/ROK officials and both National Societies. However, several planned projects were delayed or not pursued – such as a multi-stakeholder seminar on water provision and sanitation issues in the DPRK and an assessment of the situation of migrants in the ROK – owing to administrative constraints or other priorities.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Chinese detention/health authorities discuss disease prevention/control in prisons at joint workshop**

In China, the Ministries of Justice and Public Security kept up their respective discussions with the ICRC on prison management, particularly with regard to detainees' health conditions; these discussions aimed to further mutual understanding of approaches/experience in this field. ICRC contact with both ministries, as well as with the Ministry of Health, also sought to encourage them to discuss with other parties concerned, and cooperate with them in, matters related to health and other issues in detention. As a result, the Justice and Health Ministries and other health authorities convened, with ICRC support, a technical meeting to jointly identify priorities and plan future activities with regard to HIV/AIDS and TB prevention/control in prisons. In addition, a contingent of national health authorities studied, during an ICRC-funded visit to the country, the Azerbaijani authorities' success in dealing with TB in prisons; the Justice and Public Security Ministries prepared to go on similar study tours in 2015.

Moreover, some 90 health administrators from provincial penitentiary bureaus, prison directors and doctors from prison clinics/hospitals learnt more about internationally recognized standards for health care in detention, and discussed the integration of prison health services with the public health system, at seminars organized by the Justice or the Public Security Ministry with the ICRC. Together with ICRC representatives, they also discussed existing practices at selected prisons during guided tours that were part of the seminars.

At a round-table, ROK military officers and representatives from foreign forces learnt more about the ICRC's work with detainees and discussed issues related to military detention.

## **WOUNDED AND SICK**

### **Patients in the DPRK to benefit from improved standards for trauma care following workshops for surgeons**

The Public Health Ministry, the DPRK Red Cross and the ICRC pursued efforts to improve surgical standards and emergency services at three provincial hospitals, in Hamhung, Pyongsong and Sariwon, and at the city hospital in Kaesong.

The surgical/medical teams of the three provincial hospitals kept up efforts to update/improve the quality of treatment, in pain

management and physiotherapy as well as in other areas. They used ICRC-provided equipment, drugs and other supplies, and drew on the expertise of an ICRC surgical team that worked with them on surgical procedures and provided on-site training/information sessions. Preparations to begin similar activities at the Kaesong city hospital were under way.

Almost 60 surgeons, including 5 from the Korean People's Army, honed their skills in trauma care for orthopaedic injuries at two seminars organized by the ICRC for the first time in the country. Discussions during these seminars led to changes in physiotherapy practice. The directors of the Hamhung, Kaesong and Pyongsong hospitals, along with national staff from the DPRK Red Cross, collected additional knowledge on hospital management during an ICRC-funded study tour to Switzerland, during which they visited Swiss health facilities and had discussions with hospital administrators and health professionals, notably in the areas of infection control, pharmacy management and the use of indicators to manage supplies and human resources.

Patients and staff at all four hospitals benefited from the construction/rehabilitation of facilities/infrastructure; improvements were made particularly to water supply and sanitation, pharmacy storage, operating theatres and special-care units.

### **Disabled people access enhanced services at a DPRK rehabilitation centre**

Some 490 physically disabled persons benefited from treatment and services at the Rakrang Physical Rehabilitation Centre. The centre's surgical annex also carried out amputations and stump revision surgery for 150 military and civilian amputees, using ICRC-donated materials and under the guidance of an ICRC surgical team.

With DPRK Red Cross/ICRC support, the centre's staff worked to improve the quality of treatment/technical procedures. Such support led to improvements in lower-limb amputations, for instance. Two staff members pursued studies in prosthetics/orthotics abroad; physiotherapy assistants and technicians received regular on-the-job training; and workshop staff learnt more about safety and maintenance during in-house training sessions.

The centre improved its facilities, using ICRC material/financial support to repair its roof and bathrooms and to build seven more rooms for patients.

The ICRC made an offer, to the DPRK national health authorities, to expand the assistance programme to other facilities.

### **Disabled people in China avail themselves of treatment/ services at National Society-run centre**

Some 380 patients obtained physical rehabilitation services at the Kunming centre and its Malipo workshop, run by the Yunnan branch of the Chinese Red Cross, which received ICRC material/technical support for improving the functioning/management of the centre. The National Society considered ways to expand the range of services/devices available at the centre, and to improve access to them. To this end, it finalized a promotional brochure, conducted joint visits with the ICRC to key service providers in the province to compare needs with existing services, and developed a plan to fill gaps as needed, particularly in the provision of orthotic devices. It also made preparations to launch a

livelihood-assistance project benefiting patients and Kunming communities (see *Civilians*).

ICRC contact with the health sector in China focused on health issues in detention (see *People deprived of their freedom*); opportunities for partnerships with key actors in the health sector continued to be explored.

With ICRC support, two Chinese military doctors and three DPRK medical staff attended a seminar in Switzerland on treating weapon wounds.

## ACTORS OF INFLUENCE

### Authorities discuss/plan expansion in partnership with the ICRC

Discussions with the region's decision-makers aimed at fostering understanding of humanitarian issues/IHL and gaining support for the ICRC's neutral, impartial and independent humanitarian action. Although progress remained slow, the authorities in China, the DPRK and the ROK worked with the ICRC to follow up matters in which they had expressed interest in 2013, and explored possibilities for initiating/expanding partnerships with the organization (see *Civilians* and *People deprived of their freedom*). The DPRK authorities notably requested ICRC input on dealing with explosive remnants of the Korean War, leading to the organization of a joint seminar on the topic for National Society representatives and senior security officers/specialists from throughout the country; the ICRC's work in the area of weapon contamination, in various contexts, was presented/discussed at the seminar.

Occasions such as the ICRC president's visit to China and events commemorating "150 years of humanitarian action", and other meetings helped reinforce contacts/relationships among the authorities, armed/security forces, civil society representatives, other key actors, the National Societies and the ICRC. The presence of an ICRC representative in Seoul helped strengthen the organization's relations with influential actors in the ROK. Members of the business community and others in China, and ROK government

officials, some of whom the ICRC met for the first time, familiarized themselves with the ICRC's work and with pertinent humanitarian issues at briefings/round-tables.

Government officials and academics exchanged views with their counterparts from the region and elsewhere on advancing domestic IHL implementation, particularly at conferences/workshops linked to the "Strengthening IHL" process or explaining the application of IHL at sea, to cyber-warfare and to new means/methods of warfare. Authorities and National Societies received ICRC advice on drafting/amending emblem or Red Cross laws; the Chinese parliament held countrywide consultations on the latter subject. The Mongolian Red Cross Society's draft of an IHL handbook for parliamentarians was under review.

In the ROK, the authorities, military officials, other parties concerned, the National Society and the ICRC discussed the latter's role in addressing the humanitarian consequences of past conflict.

### Senior military officers add to their knowledge of IHL at an international seminar in China

Armed/security forces in China, Mongolia and the ROK worked with the ICRC to further their personnel's knowledge of IHL and other internationally recognized standards applicable to their duties.

Senior military officers from 62 States – including China, Mongolia, the ROK and, for the first time, the DPRK – discussed the incorporation of IHL in operational planning at a seminar hosted by the Chinese armed forces (see *International law and policy*). After the seminar, the Chinese armed forces and the ICRC discussed other areas of cooperation.

After working on training modules in 2013, the ROK military/ICRC held a workshop for 25 legal officers to equip them to advise commanders on IHL compliance. Provision of educational materials, and ICRC support for developing the IHL teaching skills of 26 instructors, helped the Mongolian armed forces improve their IHL training programme.

WOUNDED AND SICK		CHINA	DPRK
<b>Physical rehabilitation</b>			
Centres supported	Structures	2	1
Patients receiving services	Patients	378	491
	<i>of whom women</i>	79	55
	<i>of whom children</i>	15	16
New patients fitted with prostheses	Patients	37	268
	<i>of whom women</i>	9	22
	<i>of whom children</i>	1	3
Prostheses delivered	Units	214	474
	<i>of which for women</i>	45	51
	<i>of which for children</i>	14	12
	<i>of which for victims of mines or explosive remnants of war</i>	17	4
New patients fitted with orthoses	Patients	1	10
	<i>of whom women</i>	1	2
	<i>of whom children</i>		2
Orthoses delivered	Units	1	18
	<i>of which for women</i>	1	3
	<i>of which for children</i>		7
Patients receiving physiotherapy	Patients	209	439
Crutches delivered	Units		480
Wheelchairs delivered	Units		22

Military/security personnel from China, Mongolia and the ROK learnt more about IHL at local/regional meetings/events, in particular: a course for Mongolian army officers preparing for multilateral training exercises; a regional workshop on IHL at sea (see *Kuala Lumpur*); a workshop in China for People's Armed Police Force students and graduate students in military law; and briefings for ROK civil-military relations officers and Chinese and ROK peacekeepers/military observers.

The Chinese Ministry of Public Security and the ICRC discussed detention-related issues (see *People deprived of their freedom*), but had limited dialogue on law enforcement issues and training initiatives.

### Academics and others learn more about humanitarian principles

University students and lecturers in China, Mongolia and the ROK furthered their understanding of humanitarian issues/IHL through ICRC-donated materials or courses developed by their institutions with ICRC support. Lecturers, along with government/military representatives, also attended intensive courses/teaching sessions held locally or abroad (see *Kuala Lumpur* and *Philippines*), on such matters as sexual violence in armed conflict and issues raised by the Health Care in Danger project.

Students tested their IHL knowledge at national debates and moot court competitions, notably an Asia-Pacific contest organized by the Hong Kong Red Cross, Branch of the Red Cross Society of China, for teams from 22 cities.

Other students learnt about humanitarian principles/IHL through the Exploring Humanitarian Law programme; educational authorities and school administrators in China, Mongolia and the ROK received implementation support from their National Societies/ICRC. In China, the National Society branches in Beijing and Qingdao trained over 70 teachers to facilitate the programme's

expansion to more schools. While reviewing programme implementation, the Jiangsu branch continued to present a modified version of it at university-based Red Cross clubs.

General/specialist audiences accessed materials on IHL and the ICRC in their own languages through online/social media platforms and print/broadcast media. Some journalists enriched their reportage with information acquired during visits to ICRC operations, in Afghanistan and elsewhere.

The Chinese Red Cross branch in Hong Kong and the ICRC worked to establish an IHL resource centre by the end of 2015, and began to discuss the drafting of a joint private-sector fundraising strategy.

### RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies, the ICRC and other Movement partners met regularly, which helped further cooperation in carrying out joint activities and promoted mutual understanding of plans and working methods.

Volunteers enhanced various skills at seminars/workshops, in particular: a course in Hong Kong on working in overseas operations; the first Safer Access Framework workshop in the DPRK; and a Chinese Red Cross/ICRC-organized H.E.L.P. (Health Emergencies in Large Populations) course.

The Chinese Red Cross strengthened its ability to respond to humanitarian needs and promote IHL. Aided by tools/materials provided by the ICRC, it trained staff/volunteers, particularly in restoring family links. As its international role grew, the Chinese Red Cross drew on the ICRC for advice on such matters as working in conflict areas, supporting ICRC operations abroad, and logistics.

The Mongolian Red Cross made progress in reinforcing its legal base by completing amendments to its statutes.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)<sup>1</sup></b>				
Water and habitat activities	Beneficiaries	632		100%
<b>WOUNDED AND SICK</b>				
<b>Hospitals<sup>1</sup></b>				
Hospitals supported	Structures	5		
	<i>of which provided data</i>	1		
Admissions	Patients	150	15	1
	<i>of whom other surgical cases</i>	150		
Operations performed		150		
<b>Water and habitat<sup>1</sup></b>				
Water and habitat activities	Number of beds	450		
<b>Physical rehabilitation<sup>2</sup></b>				
Centres supported	Structures	3		
Patients receiving services	Patients	869	134	31
New patients fitted with prostheses	Patients	305	31	4
Prostheses delivered	Units	688	96	26
	<i>of which for victims of mines or explosive remnants of war</i>	21		
New patients fitted with orthoses	Patients	11	3	2
Orthoses delivered	Units	19	4	7
Patients receiving physiotherapy	Patients	648	93	28
Crutches delivered	Units	480		
Wheelchairs delivered	Units	22		

1. DPRK

2. China, DPRK