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The Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) Belarus, Ukraine, Russian Federation

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After topping the 1997 target of 60,000 examinations, the six mobile laboratories have begun working towards a revised target of 90,000, focused on the detection of thyroid gland diseases, which are showing an alarming increase. Specialised training of laboratory team members continues. The extension of the Psycho Social Support programme into Ukraine and affected areas of Russia is being prepared.

Introduction

Twelve years after its occurrence, on 26 April, 1986, the Chernobyl nuclear accident is still exerting a harmful influence on affected communities and will continue to have negative health effects for several years more. International experts agree that surveillance will be needed for a total of twenty years after the initial accident to detect any new diseases as early as possible. If, during this period, surveillance does not uncover diseases other than thyroid gland cancer in children, any further health consequences are likely to be relatively minor, and monitoring could be reduced.

The Red Cross Chernobyl Programme began in 1990, making the Federation one of the very few humanitarian organisations able to claim such a long-standing commitment to assisting people affected by the disaster.

This commitment has been made possible thanks to the contributions of the Red Cross Societies of Great Britain, Germany, Netherlands and Japan, the European Union through ECHO and others, plus the good working relationship established with the UN co-ordination mechanism for Chernobyl.

International attention has recently focused on providing technical solutions to the economic and environmental problems caused by the accident, with a view to resolving them by the year 2000. The International Federation and the affected National Red Cross Societies are concerned that humanitarian issues, which will continue well beyond this date, will drop from sight, with negative effects on funding, despite the fact that the amount required, 1.3 million CHF per year over a period of nine years, represents only 0.5 % of the total foreseen for the technical solutions.

The crucial importance of securing a sound funding base for the Programme was a key issue at the extended ICCC (Red Cross International Chernobyl Co-ordination Committee) meeting, held in Kiev

11-13 March. The meeting, which brought together representatives of National Societies, ministries and multilateral institutions, confirmed the urgent need for a long term commitment from both international donors and local governments to the Programme. It also affirmed the importance of commitment to efforts to raise a greater proportion of the resources required from local sources.

A critical factor in the success of the programme has been the continuous involvement of governments and communities in all of its aspects, from the planning stages to the day to day management. It has also strengthened the National Red Cross Societies and their capacity to formulate and address the needs of the most vulnerable, and is thus playing a role in reinforcing civil society.

The context

Since June 1990 of the Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) has made health screening available to hundreds of thousands of people in contaminated areas of Belarus, Russia, and Ukraine. In 1996, after a Federation evaluation, a new Plan of Action was adopted during an International Chernobyl workshop held in Gomel, Belarus. The Plan advocated increasing thyroid gland screening from 60,000 to 90,000 people per year and the introduction of a psycho-social support programme. Six new Mobile Diagnostic Laboratories (MDLs), which in 1997 replaced those functioning since 1992, facilitated the increase in examinations. Three new MDLs are operating in Belarus, two in Ukraine and one in Russia. The Chernobyl Programme also distributes milk powder and vitamins among children living in radiation-contaminated areas.

The Psycho-Social Support (PSS) Programme aims at assisting the population living in contaminated territories to overcome stress and anxiety related to radiation. Psycho-social support tools and simple, reliable and accessible information help the community to cope with the disaster. Initiated in Belarus in 1997, the Programme is implemented through the visiting nurses service of the Belarus Red Cross. In 1998, the PSS is to be evaluated and expanded into contaminated areas in Ukraine and the Briansk region of the Russian Federation.

The Red Cross Programme is unique in that it serves the population *on the spot* - especially in remote areas. It provides instant medical information and referrals, and is available to both adults and children.

Red Cross/Red Crescent action

Medical examinations/screening •

In 1997, six Mobile Diagnostic Laboratories (MDLs) including a newly established MDL in the Brest region of Belarus, examined 60,648 people (20,765 adults and 39,883 children) who live in Chernobyl contaminated areas of Belarus, Ukraine and Russia. The target figure of 60,000 people was reached thanks to the Brest MDL, operational from the end of October 1997. In previous years, the numbers examined were 55,571 in 1995 and 59,630 in 1996.

These figures are no mean achievement, if the MDLs' working conditions are taken into account. Teams are "on the road" five days out of seven most weeks of the year. In winter, which lasts five months, they have to contend with long drives over hazardous country roads and rudimentary accommodation in remote villages.

The general health situation in contaminated areas remains complex. The number of persons who were diagnosed with one or more symptoms of illness increased. From 1996 to 1997, it rose from 67,7% to 70,1%. However, this percentage must not be seen as applicable to the whole population as areas screened are not the same each year. In some regions the increase appears more significant (a detailed breakdown is given in the medical report, which will be provided on request).

In 1997, the MDLs referred 8,133 adults (39,2%) and 11,829 (43,4%) children for further diagnosis/treatment. Further on the spot treatment was prescribed to 11,026 people (4,212 adults and 6,814 children).

Most of the diseases reported concerned the respiratory, digestive, circulatory, nervous and endocrine systems. Worrying results were obtained concerning thyroid gland diseases, such as nodular goitre, thyroiditis, etc. In 1997, 879 adults and 114 children were referred to specialised hospitals for biopsy and hormones research due to suspected thyroid cancer. The diagnosis was confirmed in 2 children and 17 adults. In 1996, six thyroid gland cancers were identified by the MDLs.

Multivitamins and Milk Powder •

In 1997, within the framework of CHARP, 15 million multivitamin tablets funded by the Danish Red Cross were distributed among children in the contaminated areas. Similarly, 39 tonnes of milk powder funded by ECHO (European Community Humanitarian Office) were delivered to children through kindergartens and schools. Restrictions in consumption of local milk, berries and mushrooms have reduced the intake of traditional foodstuffs and led to vitamin deficiency, especially in children. The supplies of vitamins and milk powder are therefore of particular importance in improving nutritional status since they have a considerable influence on the immune system, organs connected with blood production and other systems weakened by radiation.

This year vitamins complemented with stable iodine and vitally important micro-elements such as calcium, zinc, copper and potassium will be distributed to the same target groups. Primary attention is paid to children suffering from diseases of blood and blood producing organs involving the immune mechanisms, and diseases of the endocrine system, and digestive and respiratory organs.

Training •

The MDL staff required extensive training in order to use the new Mobile Labs and their equipment. Training workshops were held for computer operators, lab technicians and ultrasound doctors. Three of the MDL team leaders are currently undergoing training in Japan, and will be followed by the other three later this year. A training workshop for endocrinologists is planned for mid 1998. All the workshops, which are sponsored by the Japanese RC, were held in the Belarus Republican Dispensary of Radiation Medicine, which deals with the medical consequences of Chernobyl.

Last year a workshop for all MDL staff and regional RC Chairpeople was organised to facilitate the exchange of experience, evaluate the results of the year and elaborate an implementation strategy for the new phase. A similar workshop is planned for 30 March - 3 April 1998.

Psycho-Social Support •

The Psycho-Social Support (PSS) Programme aims to help affected communities gain self confidence and enable their members to take appropriate decisions based on relevant information. Psycho-social support "tools" (techniques) together with simple, reliable and easily understood information should assist the community in easing the accumulated psychological stress and coping with fears and anxiety related to radiation.

The programme started in 1997 with a Pilot Project in Belarus. Its first practical goal was the creation of a core of "Trainers" who would then share their knowledge with their Red Cross colleagues (Visiting Nurses) working in the community. Sixteen trainers were prepared at the first "Training of Trainers Workshop" held in May 1997. The Workshop surveyed the health and psychological after-effects of the Chernobyl accident, introduced the concept of psycho-social support, and gave training in the PSS tools (such as "active listening, how to

deal with anxiety/crisis, reversing trends from passive to active attitude," etc.) as well as providing methodology on sharing of knowledge.

The Programme's second stage was to spread the PSS tools among numerous RC social workers for use in their daily activities at community level. This is done through one day workshops conducted by the trainers for their colleagues: 19 sessions have been held to date.

As the PSS activities were new, the trainers' knowledge needed upgrading, to evaluate the first results and permit consultation with psychologists on the programme's further implementation. The follow-up workshop for instructors was held in December in Belarus. An evaluation of the Pilot project in Belarus is planned for June 1998. The extension of the programme into Ukraine and affected oblasts of the Russian Federation, planned for this year, will start with a five-day Training of Trainers workshop at a date still to be fixed.

Incidence of thyroid gland cancer

Regions	1974-1985		1986-1997	
	Adults	Children	Adults	Children
Belarus	1,381	8	5,034	574
Ukraine (Zhitomir, Rovno regions)	*n/a	n/a	765	45
Russian Federation (Bryansk region)	n/a	n/a	1,032	89

*n/a = not available

Screening activities in Belarus

Region	Name of Institution					
	Minsk Delegation MDL Screening		Dispensary of Radiation Medicine		Sasakawa	
	Adults	Children	Adults	Children	Adults	Children
Gomel	3,576	5,648	1,671	3,586	0	0
Mogilev	5,822	6,933	0	0	424	3,412
*Brest	636	1,473	324	2,399	0	0

*Brest MDL started to operate on October 20, 1997.

Outstanding needs

The database software needs to be updated in order to effectively process statistics collected by the MDLs. An adjustment is expected soon.

Local experts should participate more actively in the Chernobyl Programme. This would help increase the efficiency of the new Programme phase as well as allowing a timely adaptation to circumstances. From 1992-94, local experts contributed considerably to the programme's current effectiveness.

The MDL teams from Gomel (Belarus) and Zhitomir (Ukraine) need endocrinologists, particularly before the training workshop.

External relations - Government/UN/NGOs/Media

The Red Cross Chernobyl Programme collaborates on screening with similar state health care programmes. In 1997, the following documents were signed: Memorandum of Understanding between the Federation Delegation, the National Societies of Belarus, Ukraine and Russia and the corresponding Ministries of Health; Agreement on co-operation between the Red Cross Regional Committees, partner medical institutions and the Minsk Delegation. The documents cover general matters of joint activities of the above institutions and prevent duplication of screening by different programmes in the same area. In addition, the Red Cross Programme maintains close contacts with WHO, UNICEF and the Sasakawa Foundation on screening issues.

The Red Cross Chernobyl Programme has evoked keen interest among the media. Numerous interviews have been given about the CHARP to television, radio and newspapers. Publicity materials, such as fact sheets, news releases and posters always carry donors' names to maintain public awareness of Red Cross activities and donor institutions. Nearly every event in CHARP -- the arrival of new MDLs, PSS components, training workshops etc. -- have all been covered by the local media.

Contributions

See Annex 1 for details.

Conclusion

The Red Cross Programme is unique in providing the population with a vital service which cannot be provided by state medical services in the current economic climate - particularly in remote areas. Since 1992, the MDLs have examined more than 300,000 people. About 40,000 patients were referred for further examination or treatment. Many lives have been saved. Hundreds of thousands of children living in contaminated areas have received milk powder and multivitamins within the framework of CHARP.

Although numerous organisations undertake scientific research on the effects of the Chernobyl accident, the Red Cross Programme, with its intrinsic humanitarian role, is most able to help the vulnerable and provide immediate assistance.

Experts forecast that the incidence of thyroid gland cancer will remain high in the age group that was between 0 and 2 years old at the time of the accident. This bleak prognosis, combined with a deterioration in living conditions and a drastic reduction in health and social welfare services throughout the former Soviet Union, point to a clear and compelling need for the Programme to continue.

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