

# **CHERNOBYL HUMANITARIAN ASSISTANCE AND REHABILITATION PROGRAMME (CHARP): BELARUS, RUSSIAN FEDERATION AND UKRAINE**

25 January 1999

*appeal no. 20/97*

*situation report no. 3 (final situation report)*

*period covered: May - October 1998*

---

*The new phase of the Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP) became fully operational during the first quarter of 1998. Over 58,000 persons were medically screened during the first nine months of the year with indications that confirmed cases of thyroid cancer in adults and children are significantly higher than last year's totals. The programme has been particularly successful in providing training of endocrinologists in Belarus and abroad, implementing the psycho-social support component with training in Belarus and the Ukraine, as well as with the distribution of medicine. With the excellent response to the Appeal (over 200% coverage), priorities now include expanding the programme and its components, and addressing long-term funding issues. The excellent response has provided a significant carry-over into the 1999 CHARP, but there remains a considerable need on the part of donors for a long-term funding commitment to the programme.*

---

## ***The context***

The explosion of the Chernobyl nuclear power plant on 26 April, 1986, resulted in the world's worst nuclear accident, contaminating an area of about 120,000 square kilometres in Belarus, Ukraine, and the Russian Federation. Twelve years after the incident, the programme is still identifying diseases in the community related to the disaster, and the negative health effects of the radiation are expected to continue for years to come. International experts agree that monitoring to detect any new diseases will be needed for a total of twenty years after the initial accident. If no new diseases are revealed during this period (other than thyroid gland cancer in children), any further health consequences are likely to be relatively minor and monitoring could be reduced.

The Federation is one of the very few humanitarian organisations who can claim a long-standing commitment to assisting people affected by the disaster. Since its inception in 1990, the programme has evolved significantly, providing screening of food supplies and the surrounding environment through radiometric testing, distributing measuring equipment (dosimeters), procuring and transporting six mobile diagnostic laboratories (MDL's) based in six affected regions, monitoring background radiation,

providing medical examination to adults and children in remote areas, and distributing basic health information to the population.

In 1996, an International Chernobyl workshop was held in the contaminated town of Gomel, Belarus on the eve of the 10th anniversary of Chernobyl accident. A new Plan of Action was drafted, aiming to increase thyroid gland screening from 60,000 to 90,000 people per annum, and to develop a psycho-social support programme. Six new Mobile Diagnostic Laboratories (MDL's) which were installed in 1997 have facilitated the planned increase in examinations. Three MDL's operate in Belarus, two in Ukraine, and one in the Russian Federation. By increasing early diagnosis, the new machines will effectively deal with the most alarming after-effects of the accident - thyroid gland cancer in young people.

Since early 1997, the Psycho-Social Support (PSS) Programme has been part of the CHARP in Belarus, aiming to assist the population in contaminated territories to overcome radiation-related stress. PSS tools and simple, reliable and easily understandable information should help the community to cope with the disastrous impact of a stressful situation. The Programme has been implemented through the Visiting Nurses Service and the Belarus Red Cross. In the future, the PSS is planned to be expanded to the Chernobyl-affected regions in the Ukraine and the Russian Federation.

In addition to its core medical screening and psycho-social support activities, the CHARP distributes milk powder and vitamins among children in contaminated areas, as well as some medicine, including L-thyroxine for people with thyroid gland conditions.

## ***Latest events***

### ***Belarus***

According to recent technical assessments, the number of oncological diseases in children in the Gomel region (which is the most seriously affected area) has increased by more than 60%, blood diseases by 54%, digestive organ diseases by 85%, and psychological disorders have doubled. According to the Deti Chernobyl (Chernobyl Children) Belarusian Committee, 89% of nursing mothers tested in Belarus have higher than normal levels of caesium, 81% have excessive levels of strontium, and all have unhealthy levels of lead in their breast milk. As of September 1998, a thousand children and 3,000 adults in the country have undergone thyroid surgery, and 20,000 people in Minsk have been diagnosed with thyroid cancer. 60% of the children in Gomel have cardiac arrhythmia, and many schoolchildren from contaminated areas have symptoms of mental disease.

At a November 3 conference on Chernobyl, Belarusian President Alexander Lukashenko indicated that the Belarus Government intends to alleviate the effects of the accident by the year 2000. Despite economic hardships, the Belarussian Government will spend 2.2 percent of the country's GDP on mitigating the ill-effects of the accident. The president expressed gratitude to countries and organisations who had provided almost USD 200 million in humanitarian aid.

### ***Ukraine***

The USD 4 million USAID-funded project "Chernobyl Childhood Illness Programme" (CCIP) was officially launched on July 7 in Kiev. The Project will allow the procurement of improved equipment, providing medical workers in the Ukraine with an opportunity to treat those children who have thyroid cancer and psychological problems. Based on analysis carried out by the Director of the Ukraine's Institute of Endocrinology and Metabolism, the peak of the disease will occur in 5-7 years.

## ***Red Cross/Red Crescent action***

### Medical examinations w

The table below summarises the results of medical screening performed by the 6 MDLs during the first 9 months of 1998.

MDL	Number of examined	Including			Including		
		Adults	Sick	%	Children	Sick	%
BREST	10,961	7,014	4,729	67,4	3,947	3,103	78,6
GOMEL	9,301	5,057	3,293	65,1	4,244	2,718	64,0
MOGILEV	11,135	5,552	4,492	81,9	5,583	3,481	62,3
BRYANSK	5,493	2,600	2,319	89,2	2,893	2,587	90,5
ZHITOMIR	9,980	3,198	2,684	83,9	6,782	5,211	76,8
ROVNO	11,221	2,085	1,483	71,1	9,136	5,073	55,5
<i>TOTAL</i>	58,091	25,506	19,000	74,5	32,585	22,173	68,0

Special attention was paid to thyroid gland screening. Out of the total number of those examined and found to be sick, 14,708 adults and 15,643 children have been diagnosed as having various types of thyroid illnesses. As a result of the MDL examinations, 2,069 adults and 518 children were referred to specialised medical institutions for further examination to detect thyroid cancer. 46 cases of thyroid cancer have been confirmed in adults, and 5 cases in children, significantly higher than in normal conditions.

### Training w

In May, 1998, six endocrinologists started an advanced training course in the Republican Dispensary of Radiation Medicine. The leading specialists of the dispensary shared their knowledge on the medical consequences of nuclear accidents, with a primary focus on the thyroid gland.

Three ultrasound doctors from the MDL's of Brest, Gomel, and Rovno have received invitations from the Japanese Red Cross to undergo training in Japan in January-February 1999. This programme was initiated with the training of three doctors in Japan in January-March 1998.

### Supplies w

ECHO has contributed a supply of several basic drugs, including aspirin, paracetamol, metociopramide, pyrantel pameate, and 1,000 packs of L-thyroxine (a medication to overcome consequences of thyroid gland cancer). The medical supplies also included blood lancets, ultrasound gel, capillary blood tubes, and other items needed for the MDL medical examinations. Distribution of L-thyroxine was targeted for the most vulnerable people who are vitally dependant on the medication. Other medication was distributed via the Red Cross Medical and Social Welfare Centres and hospitals in the contaminated areas, dealing with the most socially unprotected population. The delivery and distribution of these supplies has received extensive local media coverage.

### Psycho-Social Support (PSS) w

Skills relevant to stress management are disseminated among Red Cross workers within the framework of PSS. These include active listening and sharing of experiences aimed at improving people's understanding of the situation. In May 1998, five workshops for Red Cross visiting nurses and volunteers were held in the Gomel and Brest regions of Belarus, each involving 10-15 people. The workshops were conducted by local instructors who had completed the first training course in 1997. A Stress Management Workshop was held on June 18-22 for the Belarus Red Cross staff working in Chernobyl-affected areas. It is expected that this training will provide the skills to manage courses for approximately 600 people who suffer from the traumatic events and severe stress in contaminated areas.

In accordance with the attempts to work out a new concept of the psycho-social support programme, Mr. Komov, CHARP's Medical Co-ordinator, and Mr. Otchik, PSS Co-ordinator, made a visit the

Belorussian-Dutch Health Centre in Gomel, an institution providing psycho-social assistance to the people affected by the Chernobyl disaster. In the course of the meeting in October with the staff of the Centre, it was stressed that the affected population needs more psycho-social support. Both sides agreed that one of the ways to achieve this is to include psychologists (whenever possible) on MDL teams.

Plans are under way to expand the PSS in contaminated areas in the Ukraine. Discussions were held with the Ukrainian Red Cross, and the first PSS workshop for Red Cross members and staff was held in Zhitomyr from 26 - 28 November, 1998.

### **Other events w**

At the International Chernobyl Coordination Committee (ICCC) meeting in June 1998, the President of the Russian Red Cross stated that there was a need to extend CHARP to the Orel Oblast region. An evaluation mission confirmed this, and proposed setting up additional MDL's in Orel Oblast. While increasing the number of MDL's is positively considered, a more difficult aspect of the programme is receiving a commitment from the donors to cover the mid to longer-term running costs of the screening laboratories.

In October, the Minsk Delegation issued the first edition of a quarterly CHARP Newsletter which was distributed to local Ministries, diplomatic missions, non-governmental institutions, participating National Societies, local Red Cross branches, and other organisations.

## ***Outstanding needs***

Receiving timely feedback from the specialised medical institutions where people suffering from thyroid pathologies are referred by the MDL's remains a constraint. Since the histological and other analysis often take up to one month to complete, it is quite difficult to receive the final diagnoses on a timely basis. Methods to improve this constraint need to be considered. The fact that the programme is also intended to be implemented until the year 2008 implies that the difficulties encountered in covering the mid to longer-term running costs of the MDL's needs to be urgently addressed.

An internal assessment on the PSS needs to be undertaken, including focusing on improved ways to work with the conclusions reached by the French evaluation expert.

## ***External relations - Government/UN/NGOs/Media***

A representative of the Japanese Red Cross visited Belarus in the middle of July to assess CHARP activities and those of the Belarus Red Cross. According to Mr. Naoki Kokawa, the Director of the International Relations Department, the Japanese Red Cross is discussing increasing its financial participation in CHARP in the future.

CHARP Co-ordinators participated in the first international symposium on thyroid gland cancer, held from July 20-23, in Cambridge, UK. Two conclusions of the symposium were: experience indicates more time is needed to draw conclusions on the long-term affects of the radiation; and medical screening provided by the Red Cross-procured MDL's provides effective support which complement monitoring of the affected population, particularly in remote villages with limited access to health care.

At the beginning of October, Red Cross representatives (both from the Federation and the Ukrainian Red Cross) met in Kiev and Volyn Oblast (Ukraine) with Dr. George Contis, President of Medical Service Corporation International (MSCI) on possible collaboration in Ukraine. MSCI has received a contract from USAID to develop a screening programme in the Chernobyl-affected areas. Previous contacts with Dr. Contis indicated that MSCI might provide two additional MDL's to be based in Chernigov and Volyn Oblasts. Discussions are underway to explore further MSCI assistance and interventions.

## *Contributions*

See Annex 1 for details.

## *Conclusion*

During the reporting period, a new CHARP phase was initiated, gradually increasing the number of medical check-ups, focusing on the thyroid gland examinations, as well as trying to improve and expand the PSS. Six new MDL's are now fully operational, providing high quality examinations to the people in the Chernobyl-affected areas. CHARP is now supplying additional medication, including L-thyroxine (essential for people with thyroid gland illnesses) which is not produced locally, nor available on the local market. The funding also allowed for the procurement of medical consumables, milk powder and vitamins as well as a one time procurement of drugs delivered upon special request. Lastly, the funding allowed for the creation of a small stock of some medical items which will last several months into the new year.

At the first International Seminar "Radiation and Thyroid Cancer" held in July, 1998 at Cambridge University, experts from research and scientific centres in the three countries participating in CHARP, as well as scientists from other countries, provided a bleak assessment, indicating that the illness would peak in 2005-2010. This forecast, along with the generally deteriorating economic conditions and the drastic reduction in health and social welfare services, indicates a clear and compelling need for the CHARP to continue. Given the extended time-frame, the Federation remains very concerned with regards to funding (particularly of the MDLs), and the need to secure continued donor support and new commitments until 2008 not only for technological and economic interventions but also for a continued humanitarian response for those affected by the disaster.

Local Governments are not capable of providing medical services of this type and quality for persons residing in the Chernobyl-affected areas, and the CHARP will therefore remain a crucial factor in providing urgently required medical and psycho-social assistance in the years to come.

An annual report will be submitted by April 30, 1999.

Peter Rees-Gildea  
Director  
Operations Funding and Reporting Department

Renny Nancholas  
Director  
Europe Department

**This and other reports on Federation operations are available on the Federation's website: <http://www.ifrc.org>**