

International Conference
Chernobyl: looking back to go forwards

Towards a United Nations Consensus on the
Effects of the Accident and the Future

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Opening speech

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First of all I would like to bring you the greetings and the apologies of the WHO RD for Europe dr. Marc Danzon who for unpredictable, last minute impediments has not been able to attend the Conference.

Twenty years ago the Chernobyl accident has hit the heart of Europe with what has been defined as the greatest "nuclear catastrophe in human history" (IAEA).

When the severity of the accident became clear, affecting million of people and involving many nations, we in WHO initiated a 20 years effort to be next to the countries in their attempt to respond first to the emergency and then to address the health effects of the radiation exposure at the scientific, technical, policy and humanitarian levels.

The first WHO response was immediate. Already on May 6 1986, 10 days after the accident a group of leading experts in radiation science was convened in Copenhagen by WHO/EURO to assess the situation and prepare recommendations. On May 10 the WHO DG informed the WHA of the actions being taken by the organization. In June 1986, WHO EURO convened a meeting in Bilthoven, NET for making provisional estimates of the doses of radioactivity received by the population in Europe and the USSR. Many questions needed to be addressed: how large was the population exposure, which diseases were expected or had already occurred, which interventions and actions could mitigate the consequences of the exposure in the people, in other words what could be done concretely to help support the affected countries to respond to the need of the communities hit by the disaster.

In 1990, the WHO International Programme on the Health Effects of the Chernobyl Accident (IPHECA) was launched. The programme aimed at assisting national health authorities in Belarus, Russia and Ukraine to address the health consequences of the accident and improve the scientific understanding of the effects of radiation exposure. The programme lasted until 1998 and was mostly supported by the generous contribution of the Japanese government which we would like to acknowledge in this special occasion.

In the meantime, the health effects of the accident became manifest, somehow earlier and differently than previous knowledge in radiation science had predicted. A WHO/EURO mission early in 1992, gathered the first data on the early increase of thyroid cancer among children exposed to radioactive iodine at the time of the accident. These data, which were promptly published in the international literature, were later confirmed by further observations. Subsequently WHO EURO launched a programme named International Thyroid Project, with the generous support of Switzerland and other countries to follow up the investigations on the increase of thyroid cancer and support an effective medical response.

At the end of 1991, a meeting organised in Solothurn, SWI addressed among other issues, the psychosocial consequences of the disaster drawing attention on the role of risk communication and credibility of the information in the aftermath of an environmental accident. This was somehow a relatively new perspective, whose impact was not properly considered initially both at the national and international level.

In most recent years, WHO continued to support the international efforts to help the affected countries through programmes addressing scientific, epidemiological and clinical issues.

These additional efforts were complemented by the activities carried out in the framework of the Bilateral agreements and collaboration of WHO with the countries aiming to provide technical assistance for the implementation of the National Environmental Health Action Plans and the reform of the public health systems.

Along the years, the estimates of the health effects of the accident have ranged enormously and this uncertainty has contributed to increase the alarm in the affected communities as well as the sense of hopelessness towards a threat to health which was there, was perceived as uncontrollable, threatening present and future generations. We have to recognise that in many cases Chernobyl has become the "explanation" for a number of problems, indeed attributable to broad public health causes and aggravated by the difficult political, economical and social transition that the affected countries have gone through over the past years.

In this respect, the work carried out by the Chernobyl Forum represents a true breakthrough. It finally sets a solid and shared evidence base reference for the evaluation of the real impact of the Chernobyl accident on health, environment and society. We have to thank the thousands of scientists and public authorities in the countries and international organizations that over the years have made this assessment possible through their daily efforts, gathering data, treating patients and accumulating the knowledge that was necessary to move away from myths and perceptions.

The health study provides the number of deaths, thyroid cancer cases, leukaemia and other diseases which are attributable to the radiation released at the time of the accident. These numbers shed light on the extent of human suffering and death that this environmental catastrophe has had on people. It has been argued that the health impact is much lower than predicted in earlier years. While this is true, we should not convey the message that then the health consequences of Chernobyl have been mild or acceptable. These thousands of deaths and cancers are in any case an unacceptable price paid by these communities to economic development.

On top of these deaths and illnesses, the largest quantitative impact on health of the Chernobyl accident in terms of number of people affected is on mental health. Exposed populations have anxiety levels that were twice as high as controls and they were 3-4 times more likely to report multiple unexplained physical symptoms and subjective poor health than were unaffected control groups. Overall mental health problems manifest as negative self assessment of health, belief in a shortened life expectancy, lack of initiative, and dependency on assistance from the state. The report attributes these problems to a lack of accurate information at the time of the accident and afterwards.

This level of psychosocial impact was unexpected. The Chernobyl accident has been perhaps the first case showing to this extent the importance of public communication on public health risk management not only for ethical and political reasons, but also as an instrument to prevent public concerns, health effects, and long term expensive studies. In the recent years several health crises were amplified or even caused by a wrong or dramatised perception of risk, often associated to lack of confidence in national and local authorities. Chernobyl has shown us how dramatic and how large this impact can be on the health, social and community welfare. Recent worldwide alarms, such as that associated with SARS, have certainly

benefited from the Chernobyl lessons in the way the information were handled and managed with the public and the governments.

The report of the Chernobyl Forum poses the basis for future actions. It stresses the need to move the policy agenda from the Chernobyl related needs towards a more holistic view of the requirements of the individuals and communities concerned. This would allow in the affected areas the transition from a dependency culture towards broad developmental policies. International efforts can only be effective if they will support and amplify this need and act as a lever for change.

The impact on mental health of the Chernobyl accident continues to represent the main challenge for public health. In order to deal with it, affected areas and populations, especially in rural areas, media and NGOs need to be reached with accurate and credible information. This is a clear, although challenging, priority for all actors, both at the international and national level to overcome the lack of credibility that spread in the affected communities. Putting the radiation risks in proper perspective would allow public health authorities and citizens to address resources towards pressing public health problems of these communities which lie in poor diet and lifestyle factors such as alcohol and tobacco as well as poverty and limited access to primary health care.

However, specific health needs of the affected populations will continue to require attention and follow up such as medical care of the workers who recovered from Acute Radiation Syndrome and other highly exposed emergency workers. Populations' subgroups known to be particularly sensitive (e.g. children exposed to significant amounts of radioiodine or who resided in 1986 in the areas with radioactive fallout) should be considered for screening of specific outcomes, such as thyroid cancer, keeping in mind the cost/benefit of each programme. Population health should continue to be monitored through cancer registries and follow up studies to describe trends and address priorities

Mr. President, Ladies and gentlemen,

The impact of the Chernobyl accident on health has been dramatic but different than expected. It has posed a tremendous health, social and economic burden on the people of Belarus, Russian Federation and Ukraine. Now the picture of the impact of the accident on health and environment is clearer and the agenda can further move towards development and focussed health programmes. The work of the Chernobyl Forum which allowed this important objective to be reached is an example of the multiplied added value that different UN agencies working together may achieve when addressing in an independent, comprehensive and credible way complex problems affecting large communities.

This model should be the basis for future action with the member states towards reconstruction, development and better health.