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Held at the Palais des Nations, Geneva,
on Thursday, 22 July 1993, at 10 a.m.

President: Mr. SOMAVIA (Chile)

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Strengthening of international cooperation and coordination of efforts to study, mitigate and minimize the consequences of the Chernobyl disaster

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The meeting was called to order at 10.35 a.m.

STRENGTHENING OF INTERNATIONAL COOPERATION AND COORDINATION OF EFFORTS TO STUDY, MITIGATE AND MINIMIZE THE CONSEQUENCES OF THE CHERNOBYL DISASTER (agenda item 8) (A/48/218-E/1993/96)

Mr. ELIASSON (Under-Secretary-General for Humanitarian Affairs and Coordinator of International Cooperation for Chernobyl) briefly described his recent mission to Belarus, the Russian Federation and Ukraine; the trip had shown him that, seven years after Chernobyl, the consequences of the tragedy were everywhere and made it indispensable to continue international cooperation to help the people struck by the tragedy.

However, as the weak response to the Pledging Conference of 1991 had shown, a new approach to cooperation had to be worked out. International efforts should be based on a serious evaluation of the situation and a consistent strategy, prepared in close cooperation with the States concerned, which should be expected to show greater openness on issues of nuclear safety. That trend was encouraged by the political upheavals that had recently taken place in those countries.

A meeting in Kiev in November 1992 with representatives of the three Governments had laid the foundations for that new form of cooperation, which focused on specific projects. The participants had defined several priority areas for action: health, socio-psychological and economic rehabilitation and agriculture. Subsequently, the Inter-Agency Task Force for Chernobyl had met in Geneva in April 1993 to take stock of projects in those areas and the results achieved so far. Through its International Programme on the Health Effects of the Chernobyl Accident (IPHECA), the World Health Organization had thus provided essential medical equipment and services for the screening, diagnosis and treatment of thyroid cancers in children in the affected areas.

Another example was the project being implemented by the FAO/IAEA Joint Division, with funding from the United Nations Chernobyl Trust Fund, which aimed at reducing the radioactive contamination of milk and meat in grazing animals in the affected areas. The project was still in the experimental stage, but according to results achieved so far, an annual investment of several thousand dollars had been estimated as having saved the Government of Belarus tens of millions of dollars. The project was scheduled for implementation in all three affected States in 1993.

The Task Force agencies attending the meeting had also submitted priority projects with clear-cut time-frames, to be financed from their regular budgets and from extrabudgetary funds, with the following objectives: research on and treatment of thyroid cancer in children; establishment of nine psychological rehabilitation centres, for which financing had already been secured; registration, diagnosis and treatment of the 800,000 or so workers who had cleaned up and decontaminated the Chernobyl site and who were living at present throughout the territory of the former Soviet Union; and creation of an economic and social development area in the Russian Federation initially, and then in Belarus and Ukraine.

On 26 May 1993, a meeting had taken place in Minsk with the ministers of the three countries in charge of Chernobyl relief. The talks had been very productive and it had been decided to continue that type of high-level meeting once or twice a year. The participants had conducted an extensive and detailed analysis of the state of international cooperation on Chernobyl and agreed on the need for strengthening international cooperation, according to the new project-oriented approach. In particular, they had called for a more effective division of labour and better coordination among the partners, with the United Nations acting as a catalyst. There had also been general agreement on the need for a flexible funding strategy which would seek financing on a bilateral, regional and multilateral basis to complement the resources of the United Nations system. The participants had also decided to focus all their efforts on priority projects to meet the needs of the affected population in the three countries, to establish a Quadripartite Committee on coordination between the national authorities and the United Nations system, to encourage the specialized agencies to incorporate activities relating to Chernobyl into their programmes and to request the Director-General of the World Health Organization to consider the possibility of a project on the study and treatment of the health of the persons who had taken part directly in cleaning up the site.

The Minsk meeting had also endorsed the new strategy of the United Nations system as the most realistic approach to mitigating the consequences of the Chernobyl disaster. In order for its results to be effective, however, the international community should provide appropriate assistance, out of enlightened self-interest.

Mr. VAN CRAEN (Belgium), speaking on behalf of the European Community and its member States, said that, although international aid - lower than expected, for all that - made it possible to run a few small projects aimed at mitigating the effects of Chernobyl, the most significant efforts had been made in the regional framework, especially with regard to nuclear safety. The Lucerne Conference held recently had devoted part of its work to that question. The European Community, as part of its Technical Assistance programme, had granted aid in the amount of 60 million ECUs to the Russian Federation and Ukraine in 1992. It had also supported the establishment by EBRD of the Multilateral Fund for Nuclear Reactor Safety and Radiation Protection to which it contributed in the amount of 20 million ECUs. In addition, several member States of the Community were providing substantial bilateral aid to the three affected countries.

The European Community obviously attached special importance to work done under the auspices of the United Nations, but it had to be acknowledged that, until recently, the attitude of the three countries in question, which were not in a position to define their needs and projects, had been a serious obstacle. The quadripartite meeting held in Minsk in May 1993 had represented definite progress in that regard. The three participating countries had accepted the principle of an intervention strategy based on the implementation of very specific projects in several areas, including health, where it had to be admitted that a more sustained international effort was essential. They had also indicated their desire to show greater transparency in their nuclear energy policies.

As part of that new approach, it was advisable, especially in view of the extent of European assistance, that the Community's programmes should be better coordinated with those of the United Nations system in order to bring about a better division of labour that would take comparative advantages into account and make it possible to avoid duplication. In that connection, the Community awaited with interest the report to be submitted by the Secretary-General to the General Assembly at its forty-eighth session, which would contain an overall evaluation of the activities carried out under United Nations auspices. A detailed assessment of the activities of the United Nations Coordinator, whose functions had been transferred to the Department of Humanitarian Affairs, would be particularly useful, given the decision to be taken by the General Assembly at its forthcoming session.

The Community, for its part, wondered whether it was necessary to keep that item on the agenda of the Council and Assembly sessions year after year, since the attrition effect could only defeat the purpose of assistance for the victims of Chernobyl.

Mr. MARDOVICH (Belarus) said that everyone knew what consequences Chernobyl had had for his country, the hardest hit in the region. Unfortunately, Belarus which was a country in transition in every respect did not have sufficient resources to deal with them. Tensions were therefore very high among the 2 million persons or so who were from the contaminated zone, who knew that they were being exposed to oncological, endocrinological, cardiovascular, digestive, haematological and psychological illnesses, in addition to genetic diseases. In one region, between 1988 and 1992, the number of cases of thyroid cancer in children had been multiplied by 75, often metastasizing rapidly. The immune systems of all children had been weakened, and that exposed them to all sorts of diseases.

The Under-Secretary-General for Humanitarian Affairs and United Nations Coordinator of International Cooperation on Chernobyl had given an accurate description of the international community's activities to mitigate the effects of the Chernobyl disaster. It was hoped that that concerted action, which had already produced results, could be conducted even more effectively in the future. The hopes initially placed in United Nations action had probably been somewhat naive and it was disappointing that, despite the resolutions adopted by the General Assembly and the Economic and Social Council, the capacities of the United Nations system were not being used to the full. Belarus therefore hoped that the new United Nations Coordinator would improve the situation and especially strengthen the role of the secretariats.

Nevertheless, the Inter-Agency Task Force, meeting in April in Geneva, had noted encouraging progress and the United Nations Coordinator had seen what measures had been taken when he had visited the disaster-stricken areas in late May. The quadripartite meeting in which he had taken part in Minsk on 26 May, with representatives of the three affected countries, had been particularly constructive: after conducting a detailed analysis of the situation, the participants had decided to stress the priority projects, to establish a quadripartite coordination committee with the participation of the three States and the United Nations Coordinator, to identify possible sources

of funding on a bilateral, regional and multilateral basis and to encourage the incorporation of the Chernobyl problem into the regular activities of the specialized agencies of the United Nations system. The participants had also requested the Director-General of the World Health Organization to review the possibility of beginning a project on the people who had taken part in the clean-up of the area immediately after the accident.

More generally, the World Health Organization's International Programme on the Health Effects of the Chernobyl Accident (IPHECA) should be continued, as should the projects being carried out by UNESCO. International action must be capable of coping with that extraordinary accident, which was a lesson for countries throughout the world. Belarus would therefore like to see the question continue to be studied periodically by the United Nations and specialized agencies and hoped that everything possible would be done to strengthen the secretariats concerned.

Unfortunately, the financing of the projects undertaken was still particularly uncertain. Whereas hundreds of millions of dollars would be necessary, in 1991, there had been less than \$1 million in contributions to the United Nations Chernobyl Trust Fund and some \$8 million in bilateral contributions. The United Nations and the three disaster-stricken States would therefore have to obtain the extra contributions that were essential to conducting priority projects.

Mr. NAPALKOV (World Health Organization) said that, following the World Health Organization's adoption of IPHECA in 1991 and in accordance with General Assembly resolution 45/1990 and Economic and Social Council resolution 1990/50, WHO had incorporated the Chernobyl programme into its regular activities.

Although work on IPHECA had begun immediately and continued in Belarus, the Russian Federation and Ukraine, financial constraints had meant that projects could be implemented in no more than five areas (haematology, thyroid, epidemiological registry, oral health and brain damage in utero), with emphasis on medical examinations of the population. The Governments of Belarus, the Russian Federation and Ukraine nevertheless recognized IPHECA as the most effective international activity to mitigate the health consequences of the Chernobyl accident. Tens of thousands of people had been examined as part of pilot projects. It had been noted, for example, that the incidence of thyroid cancer in children from the Gomel area in Belarus was considerably

higher than that of children in the bordering areas in Belarus, the Russian Federation and Ukraine, which had received comparable radiation amounts. The delivery of equipment and diagnostic kits by WHO was well under way and nearly 150 specialists from the three States had been trained. Protocols for clinical and epidemiological studies had been finalized.

To ensure the coordination of IPHECA with other international programmes, WHO had convened a meeting in Geneva in May 1993 with representatives from the three States and the majority of the relevant international and national organizations. The representatives of the three States had informed the meeting that they had established a group for the coordination of activities under IPHECA with the other international health-related Chernobyl projects. It had also been agreed to promote the regular exchange of information on the progress of various projects. An inventory of all relevant activities was being prepared.

When the pilot phase of IPHECA came to an end in mid-1994, other resources would have to be found, such as the voluntary contributions advocated by the World Health Assembly, in order to continue the supply of equipment and medicines and to continue the projects begun. The abrupt discontinuation of the programme would be very distressful for the affected populations and, in the opinion of the experts, existing projects should be continued for at least another five years. In that context, it was worth mentioning that the ministers concerned in the three affected countries had decided to give the highest priority to the mitigation of the health consequences of the Chernobyl accident.

IPHECA therefore had to be expanded to include other projects that had been recognized as essential, some of which had been mentioned at the quadripartite meeting in Minsk. The participants in that meeting had stressed the need to incorporate a project on the study and treatment of the health of the persons who had taken part in the clean-up efforts immediately following the accident. Projects also had to be undertaken in other areas (identification and reduction of the psycho-social impact of the accident and its genetic effects, dose reconstruction and general health status of the affected populations).

To continue existing projects and initiate new ones, it was necessary to mobilize more resources. The entire international community must learn from the Chernobyl accident and the projected studies would allow for the

development of realistic plans in case of similar events in the future. In addition, better knowledge of the effects of exposure to radiation would make it possible to improve comparisons between risks of different forms of energy production. However, those were long-term research activities that would require sustained efforts both locally and internationally, especially with regard to resources.

Mr. GORELIK (Russian Federation) thanked the United Nations Coordinator, who had in a very short time galvanized the institutions participating in United Nations activities aimed at mitigating the effects of the Chernobyl disaster. The Coordinator's visits in 1993 to the three countries affected by the disaster had been extremely useful, as had the quadripartite meeting recently held at the ministerial level in Minsk: the meeting had been a turning point, for it had made it possible to develop the principles to be used for stepping up operational activities aimed at removing the effects of the disaster. The method that had been chosen was the best one: basing activities on the real needs currently being experienced by the people. To that end, it was essential for the three States directly involved also to adopt a concerted approach, for that was a condition if United Nations bodies were to be able fully to play their role as catalyst. An entire new system of cooperation had been developed in Minsk.

In order to intensify activities, a round table to be attended by donor countries and the most directly affected countries, as well as by representatives of the private sector, might be organized with a view to mobilizing additional resources, for currently available resources were obviously insufficient. The Russian Federation, for its part, would be prepared to submit projects to donors for consideration at such a round table. While it was true that many organizations of the system were doing excellent work, further extrabudgetary resources were essential, particularly to strengthen medical activities, because the WHO programme would soon be financed through extrabudgetary resources only. It was a relatively low-cost, but extremely effective programme, and care must be taken not to interrupt the deliveries of equipment being made under it.

The International Conference on the Scientific and Practical Aspects of Medical and Social Problems and the Role of the Sanatorium and Spa System in Improving the Health of the Population Exposed to the Effects of Radiation as a Consequence of the Accident at the Chernobyl Nuclear Power Plant and of

Other Radiological Disasters had been held in February 1993. The participants in the Conference had appealed to parliaments, Governments and the international community to intensify their efforts to help save the lives and protect the health of the people affected by the accident and fully revitalize the regions that had been exposed to contamination. That appeal must be heard, for it was absolutely vital for the international community to take preventive measures at the global level.

Mr. SERAYDARIAN (United Nations Industrial Development Organization) said that UNIDO participated actively in the meetings of the Ad Hoc Inter-Agency Task Force to Address the Consequences of the Nuclear Accident at Chernobyl, established in 1991. Unfortunately, the resources collected internationally had never been sufficient to enable the Task Force to consider financing the UNIDO projects, which had remained pending. However, at its November 1992 meeting in Kiev, the Task Force had made an appeal for increased international assistance and given high priority to the economic rehabilitation of the three countries most affected by the disaster. Following that meeting, UNIDO had initiated its own efforts to mobilize resources for the preparation of an industrial survey to provide a database for the industries damaged by the accident, to help them get back on their feet. In April 1993, in Geneva, the Task Force had endorsed that project, which was to begin in Belarus, the country most affected by the Chernobyl accident. The achievements of the Task Force would remain modest as long as it had not been provided with adequate resources.

Mr. GONZALEZ (International Atomic Energy Agency) said that the International Chernobyl Project, which was aimed at evaluating the radiological consequences of the Chernobyl accident for human health and the environment and had been organized by the International Atomic Energy Agency in 1990 with the participation of the Commission of the European Communities, FAO, ILO, the United Nations Scientific Committee on the Effects of Atomic Radiation, WHO and WMO, had led to conclusions that still stood. Medically speaking, those conclusions were basically the following: there had been no evidence at the time of the Project of health disorders directly attributable to radiation exposure; increases in the incidence of radiation-induced cancers

and hereditary effects would be difficult to discern, on the basis of the dose estimated and currently accepted radiation risk estimates; and there was likely to be a statistically detectable increase in the incidence of thyroid tumours in children.

Bearing those conclusions in mind, the Project report had made the following recommendations, in particular: there was a need to implement programmes to alleviate the psychological effects of the disaster, public health programmes to address issues unrelated to the Chernobyl disaster and special medical programmes for certain high-risk groups, such as children with a high absorbed thyroid dose; epidemiological studies should concentrate on prospective cohort studies of selected high-risk populations, more effectively through WHO; and, in any event, improvements should be made in the statistical data collection and registry systems used by local scientists and internationally accepted standards and methods should be applied.

Unfortunately, the projects implemented to mitigate the consequences of the disaster had often been based on immediate political interests with little attention given to the scientific facts and findings of the IAEA Chernobyl Project, with the exceptions of the FAO/IAEA project on caesium binding and WHO's IPHECA. The foregoing reflections should help the affected republics and the international community to redesign action for the future. IAEA looked forward to the renewed work of the Inter-Agency Task Force and was convinced that the new approach described by the United Nations Coordinator would be based on factual scientific work.

Mr. SLIPCHENKO (Ukraine) said that, when the Chernobyl disaster had occurred, the leaders of the former USSR had, for ideological reasons, hidden the truth from their people and the extent of the damage from the rest of the world. That was why the appeal for aid from the international community had been made only four years later. It had to be acknowledged, however, that that appeal had not fallen on deaf ears. The United Nations had reacted immediately by mobilizing its Member States. The disaster had been put on the agenda of all the following sessions of the General Assembly, which had adopted three resolutions (45/190, 46/150 and 47/165), the last of which had had 120 sponsors, something of a record. At the present time, all United Nations bodies were dealing with the issue in one way or another. Ukraine wished to express its gratitude to those bodies and their staff, as well as to non-governmental organizations.

That impetus was nevertheless beginning to run down. Routine and inertia were setting in. Not all the programmes undertaken were sufficiently in line with the actual situation and not all aimed at short-term results. Financial aid was neither stable nor sustained. In fact, humanitarian aid in the case at hand was largely insufficient. Ukraine had the impression at times that it was facing its problems alone.

That was not preventing it from acting, for it considered international aid to be only a supplement. In 1993, it had begun a broad national programme to help the populations affected and the contaminated areas. It had established a radiological medicine centre for the diagnosis, screening and treatment of the diseases caused by the radiation. It had adopted a law under which several hundred thousand persons would receive special allowances. It had also very successfully organized a series of projects for isolating and neutralizing Unit No. 4, which had been damaged in the accident. To give an idea of the extent of that initiative, that programme absorbed one third of Ukraine's annual budget.

He provided a few figures to indicate the extent of the effects of the disaster and added that many figures had not yet appeared. For that reason, Ukraine hoped that the Chernobyl issue would continue to receive attention from the Member States of the United Nations, non-governmental organizations and financial institutions. It could indeed be seen as a kind of test of the capacities of United Nations emergency mechanisms. The experience gained in international cooperation would certainly be valuable for the protection of mankind and the environment in the event of a large-scale disaster.

From that point of view, Ukraine welcomed the Secretary-General's appointment of the United Nations Coordinator. The Coordinator had travelled to the region and met with the ministers concerned of Russia, Ukraine and Belarus. On another matter, it would be useful for the representatives of the specialized agencies to be invited to attend the meetings of the Inter-Agency Task Force.

The Minsk meeting had made it possible to strengthen cooperation and come to an agreement on short-term and long-term objectives. Ukraine, for its part, had identified four priority areas of action: medical care, for the four categories of persons affected; transfer of the most affected

populations; socio-psychological recovery of the populations; and restoration of agriculture and the environment. It hoped to see those priorities reflected in the programmes conducted by the United Nations and its specialized agencies.

Ukraine was also pleased to see a growing determination towards a more effective division of labour among the United Nations, the specialized agencies and the Member States, but also among the United Nations and regional organizations such as the European Community and the EBRD. Sound working bases had been laid and there was a good understanding of the problems involved. But that cooperation would have no concrete results if international resources for supporting national efforts were not forthcoming. Ukraine had high hopes for non-governmental organizations and international organizations and wondered whether a conference should not be held. On the eve of the meeting of the G-7 countries in Tokyo, its President had made an appeal for international assistance, in particular to cover the power station's Unit No. 4, and to establish an international centre for radiological studies. He hoped that that appeal would be heeded.

Mr. MANCZYK (Poland) said that, because of the scale of the Chernobyl accident and the nature of its consequences, an exhaustive scientific study of its consequences should be a long-term goal of international cooperation, with efforts being aimed primarily at the emergency personnel and the people evacuated from the prohibited zone around the Chernobyl plant. However, in order to ensure consistently reliable results from the many local laboratories taking the measurements, a quality control programme should be set up to ensure international calibration of instruments and comparability of findings. The fact that Ukraine and Belarus were re-establishing their national radiation protection infrastructures was an additional reason for providing an international assistance programme in that area.

Poland, as one of the countries affected by the Chernobyl catastrophe, was deeply interested in the examination of its immediate effects as well as its possible long-term impact. It therefore believed that the long-term safety of the "sarcophagus" should be a component of the international assistance programme that was so urgently needed by Ukraine.

The complex and inter-disciplinary character of the task required major input by the international community. Poland therefore welcomed the growing

involvement of the United Nations system in those activities. It particularly welcomed the appointment of a United Nations Coordinator and the establishment of a small United Nations secretariat for Chernobyl.

Mr. ELIASSON (Under-Secretary-General for Humanitarian Affairs) said that the analytical study of all United Nations activities relating to the Chernobyl accident requested by the General Assembly would be conducted in cooperation with the various United Nations bodies and the representatives of the three countries concerned. The United Nations was also preparing plans for financing the projects planned by the specialized agencies, in order to submit them to potential donors. Those donors had already been informed of the results of the meetings held in the capitals of the three countries concerned. During a meeting in Brussels, it had been decided that the European Community and the United Nations would regularly conduct exchanges of information and evidence.

The three countries concerned had also submitted their own projects, which had been put at the top of the list of those for which the United Nations was seeking financing. In the medium term, a ministerial meeting was being planned following the forty-eighth session of the General Assembly or at the beginning of 1994.

In the longer term, the United Nations system intended to continue conducting the programmes that were yielding good results, especially the WHO and IAEA/FAO Programmes, which were, moreover, seeking additional financing. The UNIDO project on the exhaustive economic study of the affected zones already held a priority position in requests for financing.

The United Nations offices in the three capitals were providing valuable services. They had been of great help for the meetings held there, especially the ministerial meeting in Minsk. Their orders were to keep abreast of developments in the situation and periodically report on it to Headquarters.

The PRESIDENT said that the countries affected by the Chernobyl disaster did not find it necessary to submit a draft resolution. He proposed that the Council should adopt the following decision:

"The Council has taken note of the report of the Under-Secretary-General for Humanitarian Affairs on strengthening of international cooperation and coordination of efforts to study, mitigate and minimize the

consequences of the Chernobyl disaster, endorses the proposals contained therein for future action on this issue and decides to keep the matter under review."

If he heard no objection, he would take it that the Council wished to adopt that decision.

It was so decided.

The PRESIDENT announced that the debate was concluded on agenda item 8, "Strengthening of international cooperation and coordination of efforts to study, mitigate and minimize the consequences of the Chernobyl disaster".

The meeting rose at 12.30 p.m.