

PD-HAY-100



PAN AMERICAN HEALTH ORGANIZATION

Pan American Sanitary Bureau, Regional Office of the 152

WORLD HEALTH ORGANIZATION

525 TWENTY-THIRD STREET, N.W., WASHINGTON, D.C. 20037, U.S.A.

CABLE ADDRESS: OFSANPAN

TELEPHONE 861-3200

IN REPLY REFER TO:

Technical Progress Report on the

Five-Year Emergency Preparedness and Disaster Relief

Coordination Project

October 1987-March 1988

AID/OFDA Grant PDC-0000-G-IN-7083-00

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Technical Progress Report on the
Five-Year Emergency Preparedness and Disaster Relief

Coordination Project

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The medium-term objectives set forth by our Program have been satisfactorily achieved. The Project, composed of eight distinct but interrelated components, will be analyzed as follows:

1. Overall Program Management

1.1 Integration of disaster preparedness into the general activities of PAHO

Initiated in the second half of 1986, short seminars for PAHO field staff members were carried out in 20 countries during the last semester of 1987. The main emphasis of the seminars was PAHO's response during emergency and disaster situations, the mobilization of international assistance, and local coordination between agencies. These meetings constitute an important step toward integrating disaster activities into the normal technical duties of PAHO professional staff.

1.2 Computer and communication support

The disaster program's managerial and administrative capabilities have been strengthened, especially in the field offices where computer support has been upgraded and facsimile machines provided. This has improved the decision-making process.

1.3 Political awareness and support

- a) During the XXXII PAHO Directing Council, in Washington in September, 1987, the Ministers of Public Health approved Resolution X (attached), urging Member Countries to strengthen their health emergency preparedness programs, and formally endorse a proposed regional policy on International Health Assistance.
- b) Priority was placed on strengthening intercountry cooperation and subregional initiatives. For instance, the Ministers of Public Health of the Andean countries included disaster preparedness as one of the six priority areas to be developed under the subregional Andean initiative coordinated by PAHO and the "Convenio Hipólito Unanue".

1.4 Promotional activities

Another important regional activity was the multisectoral approach to disaster prevention, preparedness and response in large cities and the exchange of information and experiences among planners and emergency experts in large metropolitan areas of Latin America. An international meeting was carried out in Buenos Aires from 9-11 December, in which 70 delegates from various countries and agencies participated.

2. Educational/Training Material

PAHO's video library has been widely distributed to satisfy the countries' needs. Selected bibliography and technical material were also distributed to national programs, institutions and individuals. Volume VI of the Disaster Preparedness Update was issued. To date, there are close to 4,000 titles indexed in the PAHO/PED computerized library system.

During 1987, 13 sets of slides were finalized or produced. Topics include environmental health (9), hospital disaster preparedness (2), Mexico's earthquake (1) and safety measures in hospitals (1).

"Perishable" data and critical reviews on the earthquake in Mexico and the volcanic eruption in Colombia were collected and a Disaster Report on the Mexico earthquake has been printed and distributed. Another on Colombia is in the final stages.

A new video program on "Myths and Realities of Natural Disasters" was completed and field tested in Barbados, Argentina and Costa Rica. The final version, in English and Spanish, has been widely distributed. Portuguese and French versions are underway.

The large amount of material presently available necessitated an intercountry workshop on the optimal use of PAHO's training materials in Costa Rica in November to familiarize the participants with the available material and its use in their training activities.

3. Support to National Programs

3.1 Mexico, Central America and Panama

In 1987, Mexico allocated special priority to disaster preparedness activities. An office at the Secretary of Health coordinates with health institutions as well as with the National System for Civil Protection "SINAPROC", an institution created after the earthquake to coordinate all the intersectoral activities.

PAHO support consisted of training activities at national and regional levels, e.g.; courses and seminars on natural and technological disasters were carried out during 1987 and early 1988. PAHO also provided national officials with some international experience, requesting their services as consultants or temporary advisers for other countries.

Central America and Panama are gradually improving their national programs. Nevertheless, few countries have formally assigned a budget for the health preparedness activities. Although most national health programs provide in-kind support and services to disaster preparedness activities, they also rely, to varying degrees, on PAHO's contribution.

Cooperation has been coordinated through the field office located in Costa Rica. Priority was placed on contingency plans for mass casualty management, vulnerability analysis and drills held in Panama, Costa Rica, Honduras, Nicaragua and El Salvador. A training seminar on disaster epidemiology and an interdisciplinary workshop were held in El Salvador; a subregional meeting on sanitary engineering and environmental sanitation in Honduras in November; and activities at the community and school level in Costa Rica, Panama and Honduras.

This latter activity reflects an interesting trend in the Program. Cooperation was also provided to the Ministries of Education, by holding seminars to motivate and educate school teachers on disaster preparedness and on the role played by the health sector.

3.2 South America

Until last year, PAHO's disaster preparedness activities were concentrated primarily in those countries with a high vulnerability to natural disasters of geological origin, such as earthquakes and volcanic eruptions. As a result, most of the Andean countries have a well-established program within the health sector.

During the last quarter of 1987 and the beginning of 1988, an increasing number of promotional and training activities took place in Brazil, Argentina and Paraguay. These countries, affected in the past by floods and technological disasters, have been slower to initiate a national disaster preparedness program.

Close coordination has been initiated with the "Companhia de Tecnologia e Saneamento Ambiental" (CETESB), a Brazilian institute for ecological and environmental sciences, which has successfully adapted training materials developed by PAHO and created a simulation exercise for technological disasters.

The initiative to incorporate disaster preparedness into the curricula of the schools of public health and schools of medicine has been welcome in various countries.

3.3 Caribbean

Disaster preparedness was also included in a media workshop, held in Barbados in November 1987, under the sponsorship of PAHO. In that meeting, a special roundtable was set up to discuss issues of sensitizing the media to their important role in guiding public opinion about disaster preparedness, and media coverage during an emergency situation.

With the support of the Program, UWIDITE (University of the West Indies Distance Teaching Experiment) broadcast emergency preparedness lectures from the Mona-Kingston campus, via satellite, to eight Caribbean locations. This allowed a greater number of people to receive on-site training on disaster preparedness and relief. This program, using PAHO training material, is presently being evaluated.

PAHO has increased its participation in the PCDPPP by improving the health information center at the Project office in Antigua.

The Health Sciences Faculty of the University of Guyana has included disaster preparedness and management as a core course in its curriculum.

4. Mass Casualty Management

This component is being given increasing importance by the national health disaster preparedness programs. Several training courses, workshops and seminars were carried out during the last quarter of 1987 and the first quarter of 1988.

Drills and simulation exercises, intercountry exchange of experiences, and wide distribution of technical information and training materials contribute to better hospital disaster preparedness.

The impact and damages caused by the Mexico and El Salvador earthquakes to the various hospital infrastructures and the effects on the delivery of the medical care motivated the countries' health authorities to develop hospital or metropolitan contingency plans.

A proposal for regional mass casualty management is under consideration by the Caribbean ministries of health. The objective is to coordinate intercountry mobilization of their own existing medical resources in the area.

In Latin America several countries developed their own technical guidelines or manuals for mass casualty management and/or standardized their own tags for triage/classification of casualties.

5. Training of Environmental Health Professionals

PAHO's field sanitary engineers, together with the national engineers, have been actively involved in disaster preparedness activities, as well as in responding to emergency situations.

The role of the PAHO sanitary engineers in disaster preparedness and relief, and the inclusion of training activities in their routine duties were discussed in a subregional meeting held in Honduras in November. National counterparts from Central America participated. Similar meeting was held in Lima, Peru in March 1988.

Several training activities were carried out to respond to the countries' requirements.

The new series of slides on environmental health, now available in English and Spanish, is being widely distributed.

6. Field Assessment of Health Needs

In 1987 priority was placed on the training of PAHO staff on early post disaster damage assessment.

PAHO published and distributed a technical paper on Assessing Needs in the Health Sector after Floods and Hurricanes, a technical approach to developing indicators for decision-making in critical issues. Similar guidelines are necessary for sudden onset disasters such as earthquakes.

7. Technological disasters

Activities were carried out through the Pan American Center for Human Ecology and Health (ECO) in the framework of the regional program for chemical safety.

Seminars have been carried out in Venezuela, Trinidad and Peru.

8. Cooperation with Other Regions

A large amount of training material including slides, videos, and publications has been sent to other WHO regions, mainly to Africa. PAHO has served as a liaison between the African region and Latin American professionals who could serve as potential consultants in the field of emergency preparedness. This cooperation will be further enhanced in the coming years.

For a more complete information on the activities carried out during 1987 and the first semester of 1988, the three subregional advisors' reports are attached.

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DIRECTING COUNCIL

PAN AMERICAN
HEALTH
ORGANIZATION

REGIONAL COMMITTEE

WORLD
HEALTH
ORGANIZATION



Meeting XXXII

Meeting XXXIX

RESOLUTION

X

EMERGENCY PREPAREDNESS AND DISASTER RELIEF COORDINATION

THE XXXII MEETING OF THE DIRECTING COUNCIL,

Having examined the document presented by the Director on the progress of the Emergency Preparedness and Disaster Relief Coordination Program (Document CD32/13), together with the conclusions of the meeting on International Health Relief Assistance held in Costa Rica in March 1986;

Considering Resolutions X, XXXVI, XL, and XXI of the XXIII, XXVI, XXVII and XXXI Directing Council Meetings, respectively, on the Emergency Preparedness and Disaster Relief Coordination Program;

Convinced that, although the health preparedness activities of the countries affected by earthquakes and volcanic eruptions in 1985-1987 have contributed to minimize the loss of human lives and to improve the coordination of relief assistance from the international community, additional efforts are required from the governments of disaster-prone countries to increase their level of readiness; and

Concerned that the prompt and generous assistance provided to disaster-stricken nations by other Member Countries and by the international community be more attune to the actual health needs and priorities,

RESOLVES:

1. To thank the Director of the Pan American Sanitary Bureau for the progress report on the Emergency Preparedness and Disaster Relief Coordination Program and to endorse the recommendations approved at the Meeting on International Health Relief Assistance, held in San José, Costa Rica, 10-12 March 1986, included in Document CD32/13, particularly those recommendations regarding the need for all potential donors to consult with the health authorities of the affected country before sending health relief assistance and the need to place priority on cooperation between neighboring countries whenever additional medical personnel or resources are needed for disaster management.

2. To urge Member Countries:

- a) To strengthen their health emergency preparedness programs prior to a disaster by allocating the necessary personnel and budget, to the extent possible, according to the vulnerability of the country to natural disasters, chemical or nuclear accidents, or other emergency situations likely to affect the public health;

- b) To attach the highest priority to the rapid and objective assessment of health needs following a sudden disaster, and to notify PAHO promptly of the results.
3. To request the Director, within available resources:
- a) To strengthen the technical cooperation with Member Countries for the development of their health emergency preparedness programs and for the assessment of their health needs in the case of a disaster;
 - b) In response to the need for disaster relief, to disseminate to potential donors, Member Countries and others, in consultation with the health authorities of a disaster-affected country and in coordination with WHO and with the United Nations Office of the Disaster Relief Coordinator (UNDRO), timely authoritative information indicating the type of health assistance that may be appropriate, as well as that which is considered unnecessary or counterproductive;
 - c) To disseminate widely the recommendations approved at the San José Meeting on International Health Relief Assistance.

(Adopted at the sixth plenary session,
23 September 1987)

PROGRESS REPORT

Health Disaster Preparedness Program

Central America and Panamá

Period: January - June, 1988

1. Narrative Section:

1.1. Political:

- . Identifying national authorities in charge of the Health Disaster Preparedness Program in each country was a priority, the last country in the subregion in creating the "Disaster Unit" was El Salvador (June 1988) in this sense the six countries in the subregion have officers in charge of the Program at national level.
- . Coordination with the various sectors that are part of the National Relief Organization (Civil Defense, National Committees, Commission, etc.) was part of the routine work, close contacts with NGO's as well as technical cooperation with UN Agencies and bilateral donors were maintained and reinforced.
- . Specific attention deserves the full cooperation with the Regional Office of OFDA in San José, the Italian Cooperation Mission in El Salvador, the Subregional bureaus of the International Committee of the Red Cross and the League of Red Cross and Red Crescent Societies, the Nordic Red Cross Delegation in Costa Rica and the Representations of UNHCR.
- . These institutional/political contacts will be continuously reinforced since we consider a priority for the development of the Program.

1.2. Administrative:

- . The Subregional Program is located in premises put at its disposal by the Social Security, nor rent nor services costs (water, electricity) are charged to the Program.

- . On the other hand, running costs (operational, communications, maintenance) have lightly increased in the six first months due, mainly, to the communications system established in the Bureau with Central América, HQ's and Europe.
- . The communications system allows the Subregional Bureau to be fully operational, it consists of: telephone, telefax, electronic mail, radio communication in 2m., with the possibility to be linked with the emergency radio net-works in all countries of the Subregion.
- . Telefax service in support to OFDA was provided at no cost for that Agency, at present OFDA has its own telefax machine.
- . Beginning January 88, delegation of authority from HQ's to the Subregional Bureau has increased in terms of administrative activities as well as handling of information. Therefore, one non-permanent contract was made to cover the electronic data management of the mailing list and the meeting list.
- . Increasing responsibilities in terms of financial control, management of a new technical Regional Office (hospital preparedness office in El Salvador), production and re-production of printing material (desk-top-publishing facilities are fully operational at the Subregional Bureau), will create greater demands in terms of functional redistribution of tasks and responsibilities within the Bureau's staff and most probably to hire a part-time administrative/accounting assistant.

1.3. Technical:

- . Ongoing Activities:
 - . Distribution of selected bibliography to users in the subregion and in many opportunities to other subregions including North, South America and Europe. In the six months 134 requests were met; this is slightly less than for the same period in 1987, however, with the use of the mailing list at the Subregional Bureau the number of services is expected to increase substantially.

- . Photocopies for training courses and for support of selected bibliography users. The request and needs have been increasing on a permanent basis, in the six months 49.055 fotocopies were made. From these, 7000 were in support to OFDA during the "2as. Jornadas de Manejo Operativo de Emergencias".
- . Distribution of scientific publications and other technical material. Nearly 2000 publications were distributed in the period. Together with printed material; slides sets on Health Administration, water supply and disaster chronicles; video films were also distributed at national level.

-Training:

- . Twenty six training activities took place in the six months, in all countries at different levels, the distribution is as follows:

Regional	2
Subregional	1
Guatemala	2
Honduras	2
El Salvador	9
Nicaragua	1
Costa Rica	8
Panamá	<u>1</u>
	26

An average of 30 persons attended each activity.

- . By subject, the activities are divided as follows:

- Health Administration in case of disasters:	12
- Hospital Preparedness: Mass casualty management/drills	5
- Environmental Health/water supply	2
- Mental health after disasters	1
- School safety/preparedness	3
- Media and disasters	1
- Relief Preparedness-General	<u>2</u>
TOTAL	26

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. The level of participants was as follows:

- Top management disasters officers:	1
- International relief experts:	1
- Health officers: National level:	2
Local level:	8
- University teachers/students:	3
- Media	1
- Sanitary engineers	2
- School teachers/Ministry of Education officers:	3
- Hospital Directors-Disaster committees:	<u>5</u>
T O T A L.. 26	

- Experts

In the first six months the following experts were used as part of the technical cooperation:

Two in hospital preparedness/drills.

One in feeding/nutrition in case of disasters.

One in vulnerability study of water systems for disasters.

Two in environmental health in case of disasters.

One in mental health in case of disasters.

CARIBBEAN REGION
SUMMARY OF ACTIVITIES EMERGENCY PREPAREDNESS PROGRAM
January - June 1988

1. Support to National Programs

Providing Technical Cooperation in:

- (i) developing/revising hospital disaster management plans.
- (ii) planning and implementing simulation exercises.
- (iii) planning for community health services response in the event of a disaster.
- (iv) developing "performance targets" and "strategies" to accomplish targets in national health sector disaster management.
- (v) checklist for evaluating national health sector disaster management programs.
- (vi) initiation and development of joint OECS/French cooperation project proposal to strengthen hospital preparedness.
- (vii) planning and implementing of 3rd Annual Health Coordinators Meeting to discuss issues and determine priorities for Health sector disaster management.

2. Mass Casualty Management

Meeting of Donors and agreement on Medical response in the event of a mass casualty incident. Presentation of agreement by donors to meeting of Ministers responsible for health.

Collection of data and maintenance of an inventory on the capacity and potential of hospitals in the region.

Training of Trainers Sub-regional Course on "Mass Casualty Management" for 32 emergency room physicians and head nurses.

Replication of course at national level.

3. Education/Training of health personnel in Disaster Management

Technical cooperation in planning and implementing national education /training programs in Disaster Management.

Initiation of activities to integrate "Disaster Management" into the curricula of Health Sciences programs at University of Guyana.

Inclusion of "Disaster Management" in basic nursing curricula in Schools of Nursing.

Promotion of "Disaster Management" in core curriculum of education programs of health professionals other than nursing.

Completion of 12-week UWIDITE Program on "Emergency Management of Natural Disaster" for Community Health Personnel in seven locations.

Provision of fellowships for Caribbean nationals attendance at workshops /seminars on Disaster Management.

4. Environmental Health

Technical cooperation in planning and implementing subregional Training of trainers courses in "Emergency Management for Environmental Health and Water Supply Services for 35 environmental health and water supply services personnel.

5. Education/Training Material

Dissemination of scientific/technical, audio visual and other material.

Maintaining mailing list of health and related personnel.

6. Voluntary Agencies

Collaboration with PCDPPP in planning and implementing meetings with national and regional non-government organizations to clarify their role in disaster management.

8. Collaboration with other agencies in Emergency Preparedness Activities

Collaboration with Donor Agencies, Partners of America, Non-Government and other organizations.

9. Post Disaster Needs Assessment

Revision of Procedure Manual for PAHO Disaster Response Team.

Meeting of PAHO Disaster Response Team to review response procedures.
Orientation of team to use of Inmarstat Satellite equipment.

Training of health Coordinators in "Post Disaster needs assessment"

10. Attending meetings and preparing reports as appropriate.

Gloria E. Noel
19 August 1989.

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INFORME DE ACTIVIDADES
DESARROLLADAS EN LA SUBREGION
ENERO - JUNIO 1988

ARGENTINA

SUDAMERICA

Se realizaron las únicas actividades programadas para el primer semestre:

- Seminario/Taller sobre Administración Sanitaria para el Noroeste Argentina en la ciudad de San Miguel de Tucumán - Mayo 2-6 con participación de funcionarios de alto nivel de las provincias de Salta, Jujuy, Tucumán y Santiago del Estero.
- Están desarrollando sus Planes Operativos en forma integrada el Sector Salud, Defensa Civil y Universidades.

Se observa un mayor interés por parte de las autoridades nacionales, y se cuenta ya con un funcionario a tiempo completo en el Ministerio de Salud como contraparte de OPS.

BOLIVIA

Se llevó a cabo el Seminario sobre Elaboración y Revisión de los Planes Hospitalarios para la ciudad de La Paz y el Altiplano Boliviano. Junio 1-3.

El interés de las autoridades nacionales es marcado y se ven resultados de los esfuerzos realizados hasta la fecha, ya que se ha creado la Unidad de Prepartivos para Desastres en el Ministerio de Salud, y a nivel nacional se están elaborando los Planes Hospitalarios.

CHILE

Se realizaron los dos eventos programados para este semestre con excelentes resultados.

- Reunión Bilateral de Fronteras para Ayuda Mutua Inmediata en caso de Desastres en Arica, Marzo 1-3, con participación de muy alto nivel de los dos países Chile y Perú. Se elaboraron recomendaciones y en la actualidad ambos Ministerios de Salud y los Ministerios de Relaciones Exteriores están programando el respectivo acuerdo que se espera poder formalizarse a fines del año.
- Seminario sobre Administración Sanitaria en Casos de Desastres para la V Región en Valparaíso, Marzo 21-25, con participación multisectorial, incluyendo autoridades de salud de la Isla de

Fascua. Se ha logrado un adelanto notable en el área de Preparativos hospitalarios con sus respectivos planes de emergencia y la inclusión formal del tema a nivel de Pre y Post grado en la Facultad de Medicina de la Universidad de Chile.

BRASIL

Durante este período se presentaron las inundaciones del Estado de Rio de Janeiro, ciudades de Rio de Janeiro y Petropolis, y de Rio Branco en el Estado de Acre. Se brindó el apoyo técnico del Programa para la atención de estas emergencias, especialmente en el área de la Ayuda Internacional que se coordinó con la Secretaría Estadual de Salud de Rio de Janeiro.

Se realizaron tres eventos muy importantes en este semestre:

- Seminario sobre Administración Sanitaria, Evaluación de riesgos por inundaciones y elaboración de Planes Regionales, Municipales y Hospitalarios Multisectoriales en la ciudad de Rio de Janeiro - Abril 4 al 6. Participaron representantes multisectoriales de alto nivel de los Estados de Rio de Janeiro, Sao Paulo y Mina Gerais, lográndose como resultado una mejor integración y la conformación de comités operativos para la atención de emergencias.
 - Apoyo técnico de la semana sobre Divulgación de Fronto Socorro en la ciudad de Sao Paulo del 24 al 30 de Abril, donde se contribuyó a la capacitación de 640 personas. Los resultados obtenidos son considerables al instaurarse la enseñanza obligatoria en todos los colegios de principios básicos de primeros socorros y de cursos en todos los hospitales oficiales para adultos.
- Además se fortaleció la integración multisectorial de salud con Universidades, Defensa Civil, CETESB y otras agencias como Cruz Roja.
- Seminario de Capacitación sobre Administración Sanitaria en Desastres para los Directores a nivel Federal y Nacional del SUCAM por Decreto Presidencial como responsable de la atención de Emergencias y Desastres a nivel nacional, ya que cuenta con un equipo numeroso de personal preparado y un respaldo financiero sólido. Actualmente los Directores Regionales están elaborando y desarrollando con Defensa Civil los planes operativos para cada Estado del Brasil.

COLOMBIA

Se realizaron las seis actividades programadas, incrementándose el número de personas entrenadas en la atención de desastres, con una buena integración del Sector Salud con la Defensa Civil, la Cruz Roja

Colombiana y la Presidencia de la República. Es importante recalcar que el Programa Nacional continua desarrollando importantes gestiones normativas y supervisando la implementación educativa y operativa a nivel nacional. Se terminaron de elaborar unos Manuales Operativos en las diferentes áreas de la salud y se espera iniciar su divulgación e implementación en el segundo semestre.

ECUADOR

Se pudieron realizar solamente algunas de las actividades programadas durante los primeros tres meses, especialmente aquellas desarrolladas conjuntamente con el área de Ingeniería Sanitaria, ya que a partir del mes de abril se postergaron todas las actividades hasta que asuma el nuevo Gobierno en Agosto.

De todas formas el Programa continua desarrollando sus actividades en forma positiva y eficiente, especialmente en el área de Planes Hospitalarios.

PARAGUAY

No se programó o desarrolló actividad alguna para este semestre, ya que el segundo semestre se llevarán a cabo la Reunión Trinacional de Fronteras para Ayuda Mutua Inmediata en casos de Desastre con Argentina y Brasil y el segundo curso universitario sobre Preparativos para Desastres en la Maestría en Salud Pública.

PERU

Cambios relevantes en las autoridades de salud (incluyendo al Ministro) han afectado y demorado alguna de las actividades programadas. Sin embargo, fue posible llevar a cabo las reuniones más importantes. Entre ellas, vale la pena mencionar las siguientes:

1. Segundo curso en Administración de Salud en Situaciones de Desastre y Preparación Hospitalaria. Enero, Lima.
2. Segunda reunión nacional de facultades de medicina y enfermería sobre administración de salud en Situaciones de Desastre y Preparación para Enseñanza a nivel universitario. Febrero, Chosica.
3. Reunión de Fronteras Perú-Chile para ayuda mutua inmediata en caso de un desastre. Marzo, Tacna.
4. Segunda Reunión de Coordinadores del Programa de Preparativos para Desastre de los Países Andinos. Marzo, Ica.
5. Primera Reunión Andina sobre Preparativos para Emergencia en Salud Ambiental y Provisión de Agua Potable. Marzo, Lima.

6. Cuatro cursos en administración de salud a nivel local/nacional de gran relevancia también se llevaron a cabo.
7. El "FREDEDO" (Proyecto Preparativos para Desastres en Comunidades) en Qusco ha iniciado sus actividades en abril del presente año, con resultados alentadores.

URUGUAY

No se realizó ninguna actividad en el primer semestre, aunque es importante anotar que el Presidente de la República creó una Oficina para la Atención de Emergencia y Desastres tanto en la Presidencia como en el Ministerio de Salud, y se remitió todo el material bibliográfico pertinente a nuestra FWR para apoyar esta iniciativa.

VENEZUELA

Las autoridades nacionales han venido desarrollando actividades específicas en el área de Planes Operativos de Emergencia a nivel de los Hospitales de Caracas y esperan en un mediano plazo tener un número suficiente como para desarrollar un Plan Operativo de la Capital Federal. Nuestro apoyo ha sido básicamente a través del material bibliográfico.