Of immediate value for the public health authorities have been data on milk contamination. A distinction must be made between blended dairy milk which would not show the high concentrations that may be found in milk from single farms, both because peak concentrations are reduced by blending milk of different origins but also because the time between production and consumption is longer, so that the most shortlived radionuclides in fresh fallout have decayed to a certain degree.

The reason why milk is an important food-chain link, not only for iodine-131 but also for a number of other radionuclides is that grazing cattle very efficiently collect activity deposited on grass over large areas. This is also the case of goats and sheep whose milk usually shows substantially higher activity concentrations than cows milk. The relation between the deposition and the concentration in milk depends on the "area consumed" by the grazing animals.

Local rainfall has caused great variations in the activity deposition, with local spots sometimes showing 50 times average values even within regions exposed to the same plume. Some countries show great variations just because they have only peripherically been reached by a plume. The data therefore does not yet permit assessments of reliable average values. However, it must be remembered that the extreme values usually relate to limited areas and small fractions of the total population.

The complexity of the problem is illustrated by the fact that milk levels when cows are grazing, may either be elevated after rainfall, or else reduced by rainfall, because rain will wash out activity from the air that is inhaled by cattle and thus reduce their intake of radioactive substances, provided that the water they consumed did not become more contaminated due to the rain.

Measurements on activity concentration in ground level air have served two purposes. Some measurements, such as those of total beta activity in air, give some indication of the location of the plume and the time of maximum contamination when there is no precipitation. However, the results are difficult to interpret when, for example rainfall depletes the air contamination. Other

measurements of air activity have given information on the nuclide composition of the radioactive material.

Some countries have so far reported that no or only insignificant contamination has been found, e.g. Iceland, France, Portugal and Spain - countries where no significant contamination would be expected on the basis of the meteorological information.

A provisional summary of some of the reported data is shown in Table 1, giving data on the external exposure rate, the deposition of iodine-131 and the concentration of iodine-131 in milk. This information is for different times within the first ten days after the accident. Because some material has decayed during that period, the data are not directly intercomparable but still gives a consistent picture of the contamination situation, fully in agreement with the meteorological information shown in Figures 3 - 7.

Table 1 should nevertheless be read with caution. In preparing this report there has not been sufficient time to fully evaluate all information that has been received and it is likely that some relevant information is lacking in the table and that some numbers may be not completely accurate. It is not yet possible to assess average values from the skewed distributions and the reader is warned not to draw too firm conclusions from the extreme values which are somewhat uncertain and usually represent a very localized situation.

There is no good correlation between extreme values for the various quantities reported just because the extremes may not refer to the same location or time. The peak external exposure rate gives perhaps the best indication of the distribution of the contamination, partly because it has been easy to measure. These values are also shown in Figure 9, on a map which also indicates the relevant plumes from the reactor. It should be remembered that the peak values will not persist once the shortlived radionuclides have decayed. High exposure rates from fresh fallout are therefore less significant than high rates at a later time when, for example, cesium-137 is a large contributor to the exposure rate.

TABLE 1 - Review of reported data (Note: Due to the short-time available for writing this report, the table may not be complete and should be read with caution)

Country	External exposure rate above background (μR/h)	Deposition of iodine-131 (kBq/m^2)	Iodine-131 concentration in milk (Bq/l)	
			Dairy milk (blended)	Peak values, usually for raw farm milk
Austria	2 - 230			1 500*
Czechoslovakia	20 - 200		- 500	1 000*
Denmark	1 - 2	3	0 -	30
Fed.Rep.Germany	- 250			1 200*
Finland	0 - 370	0.6 - 120	20 - 40	
Hungary	24 - 43	80 - 150	50 - 200	2 600*
Italy	0		0	
Israel	1 - 2		0 - 7	
Luxembourg	7			
Malta		1		
The Netherlands	1 - 12	0.5 - 3		175
Norway	6 - 22	20 - 80	15 - 57	
Poland	10 - 440	0.1 - 200	0 - 600	1 700*
Portugal	0	0	0	
Sweden	2 - 500	0.1 - 170	2 - 54	2 900*
Switzerland	5 - 130	1.6 - 7	7 - 110	440
United Kingdom	1 - 50	0.7 - 3	2 - 15	190
Yugoslavia	- 150		50 - 150	

* The peak values are local and only to small groups of people

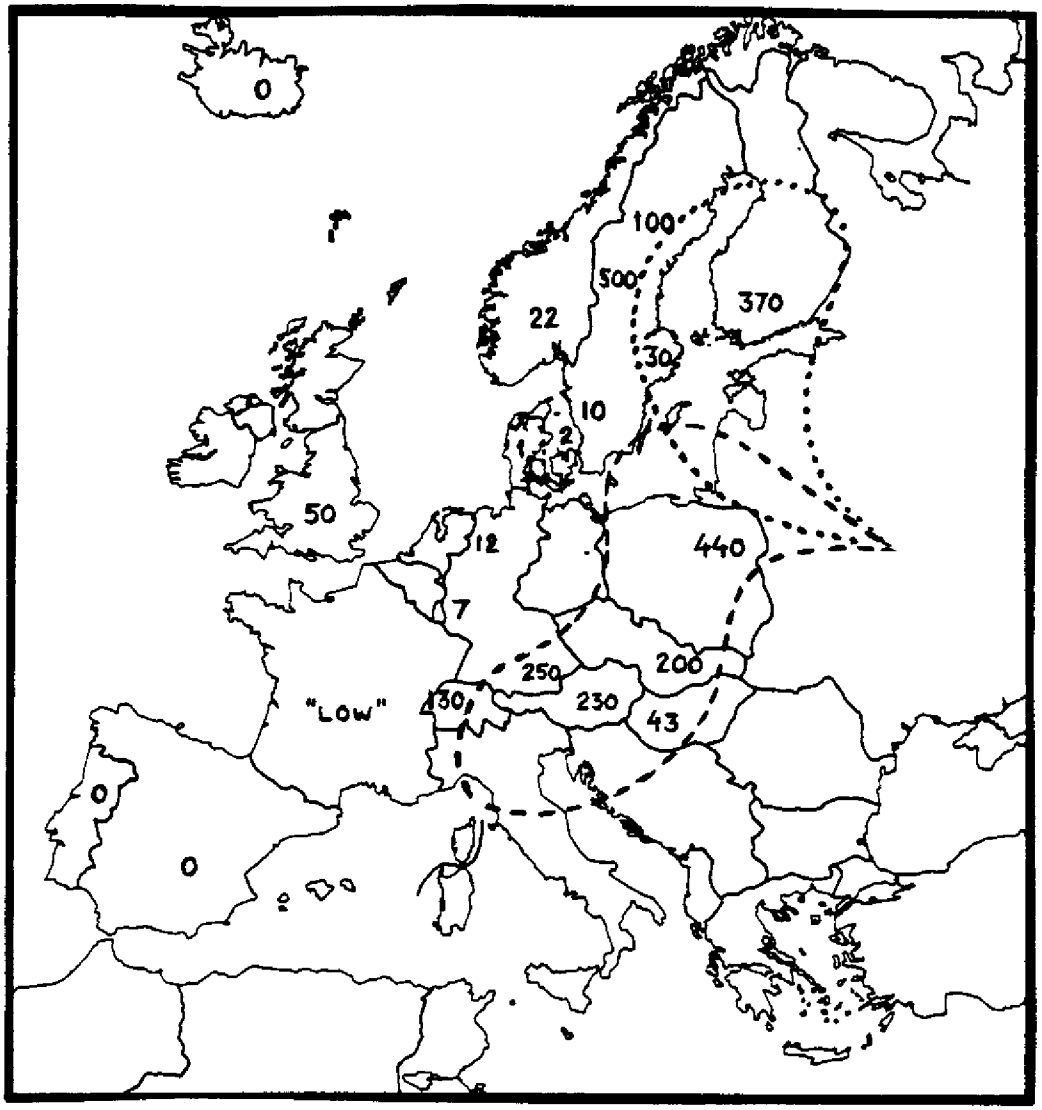


Figure 9: Geographical distribution of the peak values reported on the external exposure rate (μR/h).

Note: The two dominating plume situations are only schematically indicated, the exact border lines of the initial plumes are diffuse and affected by, e.g. rainfall and variable winds. The local depositions, causing the peak exposure rates from the ground, are highly dependent on rainfall.

COUNTERMEASURES

The radioactive contamination over Europe from the reactor accident has caused considerable concern and national authorities have given advice depending on local situations. In many cases WHO has been asked about appropriate countermeasures.

In order to understand the need and justification for countermeasures, the biological risk picture must be interpreted. The radiation doses at the contamination levels that have been reported outside the USSR cannot produce acute radiation effects. Situations that have called for rapid intervention to avoid or reduce the risk of acute radiation harm are only related to the immediate accident area, which for catastrophic reactor accidents is usually considered to involve the nearest 30-50 kms. Depending on the type of accident and the weather conditions, rapid intervention may be needed at somewhat larger distances down wind. The recognized problem which such rapid intervention (from advice to stay indoors to immediate evacuation) is that it has to be pre-planned and, after an accident, initiated so early that results of radiation measurements are either non-existant or scant and contradictory. In other words, such actions have to be initiated on the basis of technical information about the potential for large releases, rather than on reliable radiation data confirming such releases.

In the present case, this situation did not exist outside the USSR. The relevant effects are therefore exclusively effects which are considered to be of a stochastic nature and for which no threshold dose is assumed, such as cancer and genetic effects. In a cautious approach, mental retardation after fetal exposure is also assessed on the basis of the non-threshold assumption. For the stochastic effects, the probability of inducing the effect in a given individual is taken to be proportional to the accumulated radiation dose from the accident. Since, under this assumption, any radiation dose, however small, would cause a corresponding probability of effect, although small if the dose is small, measures to avoid or reduce a dose would only be justified if the measures

themselves do not cause a risk higher than the risk avoided. The basic principle is to take measures to reduce all doses as far as it is reasonably achievable, by countermeasures which are expected to achieve a positive net benefit to the exposed individuals.

This means that some very simple precautions could be advisable even if the avoided dose is very small. Such precautions are, for example, avoiding rainwater for drinking if there are alternatives (rainwater may have substantially higher concentrations of radionuclides than water from other sources) and washing or temporarily avoiding fresh surface vegetables on which radioactive dust may have fallen (although invisibly).

Other measures, which may themselves cause problems, would only be justified if larger doses are involved Such measures include precautions with regard to the use of milk for infants. The actual countermeasures may vary from sending all raw milk to dairies for blending with milk that is less contaminated, discarding fresh milk, using the contaminated milk for cheese or dried milk production (thereby allowing for the decay of iodine-131 and other shortlived radionuclides) to taking milk-producing cattle temporarily from grazing. The choice of action would depend upon what is practicable in a given situation and might differ with local situations as well as with the time of the year. In a number of countries "action levels" have been given by the authorities, i.e. contamination levels above which actions may be considered. It is important to recognize that, with the principle of "as low as reasonably achievable" action levels should always be supplemented by specification of the type of action for which the levels are appropriate. For the above-mentioned actions to reduce the thyroid dose in infants by avoiding milk contamination various action levels have been given by national authorities. They may sometimes appear to differ, but the differences may then only reflect different ways of applying the limits. For example, in some countries 2000 Bq/l is used as an action level for iodine-131 in milk (this level will cause an effective dose equivalent to about 0.4 mSv per liter of milk ingested by a child). In other countries a lower value of 500 Bq/l is used, but is then applied to blended dairy milk which

does not show as high concentrations as milk from single farms. The higher action level prevents a risk to the most exposed infants, the lower level is intended to prevent a lower risk to become the average risk in a larger population.

Action levels are sometimes compared with other recommended limits, e.g. with the internationally recommended dose limits for members of the population and may then be found to be higher. This is because the normal dose limits are requirements when normal operations involving radiation exposure are planned and they apply to doses which may occur year after year. The action levels relate to unique situations (it is not likely that those who receive the highest doses after one accident would be excessively exposed also if some other accident happens).

It can be seen from Table 1 that the reported data indicate that the iodine-131 contamination of dairy milk in a few countries approached some national action levels and that a few data have been reported where action levels for not consuming farm milk directly have in fact been exceeded. This explains various actions that have been taken both with regard to grazing cattle and the direct use of some milk. In general, however, these high levels are exceptions and the average values are clearly below any action levels. If there is no more release of iodine-131, it would be expected that the highest values will rapidly decrease so that no new or additional actions are needed. However, iodine-131 is not the only radionuclide in milk, although it dominates. If there are several radionuclides present, the action level for any particular radionuclide should be lower than if that nuclide were present along.

A number of actions have clearly not been warranted by the balance of dose avoided and severeness of the action itself. It has not been justified to advise against the use of any other drinking water than rainwater, because groundwater and surface water from large reservoirs are not easily contaminated. It has not been considered advisable to avoid breast feeding of infants or to limit the time spent outdoors.

The use of iodine tablets is a very special counter measure. The iodine will block the thyroid for uptake of radioactive iodine, if the tables are taken in before the inhalation or ingestion of radioactive iodine. Since ingestion of radioiodine can be controlled by controlling the use of contaminated milk, only inhalation is the relevant case. In many emergency plans there is a preparedness for the distribution of iodine tablets to people in the nearest area around the reactor, in case there is a risk of inhalation of radioiodine from the direct plume. As already mentioned, countermeasures of this type must be initiated so early that direct information of the degree of air contamination is not available. This was the basis for the use of iodine tablets in some parts of Poland at a stage when the information about the accident was very scant. However, afterwards it is clear that such measures were not needed outside the USSR. When results of measurements became available, a number of national authorities explicitly advised against the use of iodine tablets, because the dose avoided by their use does not seem to justify the risks, although small, of widespread use of the tablets.

Many questions have been raised about restrictions on travel to countries exposed to the radioactive plumes as well as within the USSR. Many questions have also been asked food consumption and import.

Table 1 and Figure 9 provide the basis for answers to these questions. As regards travel, the possible routes of exposure mentioned on page 14 would have to be considered. Of these the first the no danger exist unless there is a new development of the accident. What remains is external exposure from the ground and internal exposure from contaminated food.

It is clear from Table 1 and Figure 9 that the external exposure now given no cause for concern outside the USSR. Within the USSR it is likely to be of concern within the nearest area (30 - 50 kms) and perhaps at somewhat longer distances in the plume directions.

Internal exposure from contaminated food would be caused by contaminated milk and fresh surface vegetables from areas covered by the plumes. The reported contamination levels do not warrant concern within these areas outside the USSR, with the possible exception of precautions in the use of fresh farm milk. Dairy milk shows essentially low levels. The simple advice to wash fresh vegetables is a common sense measure. The situation outside the USSR therefore does not seem to justify any travel restrictions. However, no data have yet been received from Romania and Bulgaria which would have been exposed to any radioactive material released from Chernobyl after Tuesday, 29 April.

Regarding any health risk from food exported from the USSR and from the European countries exposed to the radioactive plumes, it is again milk and fresh surface vegetables that would be the critical food-stuffs. It follows from the information received, that blended dairy milk does not have contamination above action levels and that the contamination caused by iodine-131 is a temporary problem. Other food-stuffs would not be of immediate concern, with the possible exception of thyroids from grazing cattle. In the long-term, cesium-137 may be found in meat and grain and it is advisable to explore the cesium situation in more detail.

Figure 10 summarizes the information that has been received on various remedial actions taken in a number of countries. Because of the urgency of issuing this report, the information presented may not be complete, but the table nevertheless gives some indication of the types of measures considered. The table should be read in conjunction with Table 1 which gives the contamination levels that the various authorities had to deal with.

Figure 10: Remedial actions taken in various countries

Brackets indicate limited or qualified action. "NO" means advice against action.

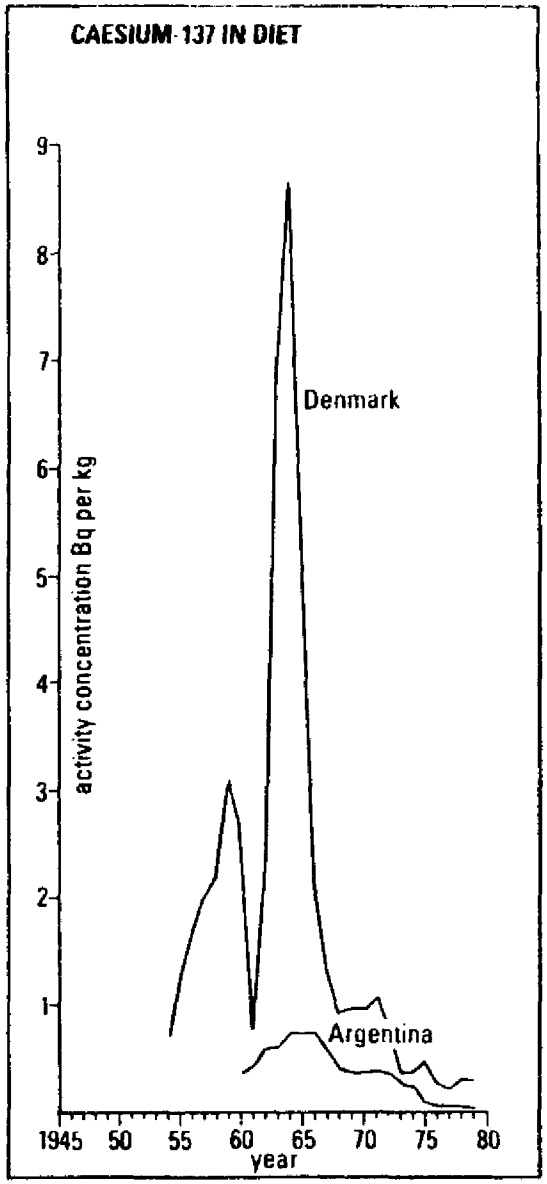
	Austria	Belgium	Denmark	Fed.Rep.Germany	Finland	France	Hungary	Ireland	Israel	Italy	Japan	Luxembourg	Monaco	The Netherlands	Norway	Poland	San Marino	Spain	Sweden	Switzerland	United Kingdom	Yugoslavia
Explicitly "No action!"						✓		✓	✓			✓	✓		✓			✓				
Advice to stay indoors or to avoid outdoor life	(✓)																		NO			
Advice to wear face mask when exchanging air filters in big industries																			(✓)			
Advice that children should not play in sand	✓																					
Advice to be careful with dust when gardening or in agriculture																			NO			
Restrictions in use of milk	NO				NO											(✓)			(✓)	✓	NO	(✓)
Milk-producing cattle taken from grazing		✓		✓			✓							✓			✓		✓	✓		
Avoiding breast-feeding of infants				NO															NO			
Precautions by pregnant women																			NO			
Advice not to drink rain-water	✓				✓						✓				✓				✓	✓	(✓)	✓
Advice not to use rain-water for watering cows					✓																	✓
Precaution in the use of other water than rainwater for drinking	NO																		NO			
Advice not to eat fresh surface vegetables	✓																✓		✓		NO	
Advice to wash fresh vegetables before they are eaten	✓	✓		✓			✓				✓			✓						✓		✓
Restrictions in sale of animal thyroids														✓								
Advice to take iodine pills																						
Advice not to take iodine pills				✓															✓	✓		
Import restrictions on food from the USSR			✓							✓							(✓)		✓			
Import restrictions on food from other countries			✓							✓							(✓)		(✓)			
Advice to tourists not to go to some areas					✓														✓			
Monitoring tourists from some areas					✓			✓													(✓)	✓
Action levels stated or reconfirmed					✓														✓		✓	✓

THE CESIUM-137 PROBLEM

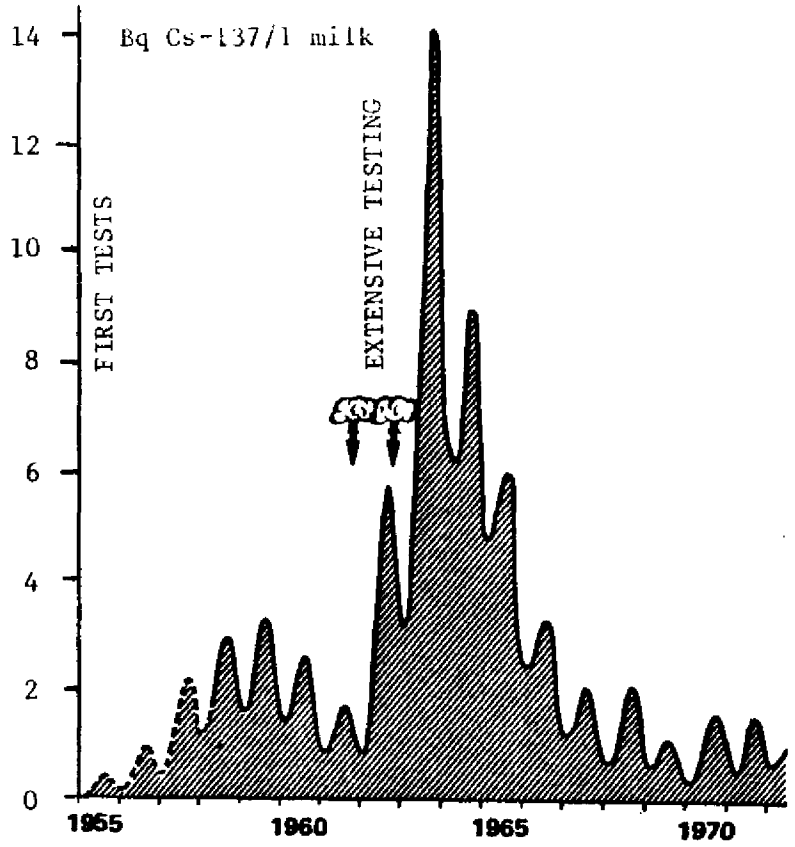
The world-wide contamination with radioactive fission products after the nuclear weapons explosions in the air, mainly during the period 1956 - 1962, has been thoroughly studied. The United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR) has published a number of reports where the resulting radiation doses have been assessed. The highest contribution to the population exposure from this source comes from cesium-137, which has a long half-life (about 30 years), is readily transported through various food chains, and exposes man both externally from depositions on the ground and internally after ingestion of food. Cesium-137 was found to contaminate most of the common food-stuffs such as milk, meat and cereals.

Figure 11 shows the variation with time of the cesium-137 content in diet and milk in some countries. Following the Chernobyl accident, cesium-137 has been found in air and in deposited material on the ground in unexpectedly high proportions, indicating that it was as easily released from the reactor as iodine. In the local areas where the deposition of iodine-131 has been high, the deposition of cesium-137 has also been found to be high, for example 40 kBq/m^2 in the Munich area and 1 - 4 kBq/m^2 in parts of Scotland. In areas with less precipitation, the values are considerably lower, and where there has been no direct exposure to the early plumes still lower, for example 0.01 - 0.02 kBq/m^2. The main difference with the present situation is that the cesium deposition is now much more unevenly distributed.

Based on the UNSCEAR assessments of the consequences of the nuclear fallout, the cesium contamination outside the USSR is not likely to cause any serious problems. However, since cesium-137 dominates the long-term exposure, it will not be possible to assess the overall impact of the contamination unless the distribution of the cesium-137 deposition is better known. Some uncommon food chains, such as from lichen to reindeer, would also need to be studied to ascertain that there are no activity concentrations of concern.



(a)



(b)

Figure 11: (a) the concentration of cesium-137 in diet during and after the period of heavy atmospheric testing of nuclear weapons, (b) average cesium-137 concentration in Swedish dairy milk during and after the nuclear test explosions in the atmosphere. The curves illustrate that there is a relatively rapid decrease in the cesium-137 contant in milk after the addition of new atmospheric activity ceased after 1962.

(Source: A UNEP booklet on UNSCEAR (a) and a Swedish book on nuclear power and radiation by B. Lindell and S. Löfveberg(b).

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PART II - CONCLUSIONS AND RECOMMENDATIONS OF CONSULTATION
Copenhagen, 6 May 1986

Following the nuclear accident in Chernobyl, USSR, the World Health Organization, both at the Regional Office for Europe in Copenhagen and at the Headquarters in Geneva, was approached by Member States for urgent advice on the existing situation, the prediction of consequences and advice on action to be taken at national level.

The Director General of WHO has entrusted the Regional Office for Europe with follow-up action and a team has been assembled for the period of the emergency.

Following an analysis of the situation, it was decided to urgently convene a group of senior experts. This group, composed of senior scientists with knowledge in the fields of meteorology, radiation protection, biological effects, reactor technology, emergency procedures, public health and psychology, met in Copenhagen on Tuesday, 6 May 1986, to analyse the development of events and their consequences.

On the assumption that there will be no new major release of radioactive substances, the experts advised WHO on the need for public health actions in the present situation as of 6 May 1986. The radioactive substances in the atmosphere over Europe have now been diluted in the air masses and the most short-lived radionuclides have decayed. Some of the actions that were recommended by some countries in the early phase of the accident are therefore no longer required and it is unlikely that new situations will develop that would warrant such actions outside the immediate accident area in the USSR.

The experts agreed that the following actions are not justified at the present time: the need for the public to stay indoors, precautions with regard to inhaling dust in agriculture or in gardening, and advice against the use of surface and ground water as a drinking water source. In particular, the use of iodine pills is not now advisable.

Any necessary control measures at a distance from an accident site are aimed at reducing radiation doses as far as reasonably possible. In general, the use of dairy milk, even by infants and pregnant women, and the breast feeding of infants cause no radiation doses of concern, as marketed milk is usually a blend from different sources. On the other hand, heavy rainfall coincidental with the passage of the radioactive cloud has caused localized high depositions of iodine-131, which may then be found in elevated concentrations in raw milk at some farms. Restriction of the immediate consumption of such milk may still be justified on the basis of national action levels, e.g. the 2000 Bq/l adopted in a number of countries, as a guide above which restrictions may be considered. The usual washing of fresh vegetables and not using rain water for drinking are in most cases simple actions which may still be advised as a measure for avoiding unnecessary exposure.

The group considered that there was no reason for travel restrictions between countries, with the obvious exception of travel to the immediate surroundings of the accident site.

Imports of foodstuffs have raised a number of questions and several countries have taken control measures. There is no public health justification to support such restrictions - with the exception of products coming from the contaminated area around the site of the accident and possibly from limited areas of enhanced contamination which might exist in certain countries where there was rainfall during the passage of the cloud in the first few days after the accident. However, lack of information about the level and the area of contamination in the USSR, as well as difficulties in clearly identifying the precise origin of products, may prompt administrative measures which should preferably be based on measurements of the actual degree of contamination. The direct deposition of radioactive aerosols on skin, clothing, vehicles and other objects is not a cause for concern, with the possible exception of exposure to processes that concentrate atmospheric dust, such as large air through-put units. For the proper assessment of the long-term impact of the accident it is necessary to have more detailed knowledge of the deposition of cesium-137. It is recommended that the magnitude and geographical distribution of these depositions be studied.

There is a need to establish an international system to collect and interpret information on any future large-scale accident. This system should be based on existing national systems and international networks, and should provide for early exchange of information within and among countries.

There is a necessity for maintaining systems at national and local levels to provide information and advice to the public from well defined focal points.

Guidelines have been published by a number of international organizations on emergency response planning. The experience gained in relation to this accident should be fully utilized in reviewing and consolidating such guidance.

PART III - LIST OF PARTICIPANTS

Temporary Advisers

Dr Dan BENINSON, Chairman, International Commission on Radiological Protection, and Director, Nuclear Installations Licensing, National Atomic Energy Commission, Federal Capital, Buenos Aires, Argentina (Rapporteur)

Dr Luciano CARRINO, Member, WHO/EURO Group of Assessors for Disaster Preparedness & Management, and Expert, Section on Health, Department of International Cooperation, Ministry of Foreign Affairs, Rome, Italy

Dr Jean CHANTEUR, Professor, Faculty of Medicine and Deputy Director, Central Service for Protection Against Ionizing Radiation, Paris, France

Dr Harriet DIGE-PETERSEN, Member, International Secretariat, National Board of Health, and Chief Physician, Department of Physiology & Nuclear Medicine, Glostrup Hospital, Glostrup, Denmark

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Dr Emil KUNZ, Head, Department of Radiation Hygiene, Institute of Hygiene and Epidemiology, Prague, Czechoslovakia

Dr Julian LINIECKI, Professor, Department of Nuclear Medicine, Medical Academy of Lodz, Lodz, Poland

Dr Jean-Claude NENOT, Chief, Radiation Health Services, Department of Health Protection, Institute of Protection & Nuclear Safety, Atomic Energy Commission, Fontenay-aux-Roses, France

Dr Christer PERSSON, Senior Meteorologist, Swedish Meteorological and Hydrological Institute (SMHI), Norrköping, Sweden

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Mr Victor V. ZONOV, Attaché for Science and Technology, USSR Embassy, Copenhagen, Denmark

REPRESENTATIVES FROM OTHER ORGANIZATIONS

International Atomic Energy Agency (IAEA)

Mr Bruce W. EMMERSON, Emergency Assistance Specialist, Division of Nuclear Safety, Vienna, Austria

WORLD HEALTH ORGANIZATION

Regional Office for Europe

Dr Jean-Paul JARDEL, Director, Programme Management (Chairman)

Dr Bo LINDELL, WHO Consultant on Radiation Protection, and Chairman-Elect, United Nations Scientific Committee on the Effects of Atomic Radiation (Rapporteur)

Dr Michael J. SUESS, Regional Officer for Enviromental Health Hazards (Assistant Secretary)

Mr J. Ian WADDINGTON, Director, Environmental Health Service (Secretary)

Headquarters

Dr. Peter J. WAIGHT, Scientist (Radiation), Prevention of Environmental Pollution, Division of Environmental Health

To: lgonzale@netsalud.sa.cr, odemunck@netsalud sa.cr, perezric@paho.org, krodrigu@netsalud.sa.cr
From: "Helena Molin V. UN-IDNDR" <hmolin@undpcos.nu.or.cr>
Subject: Enseñanzas Reuniones Nacionales CRID/Informe y futuras actividades: ESTRATEGIA
Cc: mvillalo@netsalud.sa.cr, crid@netsalud.sa.cr
Bcc:
Attached:

Con estas lineas quisera comunicar algunas de mis reflexiones sobre como mejorar nuestros esfuerzos para fomentar las redes nacionales a traves de las reuniones de capacitacion y consolidacion, basados en la reciente reunion de la
Red Cooperativa de Informacion sobre Desastres para Costa Rica (tomar en cuenta esto tambien para el informe de esta reunion, que debe estar listo y revisado miercoles 11 de agosto y enviado a los participantes de la reunion el juves 12):

1- Ver el campo de la informacion y su organizacion (lo que hace CRID y otros homologos) en el contexto del proceso integral y multisectorial para lograr reduccion del impacto de los desastres, que se puede simplificar asi:
CONOCIMIENTO-- Investigacion, evaluacion, (documentacion)
SOCIALIZACION del conocimiento:- formacion, edicacion, acceso a la informacion-diseminacion/campañas, medios, etc
ACCION- elaboracion y ejecuciuon de programas, proyectos, legislacion, etc.

Obviamente lo que hacemos en CRID y a atraves del SIstema SRID sera servir de enlace entre el CONOCIMIENTOA- para la SOCIALIZACION (acceso de la info y diseminacion) para lograr ACCION de cambio hacia reduccion de desastres.

Por lo tanto necesitamos contar con un sistema que incluyen socios de los tres grupos. Debemos dividir los socios del Sistema de la siguente foma·

2- (Seria importante desde la convocatoria, identificar y hablar de socios en estas tres lineas)
a) Provedores de la informacion (centros de sosmologia, vulcanologia, meteorologia, estudios sociales, Universidades/Investigadores, cruz roja etc...).
b) Unidades de Informacion/ Centros de Documentacion /Bibliotecas- depositarios de la informacion y atencion a usuarios.
c) Utilizacion de la informacion- diseminacion y analisis (SECTOR EDUCATIVO/Kiosko de informacion, para informacion publica/campañas/medios de comunicacion, capacitacion, etc)

3- Identificar entonces los mecanismso de enlazar los tres gurpos:
Establecer mecanismos regulares para que la produccion de la info especializada del grupo a) llegue a las Unidades de Informacion en el Sistema y que luego haya divulgacion y mecanismos para los prinicpales USUARIOS (y publico en general) para encontrar esta informacion de manera mas expedita(por ejemplo: la comunidad estudiantil deberian poder ir al Kiosko de informacion del MEP y alli tener acceso a la principal info segun Plan de estudio, las principales Bibliotecas tambien, etc,

los Centrops de capacitacion especializadas, etc.)

4- Lo que se hizo para Costa Rica fue tratar de organozarse asi-- hay que preparar las guias de discusion en estal lineas, agregando ya elemtos ya conocidas (como las guias que se usaron, incluso con mas detalle)

5- Identificar con nombre y apellido que organizacion se hace cargo de que y establecer fecha para proxima actividad

6- Presentar opcion de servicio de CRID en este Sistema (a nivel regional) y alistar el Directorio de Centros de Informacion por pais– ya publicar en el web los que tenemos, desde la Reunion Global, luego de cada pais en la Region donde conocemos algunos centros. Inclorporar la lista del inventario en CA y luego co9mpletar con la informacion mas exacta de cada reunion nacional-

7- Para las reuniones nacionales (y la regional) hay que iniciae con estas clarificaciones estrategicvas y conducir las presentaciones de las organizaciones presentes o convocadas de manera clasificada segun lo de arriba.
En los grupos de trabajo procurar mezclar de cada grupo e identificar un par de tareas puntuales a cunplir con un plazo fijado.
Un facilitador de CRID debe conducir las presentaciones de cada quien y resumir lo dicho para el contexto arriba mencionado (hacer preguntas estrategicas si el presentador se olvida de lo esencial y pararlo si empieza hablar de asuntos fuera del tema), orientar la discusion de los grupos y garantizar que se toman algunos acuerdos de accion especificas para un proximo paso.

8- Identificar immediatamente algunas necesidades minimas de reforzamiento de las Unidades de Informacion que formarian parte de la red para compras con fondos ECHO para que funcione (acceso Internet si alguien no lo tiene, mejor modem, otra cosa??)

9- PAra la reunion Regional la proxima semana ya debemos llevar una propuesta de agilizar el intercambio:
Mega Pagina web--- (usar el mismo en Canada...?)
Directorio impreso y en el web
Alguna publizacion conjunta?
List serv....

Que proponen? Mañana martes en la tarde hablaremos de esto en reunion metodologico en CRID.

Helena

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From: "Helena Molin V. UN-IDNDR" <hmolin@undpcos.nu.or.cr>
Subject: RE: AGENDA SRID 16-20 AGOSTO: Propuesta
Cc: mvillalo@netsalud.sa.cr, "Morales, Srta. Raquel" <moralesr@cor.ops-oms.org>
Bcc:
Attached:

Enonces la Agenda sera la siguiente, segun mi opinion:

Lunes
13.30 Inauguracion (hay que invitar a Dr. Fernandez para inaugurar y tambien considero a Koberg y mi persona)
14.00-16.00
SISTEMA REGIONAL.....
a) Presentacion de CRID y su desarrollo actual (desarrollo institucional, proyecto ECHO, servicios y posible futuro).
Incluir aqui la presentacion es de la propuesta de SRID, renovada desde la ultima vez, pero incorporando unas ofertas concretas de CRID (web, directorio electronico-impreso,
b) -Presentacion del avance conformacion Red Cooperativa Nacional de Informacion sobre Desastres en Costa Rica (de la reunion semana pasada y su respective informe)
c) Avance del proyecto del Caribe- UWI-CDERA
d) LA RED (si alguien de LA RED viene)
16-17.30 tener una discusion de posible mecanismo de coordinacion y establecer pautas y "comite ejecutivo inicial" de SRID (grupos)

Martes:
9.00- 10.00 Presentar resultados de cada grupo y elegir esta primer Comite Ejecutivo de SRID.

10-12.00: Hacer presentaciones de los centros presentes sobre sus principales actividades en el tema (segun la clasificacion en mi mensaje anterior) Mas de tipo informativo. Que cada quien aqui incluya algo sobre lo que hacen o tienen proyectado hacer para integracion o coordinacion con otros centros en su pais, para un mayor intercambio, y necesidades o proyeccion de capacitacion en el campo.
12.30-
Finalizar la mañana con una discusion en plenaria sobre posible capacitacion compartida: topicos principales y recursos disponibles (luego este tema especifico para Centroamerica, en su programacion e identificacion, se hace el viernes)

14.00 - 17.30
Demostracion de BVD y BVS
Demostracion web CRID (y otros sitios de interes de los alli presentes) y de los materiales de capacitacion en proceso por CRID (y si algun otro tiene)
LIS y otras cosas de interes de caracter informativo y de "capacitacion"

Miercoles y jueves:
Thesaurus
(lili con Elenice deben acordar una guia de trabajo para estos dos dias muy especifica y garantizar un producto final-- osea, conducir bien las discusiones hacia lo que queremos lograr con los dos dias: un primer Thesurus conjunto)

Viernes:
Solo con los paises Centro americanoa, especialmente Hon y ElS, pero los demas pueden participar, para programar la capacitacion que puede brindar CRID durante septiembre en dos paises:
Definir fechas, invitaciones a quienes, el centro coordinador en el pais, contenido, duracion, etc

QUE PIENSAN?
Habra que trabajar en la presentacion inicial de CRID y SRID. Eso sera nuestra proxima carta de presentaciona ante donantes ambien.

Quienes han confirmado su llegada ya? Sabemos quien Dr. Lamy quiere enviar de Nica? Llega Denis?

Helena

At 02:15 PM 8/9/99 -0400, Perez, Mr. Ricardo wrote:
>Hola,
>
>
>Como le dije a Liliana, yo no veo la parte de la BVD como parte de la
>capacitacion. Lo importante es la experiencia, dentro de la estretegia
>global de difusion de informacion, (una etapa mas), y en ese sentido lo veo
>mucho mas pertinente el lunes, al igual que la experiencia de la BVS. Sera
>interesante (y coherente) mostrarlas agrupadas.
>
>Ademas es tan sencillo usar la BVD que hay muy poco que capacitar. Todo el
>mundo que sepa usar netscape o internet-explorer ya sabe usarla.
>
>Tambien creo (como Helena) que se abusa en la agenda de "Training
>Strategies", porque no pienso que tengamos tanto que ofrecer, ni el CRID ni
>los paises.
>
>Mi propuesta seria hacer las presentaciones nacionales y regionales (BVD,
>BVS y las que sean) entre lunes tarde y martes mañana, incluyendo tiempo
>para discusion general, dentro de una sesion que se llamase Experiencias
>nacionales o regionales sobre información de desastres La tarde del martes
>la dejaria para demostraciones y capacitacion, pero debe ser una sesión muy
>abierta,y ahi se podria mostrar el LIS, quizas un borrador del nuevo web del
>CRID, y otras cosas..

>
>Coincido con Helena, que la parte del tesaurus debe tener dos dias
>completos: miercoles y jueves.
>
>Tambien creo que abusamos un poco del uso del "Regional Disaster Information
>System", cuando aun es tan debil.
>
>saludos
>
>-----Original Message-----
>From: Helena Molin V. UN-IDNDR [mailto:hmolin@undpcos.nu.or.cr]
>Sent: Sunday, August 08, 1999 6:51 PM
>To: Lilliana Gonzalez; "B. Raquel Morales Alpizar"
>Cc: perezric@paho.org; odemunck@netsalud.sa.cr; mvillalo@netsalud.sa.cr
>Subject: Re: AGENDA SRID 16 AGOSTO
>
>
>Estimada Lili
>
>Aqui van las correcciones ya incorporadas en el texto.
>
>Me parece que la agenda del primer dia habra que rehacerla y que la
>presentacion de la biblioteca virtual debe pasar al dia martes- como parte
>de la capacitacion.
>El primer dia, que solo es una tarde, deberiamos usar para hablar de los
>contactos, que hace cada quien y asuntos mas del sistema.
>
>Tampoco creo que necestitamos mucho tiempo para discutor la ESTRatEGIA de
>capacitacion- no tenemos demasiado para ofrecer para esto- un medio dia creo
>que seria suficiente.
>Dejar tiempo para demostraciones, incluso de los manuales, los webs, los
>motores de busqueda, bibliotecas virtuales etc. Seria importante darle mas
>tiempo a la Biblioteca Virtual de Desastres que la de salud (que presentara
>Elenice, verdad?)
>
>Yo simepre pense que la parte mas importante de esta reunion sria lo del
>Tesaurus- y para darle mas tiempo creo que necesita dos dias completos.
>
>Va copia de esto a Ricardo y Olivier, que piensan?
>
>Helena
>
>At 03:41 PM 8/6/99 -0400, Lilliana Gonzalez wrote:
>
>

>Adjunto agenda actualizada en ingles. Por favor revisen los horrores.
>
>Gracias Lilliana
>