REPORT OF MEETING OF

NATIONAL HEALTH COORDINATORS

IN

EMERGENCY PREPAREDNESS AND DISASTER RELIEF COORDINATION

HELD AT THE

OFICINA SANITARIA PANAMERICANA

CARACAS, VENEZUELA

June 1 through 3, 1988

CHAIRPERSON: DR. C.J.A. ELASSAIS
REPRESENTATIVE OF NETHERLAND ANTILLES

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   List of Representatives
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4. Status of Disaster Management Programmes in the Caribbean

   - Anguilla
   - Antigua and Barbuda
   - Bahamas
   - Barbados
   - Belize
   - Bermuda
   - British Virgin Islands
   - Cayman Islands
   - Cuba
   - Dominica
   - French Guiana
   - Grenada
   - Guadeloupe
   - Guyana
   - Haiti
   - Jamaica
   - Martinique
   - Montserrat
   - Netherlands Antilles
   - St. Kitts/Nevis
   - Saint Lucia
   - St. Vincent
   - St. Marteen
   - Suriname
   - Trinidad and Tobago
   - Turks and Caicos

5. Hospital Profilles - Caribbean Region

6. Technical Cooperation required from PAHO/WHO in Program
   of Emergency Preparedness and Disaster Relief Coordination - 1989

7. SCENARIO and EXERCISES

SUMMARY

1. PARTICIPANTS AND REPRESENTATIVES OF AGENCIES/COUNTRIES

Twenty-one (21) health coordinators of Emergency Preparedness and Disaster Relief Coordination, representing twenty-one (21) Caribbean countries attended the 3rd Annual Meeting. There were also representatives from CIDA/USAID, Barbados, European Economic Community, France, Venezuela, UNDRO, and the Pan American Health Organization, who were attending a parallel meeting on Medical/Health Assistance in the event of a disaster in the Lesser Antilles.

A list of national health coordinators, and representatives of countries/agencies is attached as Annex I.

2. AGENDA

The AGENDA of the three day meeting is attached as Annex II.

3. OPENING SESSION

The opening session was chaired by Dr. Claude deVille, PAHO/WHO Regional Advisor in Disaster Management. Short addresses were delivered by Dr. Barry Whalley, PAHO/WHO Representative in Venezuela and Dr. Luis Blanco Acevedo, Representative of the Ministry of Health, Venezuela.

Mrs. Gloria Noel, PAHO/WHO Emergency Preparedness Advisor, presented the National Health Coordinators and Representatives.

Dr. Vernon Buffong, National Health Coordinator, Montserrat made Closing Remarks.

4. CONCLUSIONS

4.1 PERFORMANCE TARGETS FOR HEALTH SECTOR DISASTER MANAGEMENT PROGRAM

(i) The performance Targets developed by a small work group were reviewed and accepted by the meeting. Strategies for accomplishing the targets set were also identified.

Guidelines for evaluating the degree of implementation of the Disaster Management Program at national level were provided.

It was agreed that Health Coordinators would:

Utilize the guidelines to Assess the Status of their National Health Sector Disaster Management Program.

(ii) On the basis of this assessment prioritize performance targets and develop a work plan for January to December 1989 with clearly stated objectives, activities, schedules and evaluation indicators. Copies of these work plans would be sent to PAHO by 31 August 1988. A suggested format for the workplan is at Annex III.

(iii) Utilize a "Fan Out" system for developing , coordinating and involving health personnel at all levels, to ensure implementation and evaluation of the work plan.

4.2 PRELIMINARY AGREEMENT ON MEDICAL/HEALTH ASSISTANCE IN THE EVENT OF A DISASTER IN THE LESSER ANTILLES

The OECS Countries, Barbados, the U.S. Virgin Islands and to a lesser extent Trinidad and Tobago have limited medical and health resources to face large scale emergency situations resulting from natural or technological disasters.

The capacity of Barbados, Canada, European Economic Community, France, USA, Venezuela, to provide medical care assistance within the first six hours following a sudden disaster in another country, as well as the administrative procedures and/or constraints were identified. The distribution for first medical response in relation to the disaster affected country has been proposed.

The proposed agreement by donor countries to provide medical/health assistance in the event of a major disaster to Trinidad and Tobago, Grenada, St. Vincent and the Grenadines, Dominica, Saint Lucia, Antigua, St. Kitts, U.S. Virgin Islands and Barbados will be presented by Mr. Franklin McDonald Project Manager, PCDPPP to the Meeting of Caricom Ministers responsible Health to be held June 9-10, 1988. The mechanism for assistance to the British Virgin Islands and Montserrat will be determined following consultation with U.K. and France.

4.3 FOLLOW-UP OF EMERGENCY/TRAINING PROGRAMS AT NATIONAL LEVEL

Health Coordinators will follow-up national education/training programs on "Mass Casualty Management" and "Emergency Management of Environmental Health and Water Supply Services", emanating from the sub-regional training of Trainers courses.

5. SUMMARY OF AGENDA ITEMS

DAY I:

5.1 VULNERABILITY OF THE CARIBBEAN AND IMPLICATIONS FOR THE HEALTH SECTOR

Mr. Franklin McDonald, Project Manager PCDPPP presented the "Vulnerability of the Caribbean Region and implications for the Health Sector in Emergency Preparedness and Disaster Relief Coordination". This presentation focussed on:

(i) The present state of vulnerability;
(ii) Status of other response areas and;
(iii) The relationship between the health sector and other sectors.

He referred to the support given by PAHO for the past ten (10) years and the need for the health sector to have clearly defined policies, well documented plans, well rehearsed procedures and performance targets.

The Caribbean was vulnerable to natural events such as earthquakes, volcanic eruptions, hurricanes and floods. The absence of hurricanes between 1980-1987 was an unprecedented record for the Caribbean and predictions suggested the odds were against another hurricane free seven (7) years, so countries should be prepared for a return to the normal pattern of regular hurricanes.

There has not been a major earthquake in the Caribbean since 1946 and a prediction exists that islands between Antigua and Cuba should expect a major earthquake in the next 20-30 years. Dominica and St. Vincent with volcanic mountains though not actively erupting remain vulnerable to the possible eruptions in the near future.

Apart from natural disasters, the Caribbean was vulnerable to transport accidents by air, sea and land, as well as chemical accidents.

There was also the issue of Refugees and Displaced persons. In some states this population was as much as 10-20% of the total, and could pose problems for the health sector in the event of a disaster.

The health sector should look at all these credible events in terms of impact and demand on health services. It was felt that national health sector programs need to be strengthened, management issues need to be resolved, and health sector activities integrated within the national framework of disaster management.

In concluding, Mr. McDonald reminded National Health Coordinators, that there were operational decisions they could make as professionals, and policy decisions which could be channelled through the Ministries of Health.

5.2 COUNTRY REPORTS ON THE STATUS OF THE NATIONAL HEALTH SECTOR PROGRAM

Utilizing the format provided by PAHO/PCDPPP for the Annual Report, each country representative reported on the status of the national health sector program in his country. A summary of the status by country is at Annex IV.

It was the consensus that the format used was an appropriate guide which facilitates uniformity and specificity in reporting.

5.3 SUMMARY OF ACTIVITIES OF THE LEAGUE OF RED CROSS AND RED CRESCENT SOCIETIES IN PCDPPP

Miss Audrey Mullings, Regional Delegate of the League of Red Cross presented the activities of the League.

As a component of the Pan-Caribbean Disaster Preparedness and Prevention Project (PCDPPP), the Red Cross has addressed the following:

(a) Improving the disaster operational capacity of the Red Cross Societies in the region;

(b) Implementing a Regional Programme for First Aid Training;

During the period 1982-1986, the League of Red Cross and Red Crescent Societies (LRCRCS) component of the PCDPPP placed considerable emphasis on the First Aid Programme. This was seen as a personal preparedness measure for

individuals and for preparedness in the context of the wider community. A Student and an Instructor Manual have been prepared and the Student Manual translated into Spanish and French.

The trends in the region in Emergency Management, initiated in 1979 has reduced emphasis on relief and consequently Red Cross Societies are being encouraged to review their role in Disaster Management.

Emphasis for the Red Cross 1988-1990:

(a) Work with National Red Cross Societies to create self-sufficiency in Disaster Response;

(b) Increase the number of training courses to provide more expertise in the Red Cross and the wider community;

This area of emphasis proposes to include training for Youth:

(c) Development of the Red Cross disaster operational capabilities through the development and institutionalization of community programmes;

(d) Establishing and Maintaining close ties between the Red Cross and regional and National Government's Disaster Management Programmes;

The full text of Miss Mullings' presentation was distributed to participants.

DAY II

5.4 PAHO'S PROGRAM OF TECHNICAL COOPERATION IN EMERGENCY PREPAREDNESS AND DISASTER RELIEF COORDINATION 1988-1990

A summary of PAHO's program of technical cooperation in the Caribbean was presented by Mrs. Gloria Noel Emergency Preparedness Advisor.

Generally, the focus of activities is directed primarily to:

* Promoting and supporting the establishment or strengthening of technical programs in the Ministry of Health.

Countries are encouraged to identify "Disaster Management" as a program area within the overall context of Health Services Development.

* Promoting and supporting the development of human resources through education/training for an appropriate health response to emergency situations.

* Establishing closer cooperation between Ministries of Health, Non-Government Organizations including the private sectors, other key response sectors and representatives of the international community.

PAHO Program of Technical Cooperation is organized around six principal grounds of activities, namely:

5.4.1 **SUPPORT TO NATIONAL PROGRAMS INCLUDE:**

(i) Countries are being urged to identify and institutionalize Disaster Management as a program area in Health Services, integrated at all levels of care, with the establishment of a budget line to facilitate program implementation, accounting and demonstrate commitment in terms of a monetary value to the international community.

(ii) The designation of a suitable person to coordinate health sector programs at all levels, (including the Ministry/Department of Health, Regional, Parish, District, Community) in Emergency Preparedness and Disaster Management is crucial to program development.

"Terms of Reference" for the functioning of the Health Coordinator, have been developed and recommended for "incorporation in national disaster preparedness programs by the meeting of Caricom Health Officials (Guyana Oct. 1987).

Even though the Health Coordinator has other substantial responsibilities, it is recommended that a certain percentage of his time be devoted to Emergency Preparedness. The health coordinator should also identify a core of prepared persons to whom responsibilities for program implementation and evaluation could be delegated.

(iii) Infrastructure development/strengthening of institutional arrangements including development/ revision of hospital plans, metropolitan plans, parish/district/community plans has been on-going.

(iv) Communication systems have been strengthened in seven (7) Ministries of Health in Eastern Caribbean countries namely: Antigua, Barbados, Dominica, St. Christopher/Nevis, Saint Lucia, St. Vincent by providing faxcimilie machines.

(v) Closer collaboration and cooperation between English and non-English speaking countries has been achieved.

(vi) A self audit tool has been developed by PAHO/PCDPPP so that countries could evaluate the status of the health sector program in disaster management.

5.4.2 EDUCATION/TRAINING OF HEALTH AND RELATED PERSONNEL

(i) Training of Trainers Course:

This approach is considered as one mechanism of disseminating information and creating a multiplier effect so that in each country there is a core of personnel with knowledge and skills in the particular specialty area.

A subregional course on "Mass Casualty Management" for thirty-two (32) emergency room physicians and head nurses, was held in Barbados February 1988. One of the course activities was the simulation of an aircrash. Participants assumed the roles of first responders.

Two subregional courses on "Emergency Management of Environmental Health and Water Supply Services" were held in Jamaica and Barbados April and May respectively, for thirty-five (35) participants.

Course activities included the development of action plans by participants to be implemented in their home country. Health Coordinators have a responsibility to follow-up at national level.

(ii) University of the West Indies Distance Teaching Program:

PAHO has supported the UWIDITE course for Community health personnel in seven (7) locations Montego Bay and Kingston Jamaica, Antigua and Barbuda, Dominica, Grenada, Saint Lucia, Barbados, and Trinidad and Tobago.

(iii) **Integration of Content on Disaster Management into curricula for Education of health personnel:**

Disaster Management as a content area has been integrated into the basic nursing curricula of the English speaking caribbean.

Some countries are including content in training of auxiliary nursing staff.

The process of integrating content on Disaster Management in the Health Sciences Curriculum, University of Guyana has been initiated.

(iv) **Training of health personnel at National and Local levels:**

The Study Guides and self-instructional material developed by the University of Wisconsin in collaboration with PAHO is being extensively used. Credit will be given for participation in these courses towards the diploma in Disaster Management.

Fellowships and other support have been provided to facilitate attendance of Caribbean nationals to international meetings.

Seventeen (17) Caribbean nationals-representatives of the health sector, national emergency organization, fire and police attended Disaster Conference '88 in Orlando, February 1988.

Training in "Health Sector Post Disaster Needs Assessment" and "Implementing and Evaluating Simulation Exercises and Drills", have been identified as a need and will be addressed in future programs.

(v) Evaluation of the overall impact of training on the level of emergency preparedness and response capability is planned for 1989.

5.4.3 **Education/Training Materials:**

The computerized mailing list in the Caribbean has, and is expanding. Consequently, the distribution of PAHO Technical and Scientific material, bulletins and other audio visual material has increased considerably. Requests from countries for audio visual material is encouraging.

PAHO will continue to reproduce and distribute audio-visual material; provide information on the availability of education/training material; and promote the optimum use of education/training material.

The Development and Production of Technical articles on Disaster Management will continue.

Countries are being encouraged to identify an area where material on Disaster Management could be shelved so that interested persons have ready access to information.

5.4.4 MASS CASUALTY MANAGEMENT:

(i) In an effort to strengthen National Mass Casualty Management arrangements particularly in smaller states, PAHO has taken the initiative in developing a joint French/OECS 2 years project designed to improve the management of Emergency Medical Services through:

- providing medical assistance to casualties in the event of a disaster.
- training of health personnel in pre-hospital and hospital medical care of injuries resulting from unusual emergencies.
- collaborating with PAHO in the development of methodologies and training material on mass casualty management.

(ii) Agreement on Medical/Health Assistance in the event of Disaster in the Lesser Antilles:

The OECS countries Barbados, U.S. Virgin Islands and to a lesser extent Trinidad and Tobago have limited medical and health resources to face large scale emergency situations resulting from disasters. PAHO convened a meeting of agencies to stimulate a coordinated health response from participating agencies/countries in order to minimize duplication and ensure the most rapid response to a request from a disaster affected country.

The capacity of Barbados, Canada, European Economic Community, France, USA and Venezuela to provide medical care assistance within the first six (6) hours following a disaster in another country as well as the administrative procedures and/or constraints have been identified. The distribution for

first medical response in relation to the disaster affected country has been proposed.

Representatives from Montserrat and the British Virgin Islands requested inclusion for medical health assistance.

(iii) **Inventory of Hospitals in the Region:**

An inventory of Hospitals with respect to their capacity and potential has been developed. Countries are requested to send information to PAHO/PCDPPP so that this inventory could be maintained. (See Annex V)

5.4.5 **POST DISASTER NEEDS ASSESSMENT:**

PAHO Disaster Response Team is available to assist the health sector with needs assessment in the event of a disaster.

Availability of Immarsat Transportable satellite communication system to re-establish communications between the disaster affected country and the outside world.

Training of health coordinators in "Post Disaster Needs Assessment".

Sub-regional training of Trainers Course in Emergency needs and assessment, managing information and coordinating relief efforts is proposed.

Contingency funds can be provided in the event of a disaster.

5.4.6 **PARTICIPATION/INITIATION OPERATIONAL RESEARCH:**

5.4.7 Collaboration with UNDRO and Red Cross Components/ PCDPPP in planning and programming technical cooperation to countries.

5.5 RESPONSIBILITIES OF HEALTH COORDINATORS

The "Terms of Reference" for the Health Coordinators was reviewed. There was agreement that these gave direction to the functioning of the coordinator and could be adapted/ modified in the context of the National situation.

5.5.1 Performance Targets for the Health Sector Disaster Management Program:

Performance targets for the program were identified as follows:

(i) Designate National Health Coordinator and institutionalize/strengthen/promote emergency and disaster planning in health sector.

(ii) Vulnerability analysis of health facilities.

(iii) Develop and maintain health sector Disaster Loss reduction, response and recovery plan covering primary, secondary and tertiary systems.

(iv) Develop 5 years work plan and cost work plan with clearly stated objectives, activities, schedules, and appropriate milestones.

(v) Regular participation in the meetings of the national Disaster organizations, ongoing planning meetings, national and international education program, and participation in the programmes of other sectors.

(vi) Arrange and attend Annual meetings of persons and agencies responsible for emergency planning in the health sector, to review state of preparedness of facilities, institutions and regions.

(vii) In collaboration with the responsible training institutions develop and implement training programmes.

(viii) Establish, institutionalize and maintain multisectoral linkages.

(ix) Ensure adequate radio facilities to maintain communications within the health sector and between the health sector and other agencies.

(x) Identify needs and establish programmes of support, mutual assistance, multilateral and bilateral assistance for next 3-5 year.

(xi) Develop effective information exchange and sharing system including mechanism for documentation of lessons learnt, and appropriate research.

(xii) Regularly updated list of critical resources

at local, national and regional level.

(xiii) Budget for health sector programmes and where required evaluation of cost of programme.

(xiv) Develop and Test annually mass casualty plan and other appropriate emergency response management.

(xv) Identify in collaboration with NDC, areas with special problems (landslide, flood, hazardous materials, sub-standard housing etc).

(xvi) Ensure appropriate public health and other relevant laws, regulations and plans for environmental health response including surveillance, solid waste disposal and carcasses.

(xvii) Methodology, training and development of system for needs and damage assessment.

(xviii) Preposition public information and develop system for its rapid and appropriate dissemination.

(xix) System for psychological support and counselling for responders and victims.

(xx) Review and catalogue list of possible/credible disaster event based on both historic record and other information.

5.5.2 **Countries request for PAHO Technical Cooperation 1989:**

The procedures and channels to be used for identifying national needs and programming PAHO's technical cooperation were reviewed. It was recognized that countries would need input from PAHO to a greater or lesser extent depending on their level of program development.

A format for requesting PAHO technical cooperation was distributed and national coordinators were requested to identify needs, discuss these with the appropriate authority and channel their requests for 1989 through the country PAHO representative to PAHO/PCDPPP by 31 August 1988.

The format for requesting PAHO Technical Cooperations at Annex VI.

5.6 DEVELOPMENT OF REGIONAL/PARISH HEALTH SECTOR PLANS

This was presented by Dr. Marion Bullock-Ducasse. As a policy decision the Ministry of Health in Jamaica has accepted "Disaster Management" as a Program Area within Health Services development.

The Parish of St. Catherine was used as a Model for planning. The "bottom-up" approach to planning was used and developed within the operating system of primary health care. Within the parish there were zone health coordinators and within the zones, coordinators at the district level. This decentralization and delegation of responsibilities facilitated the planning process at all levels within the parish.

The Methodology for plan preparation were presented in detail in terms of:

Purpose
Organization
Relationship
Specific health department
Responsibilities
Communications
Resources
Post Disaster Evaluation

Copies of the detailed methodology for plan preparation were distributed to all participants.

Miss Ava Auguste described the methodology used in Saint Lucia for developing the Soufriere Region Mass Casualty Management Plan.

The Soufriere Hospital was the lead hospital in this area for the reception of casualties. Those needing more advanced care would be sent to St. Jude's hospital which could provide more complex services.

5.7 VIDEO PRESENTATIONS ON "MYTHS AND REALITIES"

This PAHO video was presented and certain aspects discussed. All disaster health coordinators will receive a copy in approximately 6-8 weeks.
Coordinators were urged to explore with national/public broadcasting companies the means by which this program can be broadcast to the general public.

5.8 OPTIMUM USE OF PAHO TRAINING RESOURCES

Ms. Pat Bittner, PAHO/WHO Technical Information Officer, visually presented and demonstrated the teaching material developed by PAHO and utilized by countries. These include scientific and technical publications, bulletins, videos, slides. A list of available material was distributed to all participants and the procedures for procurement discussed.

Written guidelines for the optimum use of training materials were provided to participants.

These included:

- The Frame of Reference;
- General Principles for the use of audiovisual characteristics of the Target Audience by resources by levels, namely: Political management: Technical Management; Regional Coordination and the Community;
- Planning the use of educational material;
- Criteria for selecting audiovisual material;

A document entitled "The Optimum Use of Training Material" PAHO Emergency Preparedness and Disaster Relief Coordination was distributed to each participant.

5.9 STRATEGIES FOR ACCOMPLISHING PERFORMANCE TARGETS OF HEALTH SECTOR DISASTER MANAGEMENT PROGRAMME

Representatives from Antigua and Barbuda, Bahamas, Belize, Bermuda, Cayman Islands, French Guiana, Grenada, Guyana, Haiti, Jamaica, Montserrat and Netherlands Antilles developed and discussed strategies which could be utilized to accomplish the performance targets set (See 5.5.1 pages 10-12) and in relation to these identify the following:

(i) Each National Health Coordinator will discuss with the relevant authority in Ministry of Health regarding designation. This information will be disseminated to the health sector, National Disaster Committee and other relevant agencies. A firm commitment and decision will be taken before the next meeting.

(ii) Liaise with relevant technical departments to ensure vulnerability analysis. Regular system of checks and maintenance to be developed and instituted.

(iii) Standardized codes for health buildings, maintenance and inspection in Caribbean Region to be discussed further.

(iv) Liaise with maintenance, Ministry of Works and other relevant agencies to develop and maintain plan.

(v) Monitor process quarterly and institute checklist system. Annual review and evaluation re recommendations, including procurement of up-to-date equipment.

(vi) Develop 5 year Work Plan. Review previous year's work. Set objectives. Write plan to include costing - for June '88 to May '93 - to be submitted to PCDPPP by end of August 1988.

(vii) Identify relevant meetings, cost, and participants (or delegate responsibility) by maintaining contact with local and international resource organizations and agencies.

(viii) As for (5).

(ix) Identify needs for health sector in Disaster Management and develop and plan programme - including regular evaluation.

(x) Review present communication system, identify needs and resources available. Procure equipment and train staff. Develop and institutionalize routine check of system and perform regular simulation/drills to maintain adequate communication linkages.

(xi) As written in (10) and submit programme.

(xii) Each country will document all major incidents and other relevant information. This will be sent to PCDPPP who will distribute to all Health Coordinators.

(xiii) Health Coordinators are encouraged to also share information among themselves at regular intervals

and as requested.

(xiv) Identify needs and maintain a list of educational material at all levels.

(xv) As in (13).

(xvi) Supervise and follow-up participants of Mass Casualty Course involved in each country to develop and test mass casualty management plan.

(xvii) As in (15) and review annually.

(xviii) Liaise and consult/hire relevant technical authority/staff.

(xix) Collaborate with relevant information agencies to develop and implement pre-position public information system.

(xx) Identify training needs and sensitize relevant disaster officials to training in this aspects of Disaster Management.

(xxi) Request PCDPPP to support training of National Health Coordinator and other resource personnel in specialty area.

(xxii) As in (20).

DAY III

6. EDUCATIONAL/TRAINING PROGRAM IN POST DISASTER NEEDS ASSESSMENT

On the third day an educational/training program was was implement for health coordinators on "Post Disaster Needs Assessment". This learning need was identified at the 2nd Annual Health Coordinators Meeting held in Barbados 1-3 June 1987.

6.1 Purpose

To strengthen the capabilities of health personnel in post-disaster needs assessment so that appropriate national and international resources can be identified and maximum use be made of them.

6.2 Objectives

At the end of the session, participants will be able to discuss the methodology for identifying health sector risk factors, the magnitude of the disaster impact, the nutritional status, and the surveillance system to be used in the immediate post-disaster period.

6.3 Methodology

The methodology of the training session included slide and video presentation, group discussions and a plenary session.

On the basis of a Hurricane Scenario, participants did desk-top exercises to assess post disaster health sector needs. The Scenario and corresponding exercises are attached as Annex VII.

There was consensus that this was a very useful exercise.

7. CLOSING SESSION

Dr. Barry Whalley PAHO/WHO representative in Caracas was the chairperson of the closing session.

Mrs. Gloria Noel PAHO/WHO Emergency Preparedness Advisor presented a summary of the three day meeting the conclusions reached and the recommendations made.
Dr. Claude deVille Regional Advisor in Emergency Preparedness informed participants of the conclusions of the meeting on Medical/Health Assistance in the event of a disaster in the Lesser Antilles.

Dr. Luis Blanco Acevedo representing the Minister responsible for Health in Venezuela addressed the gathering. He expressed the view that the presence of Caribbean Health Coordinators in Caracas was one mechanism for strengthening ties between the two countries.

ANNEX I

3RD ANNUAL MEETING OF CARIBBEAN HEALTH COORDINATORS IN DISASTER MANAGEMENT
Caracas, Venezuela 1-3 June 1988

L I S T O F P A R T I C I P A N T S
****

ANTIGUA AND BARBUDA	Ms. Olive Gardner
BAHAMAS	Dr. Henry Podlewski
BARBADOS	Mr. Wilson Wade
BELIZE	Dr. Peter Craig
BERMUDA	Ms. Jacqueline Lightbourne
BRITISH VIRGIN ISLANDS	Ms. Winifred Charles
CAYMAN ISLANDS	Mr. Mervin Connolly
DOMINICA	Dr. William Green
FRENCH GUIANA	Dr. Patricia Vienne
GRENADA	Mrs. Shirley Mathlin
GUYANA	Dr. Federeick Rutherford
HAITI	Dr. Yves Guirand Renaud
JAMAICA	Dr. Marion Bullock DuCasse
MARTINIQUE	Dr. R. Demeulemeester
MONTSERRAT	Dr. Vernon Buffong
NETHERLANDS ANTILLES	Dr. Caroll Ellassaiss
ST. CHRISTOPHER/NEVIS	Dr. Franklin Lloyd
SAINT LUCIA	Mrs. Ava Augusto
ST MAARTEN	Dr. Donald Gumbs Mr. Rudy Dovale
ST. VINCENT & THE GRENADINES	Mrs. Pamela Bonadie

3RD ANNUAL MEETING OF CARIBBEAN HEALTH COORDINATORS
IN DISASTER MANAGEMENT
Caracas, Venezuela 1-3 June 1988

L I S T O F R E P R E S E N T A T I V E S

****

Dr. Luis Biaz	(VENEZUELA)
Mr. Jeam-Pierre Bolduc	(CIDA)
Mr. Paul Bell	(OFDA/USAID)
Dr. Ellery Gray	(OFDA/USAID)
Mr. Brisbane Babb	(CERO, BARBADOS)
Monsieur G. Jacquet	(FRENCH MISSION)
Dr. Jean-Pierre parra	(FRENCH COOPERATION)
Dr. R. Demeulemeester	(FRENCH COOPERATION)
Mr. Eberhard Stahn	(EUROPEAN ECONOMIC COMMUNITY)
Dr. Yves Zaragoza	(EUROPEAN ECONOMIC COMMUNITY)
Mr. Franklin McDonald	(PCDPPP)
Ms. Audrey Mullings	(LRCS/PCDPPP)
Dr. Claude deVille	(PAHO WASHINGTON)
Ms. Pat Bittner	(PAHO WASHINGTON)
Dr. Jean-Luc Poncelet	(PAHO COSTA RICA)
Ms. Megumi Hirayama	(PAHO ANTIGUA)
Mrs. Gloria Noel	(PAHO ANTIGUA)

3RD ANNUAL MEETING OF CARIBBEAN HEALTH COORDINATORS
IN DISASTER MANAGAEMENT
Caracas, Venezuela 1-3 June 1988

G R O U P W O R K
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GROUP I

Ms. Olive Gardner
Dr. Franklin Lloyd
Mrs. Shirley Mathlin
Dr. Federick Rutherford
Dr. Peter Craig
Mr. Mervin Connolly
Dr. Ronald gumbs

GROUP II

Dr. Marion Bullock DuCasse
Mrs. Winifred Charles
Mrs. Ava Auguste
Dr. Henry Podlewski
Dr. C.J.A. Ellassais
Dr. R. Demeulemeester
Dr. Yves Guirand Renaud

GROUP III

Dr. William Green
Mrs. Pamela Bonadie
Dr. Vernon Buffong
Dr. Rohit Doon
Mr. Wilson Wade
Dr. Vienne
Mrs. Jacqueline Lightbourne

DAY II

TIME	
0830 - 0930	PAHO Program of Technical Cooperation 1988-1990.
0930 - 1000	Responsibilities of Health Coordinators: - Terms of Reference - Performance Targets - Follow-up of "Training of Trainers Courses on Mass Casualty Management", and "Environmental Health". - Country requests for PAHO's Technical Cooperation 1989: Mrs. Gloria Noel, PAHO Emergency Preparedness Advisor.
1000 - 1030	B R E A K
1030 - 1130	Regional/Parish/District Health Sector Plans: The Jamaica Experience - Dr. Marion Bullock DuCasse. The Saint Lucia Experience - Ms. Ava Auguste.
1130 - 1215	Discussion: "Performance Targets for Health Sector Disaster Management Programs".
1215 - 1330	L U N C H
1330 - 1530	Video Presentation "Myths and Realities". - Optimum use of PAHO Training material presentation and Discussion - Ms. Pat Bittner
1530 - 1730	Group Discussion: Strategies for Performance Targets. Plenary Session: Group Report.

DAY III

EDUCATIONAL TRAINING PROGRAM
POST DISASTER NEEDS ASSESSMENT IN THE HEALTH SECTOR

PURPOSE: To strengthen the capabilities of health personnel in post-disaster needs assessment so that appropriate national and international resources can be identified and maximum use be made of them.

OBJECTIVES: At the end of the session, participants will be able to discuss the methodology for identifying health sector risk factors, the magnitude of the disaster impact, the nutritional status, and the surveillance system to be used in the immediate post-disaster period.

AGENDA

TIME	
0830 - 0915	Assessment of Needs: Objectives at national and international level. Video "International Assistance". Dr. C. DeVille
0915 - 1000	Magnitude of the Impact: Geography, affected population, health sector. Mr. F. McDonald
1000 - 1015	C O F F E E B R E A K
1015 - 1100	Overview of epidemiology in disasters: definitions, problems of methodology. Dr. J.L. Poncelet
1100 - 1145	Morbidity, morality and surveillance systems: risk factors, daily report, sources of information, data processing. Dr. J.L. Poncelet

ANNEX IV

STATUS OF DISASTER MANAGEMENT PROGRAMMES IN THE CARIBBEAN

THE PARTICIPATING COUNTRIES	HEALTH COORDINATOR DESIGNATED	FULL TIME	PART TIME	TERMS OF REFERENCE APPROVED	REPRESENTATION ON NATIONAL EMERGENCY COMMITTEE	NATIONAL HEALTH SECTOR DISASTER MANAGEMENT PLAN	PROGRAM BUDGET	HOSPITAL PLAN	TESTED	PARISH DISASTER OR COMMUNITY HEALTH SECTOR PLAN	TESTED	DISASTER MANAGEMENT INTEGRATED IN BASIC POSTBASIC CURRICULA	ORGANISED IN SERVICE EDUCATIONAL PROGRAMMES FOR HEALTH PERSONNEL IN DISASTER MANAGEMENT	WORKING PROGRAMME DEVELOPED FOR 1988	COST OF PROGRAMME
ANGUILLA						A B S E N T									
ANTIGUA & BARBUDA	-	-	-	-		-	-	+	-	-	-	+ nursing	-	-	-
BAHAMAS	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-
BARBADOS	+	-	+	-		+	-	+	+	-	+	+ nursing	-	-	-
BELIZE	+	-	+	-		-	-	+	-	-	-	+ nursing	-	-	-
BERMUDA	+	-	+	+	+	+	+	+	+	+	+	-	-	-	-
BRITISH VIRGIN ISL.	+	-	+	-	+	+	-	+	+	+	-	-	-	-	-
CAYMAN ISLANDS	+	-	+	+	+	+	+	+	+	+	-	-	-	+	-
CUBA						A B S E N T									
DOMINICA	+	-	+	-	+	+	-	+	±	-	+	+ nursing	+	-	-
FRENCH GUIANA	+	-	+	-	-	+	+	+	-	-	-	+	+	-	-
GRENADA	+	-	+	-	+	-	-	-	-	+	-	nursing	+	-	-
GUADALOUPE						A B S E N T									
GUYANA	+	-	+	-	-	-		±	-	+	-	+	+	-	-
HAITI	-	-	-	-	-	-	-	-	-	-	-	-		-	-
JAMAICA	+	-	+	+	+	+	+	+	-	+	-	+	+	+	US$14,500 US$50,000
MARTINIQUE	+	-	+	+	+	+	+	+	+	-	-	-			
MONTSERRAT	+	-	+	-	+	+	+	+	+	-	-	+ nursing	-	+	-
NETHERLAND ANTILLES	+	-	+	+	+	+	+	+	-	±	-	+ nursing	-	+	-
ST KITTS/NEVIS	+	-	+	-		-	-	+	-	-	-	nursing	-	-	-
ST. LUCIA	+	-	+	-	+	+	-	+	-	+	-	nursing	±	+	EC1,800
ST. VINCENT & GRENADINES	+	-	+	-		-	-	+	-	-	-	nursing	-	+	-
SURINAME						A B S E N T									
TRINIDAD & TOBAGO	+	-	+	-	-	-	-	+	-	-	-	+ nursing	-	-	-
ST. MAARTEN	+	-	+	+	+	+	+	+	-	-	-	-	+	-	-
TURKS & CAICOS						A B S E N T									

TECHNICAL COOPERATION REQUIRED FROM PAHO/WHO IN PROGRAM OF EMERGENCY PREPAREDNESS AND DISASTER RELIEF COORDINATION - 1989

COUNTRY _____

I. Support to National Health Sector Program

		Yes	No
1.1	Development of Health Sector Plan	[ ]	[ ]

Please specify .....

.....

.....

		Yes	No
1.2	Hospital Preparedness Planning	[ ]	[ ]

Please specify .....

.....

.....

		Yes	No
1.3	Development of Regional/Metropolitan/Parish/ District/Community Plans	[ ]	[ ]

Please specify .....

.....

.....

		Yes	No
1.4	Simulation Exercises/Drills	[ ]	[ ]

Please specify .....

.....

.....

1.5 Other activities

Please specify .....

.....

.....

Education/Traning of Health Personnel

Yes [ ] No [ ]

If yes, please specify:

Topic (s)	Purpose	Number and Representation of Participants	Duration	Cost to Govt. US$

Reference, Audio-visual material required? Yes [ ] No [ ]

Please specify .....

.....

Other

Please specify .....

.....

.....

Name .....

Date .....

GN/sc.

HOSPITAL PROFILES - CARIBBEAN REGION

ANNEX V

COUNTRY	HOSPITAL	TYPE	BEDS	OP ROOMS	EMERG UNIT	EMERG DRS	NUMBERS SURGEONS	NUMBERS DOCTORS	NURSES	AUX NRS	EM PLAN COMPLETE	EM PLAN TESTED	DATE	VOLTAGE	CYCLE	EM PWER	RADIO COMM.	HELIPORT	MORGUE CAPACITY	B. BANK CAPACITY	AMBULANCE
ANGUILLA	COTTAGE	GENERAL	24	1	YES	NONE	1	3	10	6	NO	NO	-	110/220	50	YES	YES	NO	6	0	1
ANTIGUA	HOLBERTON	"	220	2	YES	YES	3	25	110	85	YES	NO	-	220	-	YES	NO	NO	0	125	3
"	ADELIN CLINIC	PRIVATE	16	2	NO	NONE	6	2	2	2	NO	NO	-	110/220	60	YES	NO	NO	0	0	0
B.V.I.	PEEBLES	GENERAL	50	1	YES	NONE	1	6	28	24	YES	YES	10/1/86	120	60	YES	YES	NO	2	10	1
BARBADOS	DIAGNOSTIC	PRIVATE	14	1	NO	NONE	6	N/R	11	6	NO	NO	-	-	-	YES	NO	NO	-	0	-
"	QUEEN ELIZABETH	GENERAL	530	7	YES	YES	18	99	422	145	YES	YES	-	230	50	YES	YES	YES	YES	300	6
DOMINICA	PRINCESS MARGARET	GENERAL	169	2	YES	YES	2	18	169	51	YES	YES	15/5/87	220	-	YES	NO	NO	5	160	4
"	PORTSMOUTH	DISTRICT	51	0	NO	YES	-	1	10	5	NO	NO	-	220	-	YES	NO	NO	0	0	1
"	MARIGOT	DISTRICT	26	1	YES	YES	-	1	5	4	YES	YES	/ /86	220	-	NO	NO	NO	-	0	1
"	PSYCHIATRIC	SPECIAL	40	-	NO	NONE	-	1	2	26	YES	NO	-	220	-	NO	NO	NO	-	0	-
GUADELOUP	SAINT-HYACINTHE	GENERAL	230	1	NO	NONE	3	10	72	56	NO	NO	-	220	-	YES	YES	NO	0		0
"	SAINT-MARIE	DISTRICT	82	2	NO	NONE	1	4	15	15	NO	NO	-	220	-	YES	YES	NO	2	0	1
"	CENTRAL REGION	REGIONAL	971	15	YES	YES	15	72	499	387	NO	YES	-	220	-	YES	YES	NO	8	0	3
"	DU CAMP-JACOL	GENERAL	136	3	YES	YES	3	7	50	32	YES	NO	-	220	-	YES	YES	NO	-	0	2
"	MARIGOT	DISTRICT	52	2	NO	NONE	1	2	7	9	NO	NO	-		-	YES	YES	NO	0	0	0
"	MAURICE SE GENUE	DISTRICT	162	0	YES	NONE	0	4	47	27	NO	NO	-	220	-	YES	YES	NO	20	?	1
MONTSRT	GLENDON	GENERAL	67	2	YES	NONE	1	3	24	30	YES	YES	/6/86	220	50	YES	YES	NO	6	50	1
NEVIS	ALEXANDRA	GENERAL	54	1	YES	YES	1	2	33	2	YES	NO	-	-	-	YES	NO	NO	2	30	1
ST.KITTS	J.N.F.	GENERAL	164	2	YES	YES	3	11	57	0	YES	YES	1/12/85	230	60	YES	NO	YES	2	500	3
"	MARY CHARLES	DISTRICT	10	0	YES	YES	0	1	1	3	NO	NO	-	230	60	NO	NO	NO	0	0	1
"	POGSON	DISTRICT	30	-	YES	YES	-	1	6	5	YES	NO	-	220	50	NO	NO	NO	NO	0	1
ST.LUCIA	DENNERY	DISTRICT	16	0	YES	NONE	0	1	3	5	NO	YES	/7/87	220	-	YES	NO	NO	0	0	0
"	GOLDEN HOPE	PSHCY	162	0	NO	NONE	-	1	22	5	NO	NO	-	220	-	NO	NO	NO	0	0	0
"	SOUFRIERE	DISTRICT	32	1	YES	NONE	-	2	8	8	YES	YES	/6/87	220	-	YES	NO	NO	1	0	2
"	ST. JUDE	GENERAL	110	1	YES	YES	3	10	46	34	NO	NO	/ /86	110/220	-	YES	YES	YES	6	0	-
ST.MARTEN	ST. ROSE	GENERAL	51	1	YES	YES	2	12	15	12	YES	YES	-		60	YES	YES	NO	-	160	2
ST.VINCNT	KINGSTOWN	GENERAL	207	2	YES	NONE	5	21	105	68	YES	YES	3/6/87	240	50	YES	NO	NO	2	200	3
"	CHATEAUBELAIR	DISTRICT	8		NO	NONE		1	1	-	NO	NO	-	220	-	NO	NO	NO	1		1
"	BOTANIC	PRIVATE	11	2	NO	NONE	1	1	2	-	NO	NO	-		-	YES	YES	NO	-	30	1
"	CASUALTY		16	1	NO	NONE		1	28	-	NO	NO	-	220	-	NO	NO	NO	1	0	1
"	GEORGETOWN	DISTRICT			NO	NONE	-						-		-	NO	NO	NO			
"	U.I.HEALTH CENTRE	DISTRICT	7	0	NO	NONE	0	1	5	0	NO	NO	-	220	-	NO	NO	YES	2	0	0
SURINAME	NICKERIE		70	2	YES	YES	1	3	10	30	NO	NO	-	110	Y	YES	YES	NO	2	0	1
"	ISLAND	DISTRICT	186	5	NO	NONE	3	6	134	115	NO	NO	-	60/110	1	NO	NO	NO	12	0	2
"	ST. VINCENTIUS		900	4	NO	NONE	3	12	95	62	NO	NO	-	110/127	60	NO	NO	NO	0	0	2
"	DIACONESSENHUIS		240	4	NO	NONE	2	14	128	52	NO	NO	-	110/127	60	YES	YES	NO	2	200	1
"	ELLEN	DISTRICT	16	0	YES	NONE	0	2	2	16	NO	NO	-	110/127	60	YES	NO	NO	2	0	1
"	ACADEMISCH		601	7	YES	YES	5	46	248	166	NO	NO	-	110/127	60	YES	NO	NO	15	200	4
TRINIDAD	PORT-OF-SPAIN	GENERAL	1013	4	YES	YES	24	198	786	250	NO	NO	-	140	-	YES	NO	NO	1	?	2
"	SANGRE GRANDE	DISTRICT	120	1	YES	YES	1	16	96	67	NO	NO	-	220	-	YES	NO	NO	6	0	2
"	ST. ANN'S	PSYCH	912	-	NO	NONE	-	31	283	218	NO	NO	-	230	-	YES	NO	YES	2	0	5
"	SAN FERNANDO	GENERAL	650	6	YES	YES	21	136	350	256	YES	YES	/07/85	110	60	YES	NO	NO	2	?	4
"	CAURA	GENERAL	257	1	NO	NONE	2	16	-	-	NO	NO	-	115	60	NO	NO	NO	3	225	2
"	MT.HOPE MATERNITY	SPECIAL	110	2	YES	YES	6	10	159	60	NO	NO	-	220/240	60	YES	NO	NO	2	0	1

KEY

EM - EMERGENCY
EMD - EMERGENCY/ACCIDENT UNIT
OP - OPERATING ROOMS
AUX NRS - AUXILIARY NURSES
DRS - DOCTORS
EM. PWER - EMERGENCY POWER
PSYCH - PSYCHIATRIC

ANNEX VII

S C E N A R I O

Cariba is an island with a population of 200,000. It has three hospitals: one general hospital with 350 beds: one psychiatric/geriatric hospital with 120 beds and a small hospital with 70 beds. Together, the 350-bed and the 70-bed hospitals have emergency units that can attend to only none severely injured patients at a time.

3RD JUNE

1100 a.m. The Director of the National Emergency Committee of Cariba joined his staff to be briefed about the area that suffered most from the effects of the hurricane. These towns are Caribtown, Saint George, Lulee and Binden.

1400 p.m. Binden was the hardest hit area. In spite of the continuing bad weather, an aerial survey was made at 2.00 p.m. The plane left from Beach Island which was scarcely affected during the hurricane although it lies only 30 miles from Cariba. The inhabitants of this island also speak another language.

1800 p.m. and A 60-mile area surrounding Binden was destroyed severely flooded. Several human and animals corpses were spotted during the aerial reconnaissance. Many were laying in water. Nearly all the people were evacuated to schools and churches. Of the 12,000 inhabitants of Binden, 4,000 were sent to Fromo, 5,000 to Anacuto, 2,500 to Malay and another 500 are unaccounted for. Some people were, however, spotted on roofs of houses; others are feared dead. Six helicopters were requested.

The representatives of an international non-governmental organization wants to set up a camp for 10,000 homeless near the village of Fromo that has a population of 5,000 inhabitants and has asked the Ministry of Defense to make land available. the NGO will have the tents flown into the country within 24 hours if the meteorolgical conditions permit.

E X E R C I S E S

1. It's the beginning of June and the hurricane season has just begun. You are a member of the national emergency committee. The Minister of Health wants you to explain the methodology that can be used for the rapid assessment of needs should a hurricane strike, so that the Ministry can be prepared to quickly reply to potential donors.

2. On friday, 3 June 1988 at 7.00 a.m. Hurricane pamela hits the island of Cariba. All telephone communications are interrupted. Four hours after the hurricane strikes, the foreign radio is reporting the number of casualties and injured in need of medical attention. However, the national disaster health coordinator has received no information at all. The chairman of the national emergency committee is asking for more information. What is your reaction to this as a Committee member? What are your suggestions?.

3. At 11.15 a.m. that same morning, the Minister of Health calls a meeting with the Chief Medical Officer, Senior Medical Officer of Health, Chief Public Health Nurse, and Chief Environmental Health Officer. He has suggested that they organize and implement an immunization programs, as there are rumors of disease outbreaks. A foreign country has offered to donate 500,000 injectable cholera vaccinations. However, they must all be used within the next week because their date of expiration is rapidly approaching. the same country has also offered to provide 1.5 million syringes.

4. By 11.30 a.m., ham radio operators inform the national health disaster coordinator that there are many severe injuries that cannot be treated on the island. The nearest hospital is 300 miles away on a neighboring island, but political problems exist between the two. the next closest hospital that can treat the injured 450 miles away but the weather is still very bad and light aircraft cannot take off. What recommendations do you have?

5. At 12.15 p.m., the president of Cariba receives a telephone call from the ambassador of a friendly nation. The ambassador offers on behalf of her country, the donation of a planeload of babyfood, powdered milk, cheese and dried meats. It would take approximately 36 hours to arrive. As a Committee member, what would you suggest as a reply by the National Disaster Committee.