Health Disaster Risk Management in I.R.Iran
I.R. Iran

- Area: ~1.6 million km$^2$
- Population: ~77 million
- GDP per capita: 5,193
- Gini: 38
- HDI: 0.742
Iran’s disaster profile

- High vulnerability in urban and rural areas
Iran's disaster profile
Multi-hazard mortality risk for tropical cyclones, floods, earthquakes and landslides

Source: GAR on Disaster Risk Reduction - 2009
**Iran’s disaster profile**

Intensive versus extensive natural hazards, Iran, 1970-2010

Iran’s disaster profile

Natural disasters’ occurrence and consequences

Occurrence and consequences, 1970-2010
- Event: 10,000
- Death: 116,000
- Affected: 43,000,000

The most deadliest disasters
- 1978 Tabas earthquake: 25,000 deaths
- 1990 Rudbar earthquake: 40,000 death
- 2003 Bam earthquake: 26,000 deaths
# Integrated System of Medical Education and Health Services

<table>
<thead>
<tr>
<th>Ministry of Health and Medical Education (MOHME)</th>
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<tbody>
<tr>
<td><strong>University of Medical Sciences and Health Services (UMSHE - UMS in short)</strong></td>
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<tr>
<td>UMS 1</td>
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<tr>
<td>Ex. Tehran University of Medical Sciences and Health Services (TUMS)</td>
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</table>

![Map of Iran showing the locations of UMSHE and TUMS](image-url)
Well established primary health care network

- Integrated approach to health service delivery
- >24,000 PHC centers expanded in rural and urban areas
- Decline in child mortality rate by 70% since 1980, when the health house concept was first implemented

Photo by Dr. Mohammad Shahbazi / Jackson State University
Iranian health houses open the door to primary care

Working in pairs out of modest, village-based facilities, the Islamic Republic of Iran's trained community health workers, the behvārzān, provide basic health care to most of the country's rural population. Mojgan Tavassoli reports.

They have been described as an "incredible masterpiece". The Iranian health houses, conceived and introduced during the 1980–1988 war with Iraq, have been at the centre of a so-called master plan to bring health care to every district.

Devised in 1981, the plan was informed by a health-care development programme from the Western Azerbaijan province that...
Iran’s Excellent Primary Health Care System

In the past three decades, the Islamic Republic of Iran has adopted a policy aimed at more strongly addressing the needs of its population, and substantial progress has been achieved both in the social and economic sectors. Since the revolution of 1979, a Primary Health Care network has been established throughout the country. In rural areas, each village or group of villages contains a Health House, staffed by trained "Behvarz" or community health workers – in total, more than 17,000, or one for every 1,200 inhabitants. These Health Houses, which constitute the basic building blocks for Iran’s health network, are the health system’s first point of contact with the community in rural areas.

In addition, Rural Health Centers were put in place. They include a physician, a health technician and an administrator, and deal with more complex health problems. On average, there is one Rural Health Center per 7,000 inhabitants. In urban areas, similarly distributed urban health posts and Health Centers have been established. The whole network is managed and administered.
Iran's health houses provide model for Mississippi Delta

November - December, 2009 | Volume 8, Issue 6

By Ann Puderbaugh

A rocky, remote region of southern Iran may not seem the most likely place to look for a health care delivery model that would work in the U.S. But the remarkable success of Iran's health house concept - in which small primary care centers are located in each community - is providing hope and inspiration to officials in the Mississippi Delta.

After decades of frustration and millions of dollars invested with dismal results, Mississippi health care pioneer Dr. Aaron Shirley knew he needed a fresh approach. In some parts of his state, the infant death rate for nonwhites is on a par with Libya and Thailand. Mississippi's health consistently ranks dead last among
Health system reform: Family physician program

- To overcome the access problems in urban areas and lesson the cost of the health system
Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.
Public health system

- CDC: A public health system is defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.”

- While hospitals, clinics, and primary health care centers are at frontline of the public health service delivery, the public health system is beyond the health facilities only. In fact, it encompasses all the sectors that have impacts on health of populations. These include housing, agriculture, economy, etc.
Key components of a well functioning health system (WHO)

- A well functioning health system responds in a balanced way to a population’s needs and expectations by:
  1. improving the health status of individuals, families and communities
  2. defending the population against what threatens its health
  3. protecting people against the financial consequences of ill-health
  4. providing equitable access to people-centred care
  5. making it possible for people to participate in decisions affecting their health and health system.

Disaster is a public health problem!
Key components of a well functioning health system (WHO)

1. Leadership and governance
2. Health information systems
3. Health financing
4. Human resources for health
5. Essential medical products and technologies
6. Service delivery
Disaster and emergency management in I.R.Iran

14 Working Groups

Ministry of Interior
- National Disaster Management Organization (NDMO)
  - Provincial Disaster Management Authority
  - District Disaster Management Authority

Ministry of Defense
- Passive Defense Organization (PDO)
  - Provincial Passive Defense Authority
  - District Passive Defense Authority

Ministerial Directorates
## Disaster and emergency management in Iran’s health system

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<th>Passive Defense Directorate</th>
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<td>Disaster Risk Management Office</td>
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<td>Health Emergency Working Group + HEWG Medical Committee</td>
<td>HEWG Public Health Committee</td>
<td>HEWG Specialized Committee</td>
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<td>Passive Defense Coordinators</td>
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نمای ارتباطات داخلی و خارجی مدریت و کاهش خطر بلایا در نظام سلامت
نقشه راه مدیریت و کاهش خطر بلاها در نظام سلامت جمهوری اسلامی ایران

تالیف:
دکتر علی اردلان

با مشارکت:
دکتر محمد حسین رجایی، دکتر علادرمانی موسوی، دکتر محمد تفتیان، دکتر حمیدوندا حاجیخانه، دکتر ایهام انصاری، دکتر سیاوش علی اردلان، دکتر حمید نهایی، دکتر محمد سروش، دکتر جعفر موسوی، دکتر حسین شریفی، دکتر بهروز جعفری
Public health and disaster risk reduction

- Common principle: Prevention is better than treatment (response)
- Paradigm shift from response to prevention (Yokohama, HFA, etc)
- Different terms, same concept:
  - DRR: Mitigation, adaptation, vulnerability reduction and preparedness
  - Public health: Primary and secondary prevention
Public health achievements

- During last century, public health effectively contributed in reducing the risks related to:
  - Road traffic crashes
  - Tobacco use
  - Violence
  - etc
How public health can contribute in community DRR?

\[
\text{Community disaster risk} \downarrow \quad \text{Hazard exposure} \quad \times \quad \text{Vulnerability} \quad \downarrow \quad \text{Readiness} \quad \downarrow
\]
Capacity Building Model
for Public Health Leadership in Community Disaster Reduction,
Ministry of Health & Medical Education, Iran

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Advocacy

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Prerequisites
Bam Earthquake: Lessons Learned for Academia

Lessons Identified:

- Iran’s health system needs:
  1. Research-based evidences for decision making
  2. Skilled health staff

TUMS Lessons Learned:

1. Department of Health in Emergencies & Disasters
   at the National Institute of Health Research
2. Department of Disaster Public Health
   at the School of Public Health
Disaster & Emergency Health Academy at TUMS

Network of experts and scholars:
- Epidemiology, emergency medicine, environmental health, nutrition, reproductive health, mental health, communicable diseases and NCDs, health care management, civil engineering, architecture, geophysics and hydrometeorology

National organizational collaboration:
- Ministry of Health & Medical Education
- National Disaster Management Organization
- Iranian Red Crescent Society
- etc
Disaster & Emergency Health Academy at TUMS

International collaboration:

- Non-UN member of the United Nations
- Disaster Management Team of I.R.Iran
- WHO
- UNOCHA
- UNISDR
- Harvard Humanitarian Initiative
- Yale University
- Karolinska Institute
- CRIMEDIM, Italy
- etc

http://nihr.tums.ac.ir/disaster
Disaster Health Management & Risk Reduction Training Course (DHMR)

- DHMR Curriculum was developed by technical consultancy of WHO and financial support of IANPHI

- The 11-day course covers 6 modules:
  1. Risk management & preparedness
  2. Mass casualty management
  3. Public health in emergencies
  4. Complex emergencies & IDPs
  5. Recovery in disasters
  6. Challenges in emergency preparedness

- Pilot course was externally evaluated by WHO in July 2009

- DHMR-5 has been planned for early 2014

- 80 people from national and provincial MOH have been trained
**MPH with Disaster Concentration**

**Specialized courses (12 credits)**

1. Introduction to disaster health
2. Disaster management and risk reduction
3. Public health in disasters
4. Prehospital and hospital planning
5. Natural and man-made disasters
6. Disaster epidemiology and research
PhD in Disaster & Emergency Health

- Started in 2011
- Accepting international students in 2013
- Curriculum was developed by School of Public Health of Tehran University of Medical Sciences and was approved by Iran’s MOH&ME
- The program includes four parts:
  1. 12 core courses (22 Cr)
  2. Elective courses (6 Cr in total)
  3. Field training course (2 Cr)
  4. Research-based thesis (20 Cr)
National Accreditation and Evaluation Board of Disaster & Emergency Health

- Established in 2010 under Deputy for Education of Iran’s MOH&ME
- Includes 10 members from various disciplines
- Responsible for policy making and supervision of the program extension in Iran
MPH and PhD programs in other Iranian Universities

**MPH program**
- Shahid Beheshti University offered the program in 2007 and 2008
- Kerman University started the program in 2007 but the total number of trainees were 11 by 2012
- University of Social Welfare & Rehabilitation Sciences started the program in 2013 in collaboration with TUMS

**PhD program**
- Iran University accepted students since 2011
- Yazd, Shahid Beheshti Universities and University of Social Welfare and Rehabilitation from 2013
Public Health Main Pillars

- Assessment
- Policy Development
- Assurance
Golestan case study

Deadly flash floods in Golestan, Iran

• More than 400 deaths from 2001 to 2005
• Less than 15 minutes lead time in some areas
Golestan case study
Evaluation of flash floods’ early warning system (EWS), 2006

- MOH and WHO joint project
- Working with meteorology and water authorities and experts
- Frequent question: “Why is MOH interested in EWS?“
- Answer: “Flash floods cause serious health problems. So, the health system has to ensure that the people receive the warnings in a timely and effective manner and know what to do afterward?“

**Golestan case study**

**Design, implementation and evaluation of a community-based EWS model for flash floods**

- Initiated by Tehran University and Golestan Department of Public Health
- Collaborated with meteorology and hydrology authorities and experts and local emergency managers
- Governor took the lead to advocate the intervention package
Golestan case study

Strategies and components of the intervention program

- **Strategies**
  - Using primary health care system
  - Community participation
  - Mobilizing the other sectors’ resources

- **Components**
  - Household participatory education
  - Establish Village Disaster Taskforce for EWS
  - Community drill
Golestan case study

Strategies and components of the intervention program
**Golestan case study**

**Program evaluation**

**Before-After comparison of household readiness**

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<th>After</th>
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<td>6</td>
<td>60</td>
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<tr>
<td>Control</td>
<td>2</td>
<td>12</td>
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**Source of households information**

- **Behvarz**: 80
- **Village council**: 10
- **Other sources**: 20

Golestan case study

Advocacy

- A series of lectures and workshops at provincial and national levels
Golestan case study

Contribution in policy making

- Expansion the model throughout the Golestan province in 2007

- The model was endorsed as a national guideline by National Disaster Management Organization in 2008
Flash flood preparedness in Golestan province of Iran: A community intervention trial

Ali Ardalan, MD, PhD; Kourosh Holakouie Naeni, PhD; Mahmood Mahmoodi, PhD; Ali-Mohamad Zanganeh, MD; Abbas-Ali Keshtkar, MD, PhD; Mohamad-Reza Honarvar, MD, MPH; Mohamad-Javad Kabir, MSc

Abstract

Objective: To evaluate effectiveness of a community-based preparedness program for flash floods

Design: A controlled community intervention trial with preassessment and postassessment.

Setting: Fifteen intervention villages and 16 control villages.

Results: The percentage of people who participated in evacuation drills decreased with increasing age. It was a positive association between risk perception and taking all preparedness actions.

Conclusion: Flood preparedness programs should focus on participatory risk assessment and preparedness techniques, strive to improve risk perception and
Golestan case study

Lessons learned

Public health system was successful to:

- Initiate a community disaster risk reduction program
- Mobilize the other sectors’ resources
- Implement and evaluate the program
- Inform other stakeholders about the results
- Contribute in policy making (at the local, provincial and national levels)
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Ministry of Health & Medical Education, Iran

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Advocacy

Prerequisites
Advocacy

- Target groups:
  - MOH policy makers
  - MOH officials
  - Provincial public health authorities

- Advocacy package:
  - PPT presentation
  - Pamphlet
  - Stand
  - Poster
  - Interview
Advocacy
National estimate of households disaster preparedness, Iran, 2010

- National Multiple Indicator Demographic and Health Survey (IrMIDHS), 2010
- Sample size: 31,350 households

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<th></th>
<th>Urban</th>
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<td>Disaster preparedness (%)</td>
<td>15.9</td>
<td>12.2</td>
<td>14.8</td>
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A community intervention trial using PHC system on households disaster preparedness in three Iranian provinces, 2009-10
PHC safety for disasters: Assessment of 2700 Iranian PHC centers in 2012 using PHSI

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<th>Component</th>
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<td>Functional capacity</td>
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<td>Nonstructural safety</td>
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<td>Structural safety</td>
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<td>Safety score</td>
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<td>Safety class</td>
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<th>Safety class</th>
<th>Safety score (minimum)</th>
<th>Safety score (maximum)</th>
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<td>20</td>
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<tr>
<td>1</td>
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</table>
Legal Framework

- **Strengthening existing framework**
  - Strengthening the Public Health Committee of the Disaster Health Taskforce based in National Disaster Management Organization (NDMO)

- **Develop and advocate a DRR oriented policy**
  - Map of Iran’s Health System Evolution
  - Roadmap of Iran’s Disaster Health Management
Operational Entity

University of Medical Sciences & Health Services

- Medical Department
- Department of Food and Drug
- Department of Public Health
  - Center for Communicable Disease Management
  - Center for Non-Communicable Disease Management
  - Center for Environmental Health Management
  - Office of Community Nutrition
  - Office of Mental Health
  - Office of Health Promotion
- Department of Logistic Human Resources
- Others

Disaster Risk Management Office
Integration of Disaster Management and Risk Reduction to Primary Health Care Network

- Pilot project has been started in 10 districts of 10 provinces in mid 2012

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<tr>
<th>PHC facilities and resources</th>
<th>General population</th>
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<tbody>
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<td>Household HVA</td>
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<td>Training and exercise</td>
<td>Household education</td>
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<td>Vulnerability reduction</td>
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<td>EOP development and implementation</td>
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- Finance
- Logistic
- Human resource

Disaster Management Cycle:
Mitigation, Preparedness, Response, Recovery
Budget line for DRR programs

- **Program:**
  - Title: Disease Management
  - Code: 30318

- **Budget line:**
  - Title: Equal access to health services - Disaster risk reduction
  - Code: 129450-2
Health system reform: Family physician program

- An opportunity to reach households especially in urban areas
- **Program 1:**
  - Annual household disaster readiness assessment
- **Program 2:**
  - Household disaster preparedness education
Survey on impacts of natural hazards on PHC facilities, Iran, 2001-2011

Provincial distribution of affected facilities

Survey on impacts of natural hazards on PHC facilities, Iran, 2001-2011

Impacts of natural hazards on PHC facilities: Intensive vs. extensive risks, I.R.Iran, 2001-2011

Frequency and consequences of natural disasters in I.R.Iran: 1970-2010
## تعريف شاخص های مديريت و کاهش خطر بلايا

در سامانه اطلاعات نظام سلامت - معاونت بهداشت

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مقدار پایه (سال 92)
تعريف شاخص های مدیریت و کاهش خطر بی‌بایا در سامانه اطلاعات نظام سلامت - معاونت درمان (بیمارستان)

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Vision: Trend of PHC safety for disasters in Iran, 2012-2025
PHSI Non-Structural Safety
PHSI Structural Safety

- Conducting structural mitigation measures
- Structural VA during last 5 years
- Existance of a plan for structural VA
- Structural safety score
برنامه ملی عملیاتی پاسخ بهداشت عمومی در بیمار و فوریت‌ها

زمستان 1390

مowąین:
دکتر علی اردلان، دکتر محمد جواد مرادیان، دکتر محمد مهدی گویا، دکتر کامبیز نیکی
دکتر محمد اسماعیل تقوی، دکتر حمید علی‌نیا، دکتر عباس عربی ناشفی
دکتر آرش اعتماد، دکتر سعید مهدی، دکتر محمد سروش، دکتر ایفاف اسمیعی
مهدی محب‌زاده خراب‌آرای، دکتر سید حبیب‌نیا، فرمان‌ران صادقی‌قلبی‌بادی، مینا مسایی
بی‌شکش خوانید، همه می‌توانند این چالش را پیگیری کنند.
کارکردهای فاز آمادگی EOP

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# کارکردهای فاز پاسخ EOP

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<td>ارزیابی دوره ای و مدیریت جامع اطلاعات</td>
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<td>استقرار ICP</td>
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برنامه پوشش بیمه تسهیلات بهداشتی

نتیجه پیامیش ۱۳۹۱:
پوشش کامل بیمه تنها در دو دانشگاه فسا و اردبیل

نتیجه پیامیش ۱۳۹۳:
۱۳ دانشگاه
پیام تعلیم

سازمان مدیریت پزشکان کشور

هم کس نفس را نجات یکند همچون کسی است که همه برمدد را نجات داده

آیه ۳۲ سوته مبارک مائده

آیین نامه اجرایی

طرح جامع ملی بازتوانی در حوادث طبیعی

پیشنهاد کننده:

معاونت پزشکی و بازتوانی سازمان مدیریت پزشکان کشور

پا مشارکت:

وزارت بهداشت، درمان و لیبرال پزشکی
سازمان پزشکی کشور
پیامه امام خمینی (ره)
جمعیت هلال احمر جهانی اسلامی ایران
و سایر سازمان های مرتبط

۱۳۹۱
تیر

پیام تعلیم

آیین نامه اجرایی طرح جامع ملی بازتوانی در حوادث طبیعی

در راستای قانون سازمان مدیریت پزشکان کشور، معاونت بازتوانی و بازسازی این سازمان می سال های ۱۳۹۰ و ۱۳۹۱ اقدام به تدوین برنامه جامع ملی بازتوانی در حوادث طبیعی نموده است. آیین نامه اجرایی این برنامه به شرح ذیل در جلسه مجمع شورای هماهنگی سیاست بحران و جنگ مورد جلسه ملی مدیریت بحران کشور در ماه و ... تصویب رسیده است.
ساير برنامه‌ها

- برنامه ملی معلولیت و حوادث طبیعی در راستای شعار جهانی سال ۲۰۱۳

- برنامه ملی ظرفیت سازی سازمان های مدني و مردم نهاد در كاهش خطر بيا در راستای Hyogo Beyond 2015

- توسعه زير ساخت فناوري های بهوانفورماتيک در مديريت پاسخ بيا: پايولت اسكو (ODIS)
ظرفیت سازی پژوهش مدیریت و کاهش خطر بلاپایا در نظام سلامت
کمیته ملی تحقیقات سلامت در حوادث و بلایا

تشکیل کمیته ملی با ابلاغ معاون محترم تحقیقات و فناوری

- اعضای کمیته: ریس کمیته و اعضای آن متشکل از بیش از ۲۰ نفر از صاحب نظران و مديران برگزاری اولين جلسه در اردیبهشت ۹۳
شرح وظایف کمیته ملی تحقیقات سلامت در حوادث و بلایا

1. ارتقاء توان نظام سلامت کشور برای تامین شواهد پژوهشی مورد نیاز مدیریت و کاهش خطر بلایا و انسان ساخت
2. ظرفیت سازی پژوهشگران حال و آینده بخش سلامت کشور در حوزه مدیریت و کاهش خطر بلایا
3. توسعه متدولوژی تحقیقات مدیریت و کاهش خطر بلایا در نظام سلامت
4. افزایش سهم جمهوری اسلامی ایران در تولید علم مدیریت و کاهش خطر بلایا در سطح منطقه و جهان
5. توسعه همکاری علمی با مراکز تحقیقاتی و آموزشی داخل کشور و همچنین سایر کشورها و سازمان‌های بین‌المللی
6. ارزشیابی برنامه‌های مدیریت و کاهش خطر بلایا و فوتیت‌ها و اطمینان از کاربرد نتایج پژوهشی در طراحی و اجرای آنها
برنامه عملیاتی مشترک کمیته پژوهش کارگروه و کمیته ملی - سال ۹۳

۱. تعيين نيازها و اولويت تحقیقات سلامت در بلايا و فوریت ها
۲. اعلام اولويت های تحقیقاتی به دانشگاه ها و مرکز تحقیقاتی (ترجیحا بصورت فراخوان در صورت تامین منابع مالی)
۳. برگزاری کارگاه آموزشی متدولوژی تحقیقات سلامت در بلايا و فوریت ها
۴. شبکه سازی ملی و منطقه ای تدوين فکت شیت ها و خلاصه سياستگذاری (با تاکيد بر نتایج تحقیقات داخلي)
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برنامه عملیاتی مشترک کمیته پژوهش کارگروه و کمیته ملی - سال ۹۳
اطلاعات تماس

دکتر علی اردلان
ریس آکادمی سلامت در حوادث و بلایای دانشگاه علوم پزشکی تهران
مشاور معاون وزیر بهداشت و سربرست دفتر کاهش خطر بلایای وزارت بهداشت
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