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**EVALUATION REPORT  
ON  
THE PROJECT  
FOR  
STRENGTHENING REGIONAL CAPACITY ON  
DISASTER HEALTH MANAGEMENT  
(ARCH PROJECT)**

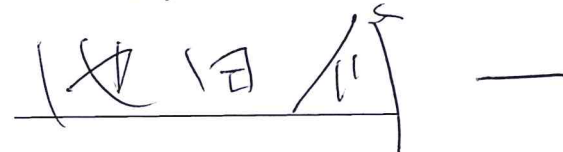
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Approved by



Dr. Atchariya PANGMA  
Project Director, ARCH  
Secretary-General,  
National Institute for Emergency Medicine,

Presented by



Shuichi IKEDA  
Evaluator  
JICA Chief Advisor, ARCH

## **1. Background of the Evaluation**

The Project for Strengthening Regional Capacity on Disaster Health Management (ARCH Project) was commenced in July, 2016 as an ASEAN Regional Cooperation project approved by the Committee of Permanent Representatives to ASEAN (CPR) in Jan.2016, and has been implemented as a three-year technical cooperation project until July,2019, by Thai National Institute for Emergency Medicine(NIEM), Ministry of Public Health(MOPH), and Japan International Cooperation Agency(JICA), based on a Record of Discussions (R/D) signed in Feb.2016, which constitutes the bilateral agreement for the implementation of the project under Japan's ODA. According to Article IV of the R/D stipulated for the Evaluation, JICA's Chief Advisor, as JICA's evaluator, has conducted the evaluation in consultation and collaboration with various stakeholders of the Project and has prepared this evaluation report.

## **2. Outline of the Project**

The outline of the Project is described in the Project Design Matrix (PDM) which is attached in the last page (Annex1) of this report. Followings are summary of the Project.

### **2-1 Overall Goal;**

"ASEAN and Japan collaboration mechanism on disaster health management is developed."

### **2-2 Project Purpose;**

"Regional coordination on disaster health management is strengthened in ASEAN."

### **2-3 Outputs**

Output1; "Coordination platform on disaster health management is set up."

Output2; "Framework of regional collaboration practices is developed."

Output3; "Tools for effective regional collaboration on disaster health management are developed."

Output4; "Academic network on disaster health management in AMS is enhanced."

Output5; "Capacity development activities for each AMS are implemented."

### **3. Objectives of the Evaluation**

- (1) To verify the accomplishments of the Project compared to those planned;
- (2) To identify obstacles and/or facilitating factors that have affected the implementation process;
- (3) To analyze the Project in terms of the five evaluation criteria (i.e. Relevance, Effectiveness, Efficiency, Impact, and Sustainability); and
- (4) To make recommendations on the Project regarding the measures to be taken for the remaining period as well as the post-project period.

### **4. Analyses for the Evaluation**

#### **(1) Accomplishment of the Project**

The accomplishment of the Project was measured in terms of the Outputs and the Project Purpose in comparison with the Objectively Verifiable Indicators of PDM as well as the plan delineated in the R/D.

#### **(2) Implementation Process**

The implementation process of the Project was reviewed to see if the Activities have been implemented according to the schedule delineated in the latest PO, and to see if the Project has been managed properly as well as to identify obstacles and/or facilitating factors that have affected the implementation process.

#### **(3) Evaluation based on the Five Evaluation Criteria**

- (a) Relevance : Relevance of the Project was reviewed to see the validity of the Project Purpose and the Overall Goal in connection with the needs of the beneficiaries and policies of the ASEAN and Japan.
- (b) Effectiveness : Effectiveness was analysed by evaluating the extent to which the Project has achieved and contributed to the beneficiaries.
- (c) Efficiency : Efficiency of the Project implementation was analysed focusing on the relationship between the Outputs and Inputs in terms of timing, quality, and quantity.
- (d) Impacts : Impacts of the Project were forecasted by referring to positive and negative impacts caused by the Project.
- (e) Sustainability : Sustainability of the Project was analysed in institutional, financial and technical aspects by examining the extent to which the achievement of the Project would be sustained and/or expanded after the



Project is completed.

#### 4. Accomplishments of the Project

##### 1) Activities and Outputs

Activity and Output	Progress	Outstanding issues
<p>Output 1 Coordination platform on disaster health management is set up.</p> <p>1-1 Regional coordination meetings are organized every year to share the progress and discuss the direction of the Project.</p>	<p>RCC was set up and RCC meetings were held 4 times.</p>	<p>RCC meetings will be held one more time on next March</p>
<p>Output 2 Framework of regional collaboration practices is developed.</p> <p>2-1 Develop and prepare the program of the regional collaboration drill with project working group</p> <p>2-2 Conduct the regional collaboration drill every year in AMS</p> <p>2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities</p> <p>2-4 On-site practice is conducted when disaster occurs in ASEAN (if possible).</p>	<p>RCDs were conducted 4 times, including the start-up drill. Last RCD (3<sup>rd</sup> RCD) was conducted in Philippines in Dec, 2018. I-Speed was tested in the 3<sup>rd</sup> RCD</p> <p>So far, no cases for on-site practice</p> <p>MDS was tested in the RCDs and was verified the effectiveness.</p>	
<p>Output 3 Tools for effective regional collaboration on disaster health management are developed.</p> <p>3-1 Formulate project working groups for regional collaboration tools at the beginning of the project</p> <p>3-2 Develop a draft regional SOP and minimum requirements for disaster health management with the project working group</p> <p>3-3 Prepare databases of emergency medical teams of AMS</p> <p>3-4 Draft framework of health needs assessment in emergencies with the project</p>	<p>PWG1&amp;2 were set and meetings were respectively held 7 times and 5 times</p> <p>Drafts of SOP, MR, HNA were developed. SOP, MR and HNA were finalized through testing those tools in the RCD in Philippines and were reviewed in the PWG1.</p> <p>Template of DB for EMT was made. EMTs Data was collected from All AMS.</p>	<p>Final drafts will be submitted to SOMHD.</p> <p>It is necessary to study ASEAN regional collective approach toward deployment of ASEAN-EMT.</p>

working group		
<p>Output 4 Academic network on disaster health management in AMS is enhanced.</p> <p>4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM</p>	<p>Various Presentations on the activities and outputs of ARCH were made at the 13<sup>th</sup> and 14<sup>th</sup> APCDM, 2<sup>nd</sup> REMPAN Workshop, 22<sup>nd</sup> JADM annual meeting, and WADEM</p>	
<p>Output 5 Capacity development activities for each AMS are implemented.</p> <p>5-1 Prepare training plan, curriculum and materials on disaster health management and emergency medical system based on needs survey with the project working group</p> <p>5-2 Conduct trainings on disaster health management and emergency medical service for AMS</p> <p>5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS</p> <p>5-4 Conduct a study tour in Japan for AMS</p> <p>5-5 Conduct training program in Japan for the Thai counterpart personnel</p>	<p>AMS trainings were conducted 3times.</p> <p>Thai C/P training programs in Japan were conducted twice.</p> <p>Study tour in Japan for key members from all AMS was conducted in October 2018 and the review meeting for the evaluation of the Project was held during the Study tour.</p>	

## 2) Accomplishment for Project Purpose

Project Purpose	Regional coordination on disaster health management is strengthened in ASEAN.
Verifiable Indicators	<p>1 Coordination meetings on disaster health management in ASEAN are held on a regular basis.</p> <p>2 Activities needed for regional collaboration are clarified and approved in the coordination meeting.</p> <p>3 Recommendations for developing regional collaboration mechanism in disaster health management is proposed to the SOMHD.</p> <p>4 Regional collaboration tools are developed and approved in the coordination meeting.</p>

Indicator1; **Expected to be achieved.** The RCC meetings were already held 4

times and one more meeting is scheduled to be held.

Indicator2; **Achieved.** Necessary activities of regional collaboration were clarified and the progress and products were reviewed in the RCC and PWG.

Indicator3; **Expected to be achieved.** The RCC and PWG have discussed not only on the directly related activities and outputs of the ARCH but also on the text of the ASEAN Leaders' Declaration (ALD) on Disaster Health Management and the Plan of Actions (POA) to implement the ALD in consideration of sustainability for regional collaboration after the project. The text of ALD and the POA drafted through the discussion in the RCC and the PWG were submitted to the Health Cluster 2 meetings and the SOMHD. The ALD was already adopted in the ASEAN Summit on Nov. 2107.

Indicator4; **Expected to be achieved.** The Regional Collaboration tools such as the SOP have been almost developed. Those tools will be submitted to the SOMHD in next April.

### 3) Accomplishment for Overall Goal

Overall Goal	ASEAN and Japan collaboration mechanism on disaster health management is developed.
Verifiable Indicators	<ol style="list-style-type: none"> <li>1. Roadmap of ASEAN regional collaboration mechanism on disaster health management is finalized and proposed to SOMHD.</li> <li>2. Hub organization in-charge of coordination of ASEAN and Japan collaboration mechanism is identified, and its role is clarified.</li> <li>3. Necessary staff and budget of hub organization of ASEAN and Japan collaboration mechanism are proposed.</li> <li>4. Activities based on ASEAN and Japan collaboration mechanism will work if large scale disaster occurs.</li> </ol>

Indicator1; **Expected to be achieved.**

The ASEAN Leaders' Declaration on Disaster Health Management (ALD DHM) was adopted on the occasion of the 31<sup>st</sup> ASEAN Summit in Philippines on 13 Nov. 2017. The Plan of Action (POA) to implement the ALDDHM (2018-2025) was drafted by leadership of Thailand and was submitted once to the SOMHD in April 2018. The RCC and PWG of ARCH have discussed to improve the POA and a revised version based on those discussions will be submitted again to the



SOMHD in April 2019.

**Indicator2; Partially Achieved. Expected to be achieved after the project period**

The Regional Coordination Committee (RCC) on DHM and the ASEAN Institute of DHM (AIDHM) were proposed as two important mechanisms to operationalize the POA. The RCCDHM and the AIDHM could be regarded as “Hub organization in-charge of coordination of ASEAN and Japan collaboration mechanism” referred in this Indicator. The draft of the Terms of Reference (TOR) for the RCC and the AIDHM were also discussed and polished in the Project. Although it is still necessary to continue negotiations and discussions among AMS on the RCC and AIDHM, if the discussions will be concluded, it can be said that this indicator would be satisfied.

ARCH has been conducting in close collaboration with the Japanese Advisory Committee and the JDR Secretariat as well as JDR registered members. In addition, several opportunities have been provided for the ARCH AMS members to participate and make presentations in the JADM and the APCDM. The network of practitioners and experts on disaster health management between AMS and Japan has been already strengthened through the ARCH.

ARCH took a very important role for the standardization of the Minimum Data Set (MDS) which is the I-EMT reporting format developed in collaboration between WHO and Japan (JICA and JDR members). Moreover, the i-SPEED which is a rapid information collection system for the Surveillance in Post Extreme Emergencies and Disasters (SPEED) of Philippines was tested by the Regional Coordination Drill of the ARCH. The i-Speed system was developed based on the Japanese system (J-SPEED) and is compatible with the MDS and has possibilities to largely improve the management on disaster health information in each AMS. The ARCH is expected to test the effectiveness and promote this i-SPEED in ASEAN.

**Indicator3; Expected to be achieved after the project period.**

After a host country for permanent secretariat of the RCCDHM and the AIDHM is decided and first meeting of the RCC is held and the AIDHM is established, this indicator could be said to be achieved.

Indicator4; uncertain

## 6. Implementation Process

Involvement of the Thai Ministry of Public Health (MOPH) in the ARCH hadn't been clear since the project started in July 2016. However, the MOPH is mainly responsible for contact with health sector bodies or meetings in ASEAN and WHO. In addition, the MOPH is responsible to set up the Emergency Operation Center (EOC) in the health sector if a large scale disaster occurs in Thailand. Moreover, MOPH should be responsible for overseas deployment of EMT. Therefore, it is essential to get commitment from the MOPH in some certain all the activities of the ARCH. Accordingly, the R/D of the project was amended on Aug. 2017, the Permanent Secretary and Director of Division of Public Health Emergency Management (DPHEM) of MOPH were assigned respectively as the Co-Project Director and the Co-Project Manager. The amended R/D also clarified the titles and organizations for the members of the Joint Coordination Committee (JCC) and stipulated that JICA should dispatch long-term experts who are responsible to improve the coordination with ASEAN bodies and WHO and to strengthen the collaboration among the MOPH, NIEM and JICA. The long-term expert (Chief Advisor) based on the amended R/D was dispatched in June 2018.

## 7. Five Evaluation Criteria

<b>Relevance</b>	<b>High;</b> <ul style="list-style-type: none"> <li>✓ ASEAN is continuously the region where frequently occurs large scale disasters. ASEAN have been strengthening their efforts for disaster prevention/mitigation as well as rapid and effective disaster response.</li> <li>✓ Regarding the disaster medicines which had not been approached enough in comparison with other sectors relating to disaster management in the ASEAN, as a result of the adoption of ALDDHM at the occasion of the ASEAN Summit last year, it can be expected that political priority for the Disaster Health Management could rise higher in this region than the situation before the project.</li> </ul>
<b>Effectiveness</b>	<b>Relatively High;</b> <ul style="list-style-type: none"> <li>✓ Targets of all the indicators for the Project Purpose have been achieved or could be achieved by the end of the Project.</li> <li>✓ The SOP and other tools developed by the project are very useful, but they are not sufficient for actual international deployment,</li> </ul>



	<p>because EMTs of AMS have difficulties in meeting some elements of WHO I-EMT minimum standards, especially in the area of logistics, and their capabilities are not enough for self-sufficient international deployment.</p> <ul style="list-style-type: none"> <li>✓ It is not certain how the participants of the AMS trainings and the RCDs have utilized their acquired knowledge or could contribute for capacity development on Disaster Health Management in each AMS.</li> </ul>
<b>Efficiency</b>	<p><b>Medium;</b></p> <ul style="list-style-type: none"> <li>✓ The organizational commitment from Thai MOPH for the ARCH had not been clear even up to the latter part of the Project period.</li> <li>✓ There are many relevant parties of Japan involved in the project implementation such as the Advisory Committee, the Consultant Team, Infrastructure and Peacebuilding Department of JICA and the Secretariat of Japan Disaster Relief Team. However, the roles and responsibilities of each party were not distinct and communication among the parties was somewhat confused in the first half of the project period.</li> <li>✓ Because the participants for the RCC and PWG from each AMS were often changed, it was difficult to maintain the consistency of the sequence of discussions.</li> <li>✓ It is not certain how the participants of the AMS trainings and the RCDs could contribute for the regional collaboration and capacity development on Disaster Health Management in the ASEAN and their home countries.</li> </ul>
<b>Impact</b>	<p><b>High;</b></p> <ul style="list-style-type: none"> <li>✓ The ARCH has been able to have many opportunities to make presentations on the progress and outputs of the project and to publicize the importance of Disaster Health Management on the occasions of the ASEAN Summit, ASEAN Health Ministers Meeting, SOMHD or other important ASEAN meetings relating to the disaster management.</li> <li>✓ The text of the ALD was drafted through a series of discussions in the RCC and PWG of the ARCH. ALD DHM was adopted on the occasion of the 31<sup>st</sup> ASEAN Summit in Philippines on 13 Nov. 2017 and the leaders of the ASEAN confirmed to strengthen the further</li> </ul>

	<p>efforts for Disaster Health Management in the ASEAN.</p> <ul style="list-style-type: none"> <li>✓ Plan of Action (POA) to implement the ALDDHM (2018-2025) was drafted and was submitted once to the SOMHD in April 2018. The RCC and PWG of ARCH have discussed to improve the POA and a revised version based on those discussions will be submitted again to the SOMHD on April 2019. If the POA will be approved by the SOMHD and proceed into the implementation stage, it could be regarded that the ASEAN Collaboration Mechanism was developed and ASEAN is expected to be gradually strengthening the capacities of Disaster Health Management and be acquiring the capabilities of rapid and effective medical response for any large scale disasters in near future.</li> <li>✓ MDS which JICA proposed WHO to develop and took the lead for the development was tested by the RCD of ARCH and its effectiveness was verified by the ARCH regional drills. MDS was officially adopted by WHO on Feb.2017 as an international standard. It is regarded that ARCH has also made a significant international contribution beyond the ASEAN region.</li> <li>✓ Based on J-SPEED which was developed in Japan, referring to Philippine Method "SPEED", a Japanese company has developed i-SPEED system and that company is now trying to introduce its products to Philippines using JICA's Public-Private Partnership Program. ARCH worked to test the effectiveness of this rapid information collection system by the Regional Coordination Drill and introduced this i-SPEED system to other AMS. If the effectiveness will be verified and i-Speed will be utilized in this region, ARCH can contribute to improve the information management on Disaster Medicine.</li> </ul>
<b>Sustainability</b>	<p><b>High;</b></p> <ul style="list-style-type: none"> <li>✓ The ALD was already adopted and the Leaders of the ASEAN have reconfirmed to strengthen the system and mechanism for the Disaster Health Management in each country as well as in the region as a whole. It could be expected that the political priority for the DHM will continue at a higher level.</li> <li>✓ Once the POA will be approved, it is regarded that the RCC set up by the ARCH could expand its role and function, and upgrade to</li> </ul>



	<p>the RCCDHM which should be a permanent formal mechanism of the ASEAN.</p> <ul style="list-style-type: none"> <li>✓ Once the SOP and other collaboration tools developed by the ARCH are endorsed by the SOMHD, those will be recognized as the official tools which should be continuously utilized in ASEAN. The integration of those tools into the SASOP, which is a most important official standard procedure for Humanitarian Assistance to disasters in ASEAN, could ensure the effective utilization for actual disaster cases. Moreover it is expected that the tools will be continuously effective for various cases in ASEAN in future because the RCCDHM set up by the POA would repeatedly review and improve and revise the tools if necessary.</li> <li>✓ Once the POA is approved and AIDHM is established, implementation of RCD and AMS training courses which were initiated by the ARCH will be taken over to the AIDHM. AIDHM will be responsible to develop training curriculum and teaching materials as the regional training center on DHM, referencing the products of the ARCH. AIDHM will also play the role as the facilitator to enhance the Academic network on DHM</li> <li>✓ It is regarded that the activities and products through the ARCH will be integrated into the part of the POA and be improved.</li> </ul>
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## 8. Conclusion

Most of the Activities have been implemented and the Outputs have been almost achieved as planned. Regarding the indicators for the Project Purpose, the Project has already achieved or can be expected to achieve all of the targets by the termination of the Project period. In addition, the Project has worked on the efforts beyond the Project Purpose and has made results in some extent toward the Overall Goal, which should be achieved several years after the termination of the Project period, and it is regarded that the Project has succeeded to generate a bigger Impact and to secure higher Sustainability than those expected before the Project. Then if the POA to implement the ALD is approved and the RCC & AIDHM to operationalize the POA start up, the Impact and Sustainability for the ARCH could be ensured further.

On the other hand, it is necessary to continue testing the products through the ARCH such as the collaboration tools or the RCD whether those can be functional



and effectively applied to an actual disaster. In addition, it is also necessary to improve the capacities on DHM in each AMS and to consider the regional collective measures in order to complement the incomplete capacities of AMS until each AMS could fulfill capabilities necessary for disaster medical response.

## **9.Recommendation**

Based on the above conclusion, it is recommended that this ARCH Project should extend the cooperation period until the POA is approved and the main Mechanism of the POA (RCC & AIDHM) can start and get its actual activities on track so that the ARCH could ensure the Impact and Sustainability.

In addition, it is recommended that continuous testing for the tools and study on the capacity development needs in each AMS should be conducted and the regional approach to complement the capabilities of ASEAN-EMT should be discussed during the extension period.

Annex 1 ; Project Design Matrix(PDM)

Narrative Summary		Objectively Verifiable Indicators	Means of Verification	Important Assumption
<b>Overall Goal</b> ASEAN and Japan collaboration mechanism on disaster health management is developed.		1. Roadmap of ASEAN regional collaboration mechanism on disaster health management is finalized and proposed to SOMHD. 2. Hub organization in-charge of coordination of ASEAN and Japan collaboration mechanism is identified, and its role is clarified. 3. Necessary staff and budget of hub organization of ASEAN and Japan collaboration mechanism are proposed. 4. Activities based on ASEAN and Japan collaboration mechanism works if large scale disaster occurs.	1. Monitoring/review survey report 2. Agreement documents in ASEAN SOMHD 3. Summary of related meetings/ conferences (SOMHD or Summit etc)	
<b>Project Purpose</b> Regional coordination on disaster health management is strengthened in ASEAN.		1. Coordination meetings on disaster health management in ASEAN are held at regular basis. 2. Activities needed for regional collaboration are clarified and approved in the coordination meeting. 3. Recommendations for developing regional collaboration mechanism in disaster health management is proposed to SOMHD. 4. Regional collaboration tools are developed and approved in the coordination meeting.	1. Agreement and/or summary of coordination meeting	1 Policy of ASEAN on disaster health management is not changed. 2 Commitment from AMS is assured. 3 Serious political problem will not happen among ASEAN.
<b>Output</b> Output 1 Coordination platform on disaster health management is set up.		1-1 Number of regional coordination meeting during the Project (Target: at least once a year) 1-2 Clarification of focal point of each AMS 1-3 Agreement of set-up of regional coordination platform on disaster health management in ASEAN	1-1 and 1-3 Records of coordination meetings 1-2 List of focal points	1 Commitment of AMS for is assured.
Output 2 Framework of regional collaboration practices is developed.		2-1 Regional collaborations/lessons learned for the regional collaboration drills are concluded. 2-2 Mechanism of regional collaboration of among emergency medical teams in disaster affected area is clarified.	2-1 Records of the regional collaboration drills 2-2 Monitoring/review survey report 2-3 Draft regional agreement of the regional collaboration on disaster health management	
Output 3 Tools for effective regional collaboration on disaster health management are developed.		3-1 Standard Operating Procedure (SOP) (draft) 3-2 Minimum requirements for disaster health management personnel (draft) 3-3 Framework of health needs assessment in emergencies (draft) 3-4 Preparation of database of emergency medical teams in ASEAN	3-1, 3-2, 3-3, and 3-4 Regional collaboration tools such as SOP, minimum requirement, framework of health needs assessment, database, Records of coordination meetings Monitoring/review survey report	
Output 4 Academic network on disaster health management in AMS is enhanced.		4-1 Number of presentation(s) made at academic conference(s) (Target: at least 1 paper/year)	4-1 Academic conference/Journal such as JADM, APCDM, and WADEM	
Output 5 Capacity development activities for each AMS are implemented.		5-1 Number of trainings (Target: 4 courses) 5-2 Number of participants to attend to the training courses (Target: 150 pax) 5-3 Lessons learned from the training courses was utilized in each AMS 5-4 Number of participants to attend to the counterpart training courses (Target: 20 pax)	5-1 and 5-3 Training report(s) 5-2 Monitoring/review survey report 5-3 Training report(s)	
<b>Activities</b>		<b>Inputs</b>		
1-1 Regional coordination meetings are organized every year to share the progress and discuss the direction of the Project		Japanese side [Experts] (1)Expert Consultant team (a) Dispatch of Experts 1. Leader 2. Specialist in medical system 3. Specialist in disaster health management/emergency medicine 4. Specialist in planning/organizing regional collaboration drill 5. Specialist in planning/organizing trainings 6. Project coordinator 7. Others, if necessary (b) Provision of necessary equipment (if necessary) (2) Japanese Advisory Committee 1. Provide advice and technical support to JICA on the project management. 2. Join the project working groups 3. Participate in the regional collaboration drills 4. Conduct advisory survey [Local cost] 1. Expense mutually agreed upon as necessary	Thailand side [Counterpart Personnel] 1. Project Director 2. Project Manager 3. Officer(s) in charge 4. Secretary at the project office [Facilities and Equipment] 1. Project office space for JICA experts 2. Facilities and equipment necessary for trainings/regional drills 3. Equipment mutually agreed upon as necessary [Available data and information related to project] [Local cost] 1. Expense mutually agreed upon as necessary	
2-1 Develop and prepare the program of the regional collaboration drill with project working group				
2-2 Conduct the regional collaboration drill every year in AMS				
2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities				
2-4 On site practice is conducted when disaster occurs in ASEAN (if possible).				
3-1 Formulate project working groups for regional collaboration tools at the beginning of the project				
3-2 Develop a draft regional SOP and minimum requirements for disaster health management with the project working group				
3-3 Prepare databases of emergency medical teams of AMS				
3-4 Draft framework of health needs assessment in emergencies with the project working group				
4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM				
5-1 Prepare training plan, curriculum and materials on disaster health management and emergency medical system based on needs survey with the project working group				
5-2 Conduct trainings on disaster health management and emergency medical service for AMS				
5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS				
5-4 Conduct a study tour in Japan for AMS				
5-5 Conduct training program in Japan for the Thai counterpart personnel				