

**National Institute for
Emergency Medicine
(NIEM), Thailand**

**Association of
Southeast Asian Nations
(ASEAN)**

**Project for
Strengthening the ASEAN Regional
Capacity on
Disaster Health Management**

Progress Report (1)

February 2017

Japan International Cooperation Agency (JICA)

**KRI International Corp.
System Science Consultants Inc.**

Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management

Progress Report (1)

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Glossary

AADMER	ASEAN on Disaster Management and Emergency Response
ACAPS	Assessment Capacities Project
ACDM	ASEAN Committee on Disaster Management
AHA Centre	ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management
AMS	ASEAN Member States
APCDM	Asia Pacific Conference on Disaster Medicine
ARDEX	ASEAN Disaster Emergency Response Simulation Exercise
ARF Direx	ASEAN Regional Forum Disaster Relief Exercise
ASEAN	Association of Southeast Asian Nations
Blue Book	Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters
C/P	Counterparts
CPR	Committee of Permanent Representatives
CPRC	Crisis Preparedness and Response Centre (Malaysia)
DF/R	Draft final report
DMAT	Disaster Medical Assistance Team
DSS	Disaster Summary Sheet
EAS	East Asia Summit
EMT	Emergency Medical Team
EMTCC	Emergency Medical Team Coordination Cell
ERAT	Emergency Response and Assessment Team (ASEAN)
F/R	Final Report
FACT	Field Assessment Coordination Teams
HADR	Humanitarian Assistance and Disaster Relief
HCT	Humanitarian Country Team
HEMB	Health Emergency Management Bureau (Philippines)
IASC	Inter-Agency Standing Committee
IC/R	Inception Report
ICT	Information and Communication Technology
IER	INSARAG External Reclassification
IFRC	International Federation of Red Cross and Red Crescent Societies
INSARAG	International Search and Rescue Advisory Group
JADM	Japanese Association for Disaster Medicine
JCC	Joint Coordinating Committee
JDR	Japan Disaster Relief
JICA	Japan International Cooperation Agency
LEMA	Local Emergency Management Authority
MIRA	The Multi-Cluster/Sector Initial Rapid Assessment
MOPH	Ministry of Public Health
NDMO	National Disaster Management Offices
NFP	National Focal Point
NIEM	National Institute for Emergency Medicine (Thailand)
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
P/R	Progress Report
PDCA	Plan-Do-Check-Action
PDM	Project Design Matrix
PO	Plan of Operation
PPKK	Center for Health Crisis Management (Indonesia)
PWG	Project Working Group
RCM	Regional Coordination Meeting
RDRT	Regional Disaster Response Teams
SARS	Severe Acute Respiratory Syndrome
SASOP	Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations
SFDRR	Sendai Framework for Disaster Risk Reduction

SOP	Standard Operating Procedure
SOMHD	Senior Officials Meeting on Health Development
SimEX	Simulation Exercise
The Project	Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH)
The Project Team	A team consisting of Thai counterparts and Japanese experts
The previous survey	The Survey on the Current Situation of Disaster/Emergency Medicine System in the ASEAN Region
TICA	Thailand International Cooperation Agency
TOR	Terms of Reference
UN	United Nations
UNICEF	United Nations Children's Fund
UNDAC	United Nations Disaster Assessment and Coordination
UNISDER	United Nations Office for Disaster Risk Reduction
USAR	Urban Search and Rescue
WADEM	World Congress on Disaster and Emergency Medicine
WHO	World Health Organization

Chapter 1 Outline of the Project

1.1 Background

The ASEAN has continued to attach the great importance to the cooperation related to prevention of and response to disasters. The ASEAN formulated the ASEAN on Disaster Management and Emergency Response (AADMER) in 2005 and the ASEAN Declaration on Enhancing Cooperation in Disaster Management in 2013. In addition, the ASEAN defined disaster health management as one of the priority issues in the health sector in the ASEAN Post-2015 Health Agenda. And collaboration for disaster health management in the ASEAN region has just started and the capacity of disaster health management varies widely among the ASEAN Member States (AMS) since each country has different needs and priorities in the health sector.

AMS attempt to strengthen their system or capacity for disaster health management when they are faced with turning points such as the outbreak of severe acute respiratory syndrome (SARS) in 2003, Sumatra Earthquake (2004), and Cyclone Nargis in Myanmar (2008). In Thailand, the Thai Disaster Medical Assistance Team (DMAT) was established in 2008, which is based on the Japanese DMAT model in order to apply the lessons from responding to the Indian Ocean Earthquake and Tsunami (2004). The Government of Thailand aims to strengthen its capacity of domestic disaster health system and also to assume a lead role in the disaster health cooperation in the ASEAN region.

The Government of Japan has committed to enhance cooperation in disaster management with the ASEAN as stated in the Vision Statement of the ASEAN-Japan Commemorative Summit. Japan has a plenty of experiences and knowledge in all aspects of disaster management such as DMAT for domestic incidents as well as the Japan Disaster Relief (JDR) Team for international response.

Against this background, the Government of Thailand requested the Government of Japan for a technical cooperation project in establishing a collaboration mechanism of disaster health management in the ASEAN region. Based on the request, the Japan International Cooperation Agency (JICA) conducted “the Survey on the Current Situation of Disaster/Emergency Medicine System in the ASEAN Region (the previous survey) from 2014 to 2015. Through the survey and regional meetings, all AMS and the ASEAN Secretariat reached a common understanding on the importance of regional collaboration mechanism in disaster health management and necessary actions. Based on the common understanding and a series of discussions with stakeholders, the Project of Strengthening the ASEAN Regional Capacity on Disaster Health Management (the Project) was formulated. The Project was officially endorsed by Senior Officials Meeting on Health Development (SOMHD) of ASEAN in September 2015 and the Committee of Permanent Representatives (CPR) in January 2016.

1.2 Overview of the Project

Table 1-1 shows the outline of the Project according to PDM Version 1 presented in Attachment 1. Although the Project is conducted based on the agreement between JICA and the National Institute for Emergency Medicine (NIEM) in Thailand, the activities related to Output 1, 2, 3 and 5 (except Activity 5-5) are conducted with participants from AMS and other related organizations for the purpose of strengthening regional collaboration.

This Project has been regarded as the first step for ten-year vision of the ASEAN and Japan collaboration mechanism on disaster health management. To achieve the future vision, the Project aims to strengthen the regional coordination on disaster health management in the ASEAN region and to develop common tools and mechanism for efficient collaboration. Through the Project activities, the Project tries to build up a consensus among AMS and to identify needs for the next steps.

Table 1-1 Outline of the Project

Overall Goal
ASEAN and Japan collaboration mechanism on disaster health management is developed.
Project Purpose
Regional coordination on disaster health management is strengthened in ASEAN.
Outputs and Activities
Output 1 Coordination platform on disaster health management is set up.
1-1 Regional coordination meetings are organized every year to share the progress and discuss the direction of the Project.
Output 2 Framework of regional collaboration practices is developed.
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).
Output 3 Tools for effective regional collaboration on disaster health management are developed.
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
Output 4 Academic network on disaster health management in AMS is enhanced.
4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM
Output 5 Capacity development activities for each AMS are implemented.
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

Chapter 2 Implementation of Activities

2.1 Overall Flow

The Project was commenced in July 2016. Plan of operation (Version 1) enclosed in Attachment 1. Attachment 2 presents the work flow of activities for each outcome of the Project. The work schedule and the latest dispatch schedule of the Japanese Experts are shown in Attachment 3 and 4, respectively. The following sections describe progress, challenges and efforts of each activity between July 2016 to February 2017 along with the work flow.

2.1.1 Preparatory Works

(1) Preliminary Meetings with JICA

In July 2016, the Project Team had meetings with JICA and the Japanese Advisory Committee on implementation policy and the latest situation of operating environment of the Project, as well as relevant issues to build consensus on the methodology and confirmation of the communication strategy.

(2) Inception Report (IC/R)

Based on the consensus achieved in the above meetings, the work plan and methodology were compiled in an inception report (IC/R) which was submitted to JICA, NIEM, ASEC, and AMS.

(3) Discussion on IC/R and Work Plan with Thai Stakeholders

The background, outlines, and work plan of the Project was presented to Thai stakeholders along with IC/R to have discussions on the work plan, especially, on the members of each project working group, the schedule, outline and preparation of the first Joint Coordinating Committee (JCC) meeting, the first Regional Coordination Committee (RCC) meeting, and the Start-up Drill were discussed in detail.

2.1.2 Output 1: Coordination platform on disaster health management is set up.

(1) Activity 1-1 Regional coordination committee meetings are organized every year to share the progress and discuss the direction of the Project.

The first RCC meeting was held in Bangkok on 29 and 30 September 2016. In the first RCC meeting, objectives, expected outputs and activities were presented and the terms of reference (TOR) of RCC and Project Working Groups (PWG) 1 and 2 were agreed. Then, the TORs were endorsed in ASEAN Health Cluster 2 Meeting on 29 and 30 November 2016 in Putrajaya, Malaysia. The proceedings including all the relevant documents of the first RCC is presented in Attachment 5.

2.1.3 Output 2: Framework of regional collaboration practices is developed.

(1) Activity 2-1 Develop and prepare the program of the regional collaboration drill (RCD) with project working group

The Project Team developed and prepared the program of the Start-up Drill in collaboration with the Japanese Advisory Committee. Although it was planned to be done based on the existing materials such as Japanese Disaster Relief (JDR) Induction Training, the Project Team decided to develop the original program in order to make it more suitable to the context of AMS. Therefore, it took more time to discuss and prepare the program. In addition, as the venue was not finally confirmed until the late November 2016, preparations tended to be behind the schedule. Furthermore, due to the serious flood in the southern part of Thailand occurred in early January, these preparation works were disturbed. Therefore, the Project Team had to seek the best way within such various limitations and challenges.

(2) Activity 2-2 Conduct the regional collaboration drill every year in AMS

The Start-up Drill was conducted from 17 to 19 January 2017. Eleven medical teams participated in table-top exercise, field exercise, and review workshop. The proceedings of the start-up drill is presented in Attachment 5.

In the first PWG meeting, the Project Team announced the requirements for hosting the project events including the regional collaboration drill and facilitated to request AMS to submit a proposal by the end of February 2017, if any of AMS is interested in hosting the project events.

2.1.4 Output 3: Tools for effective regional collaboration on disaster health management are developed.

(1) Activity 3-1 Formulate project working groups for regional collaboration tools at the beginning of the project

The PWG 1 and 2 were formulated based on the TOR. In the first meetings, both PWG 1 and 2 shared understanding on the TOR and agreed the overall work plan. PWG 1 agreed on the conceptual framework, purpose, goal, targets and work plan of the draft tools to be developed during the Project. The proceedings of the first PWG 1 meeting is presented in Attachment 5.

2.1.5 Output 4: Academic networking on disaster health management in AMS is enhanced.

(2) Activity 4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM

The Project Team presented the outlines of the Project in the 13th Asia-Pacific Conference on Disaster Medicine (APCDM) held in November 2016 in Bangkok, Thailand, and the Second Workshop of Radiation Emergency Medical Preparedness and Assistance Network (REMPAN) held in December 2016 in Seoul, Korea. The Project Team presented the overview of the Project in the 22nd Annual Meeting of

Japanese Association for Disaster Medicine (JADM) in February 2017. In addition, the Project Team will present the project outline and progress at the Congress of World Association for Disaster and Emergency Medicine (WADEM) to be held in April 2017. Presentations for APCDM, REMPAN Workshop, and JADM are presented in Attachment 6.

2.1.6 Output 5: Capacity Development Activities for each AMS are implemented.

(1) Activity 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

In the first PWG 2 meeting as mentioned in Section 2.1.4 (1), the members discussed on overall objectives of the series of AMS training during the Project, and plan of the first AMS training to be held in May 2017.

(2) Activity 5-4 Conduct a study tour in Japan for AMS

The Project Team proposed to conduct a study tour in Japan for AMS in 2018 in the first PWG 2 meeting and it was agreed. The objective and topic will be discussed in PWG 2 based on lessons learned and recommendations from the other relevant project activities.

(3) Activity 5-5 Conduct training program in Japan for the Thai counterpart personnel (CPs)

The Project Team has been preparing a training program in Japan for the Thai counterpart personnel to be held from 22 February to 07 March 2017. The program of the 1st Thai counterpart training is shown in Attachment 8. Also, the Project Team proposed the study tour to Japan for MOPH personnel to promote their understanding on history, effort and experiences on disaster medicine in Japan.

Because the Project needs close communication with ASEAN and Thailand is working as one of the lead countries of the Project in Health Cluster 2 of ASEAN, the Project Team has been aware that MOPH should be more actively involved in the project activities.

3.4 Japanese Expert Team

To respond to the modification of the communication flow as mentioned in Section 3.2, the dispatch schedule of Japanese Expert Team was revised as shown in Attachment 4.

Chapter 4 Next Step

This chapter describes plan of activities during the next period from February to December 2017.

4.1 Project Activities

4.1.1 Output 1: Coordination platform on disaster health management is set up.

(1) Activity 1-1 Regional coordination committee meetings are organized every year to share the progress and discuss the direction of the Project.

The second RCC meeting will be held in Bangkok in July 2017. The major agenda item will be reports on the Start-up Drill and the first Regional Collaboration Drill, meeting outputs of the first PWG 1 and 2 meetings, as well as results of the first AMS training. Also, the host countries of the second and third regional collaboration drills may be discussed if any of AMS submits the proposal.

4.1.2 Output 2: Framework of regional collaboration practices is developed.

(1) Activity 2-1 Develop and prepare the program of the regional collaboration drill (RCD) with project working group

The Thai counterpart has been preparing the conceptual design and plan in close cooperation with Japanese Expert Team. The Project Team will finalize the detailed plan and prepare necessary materials. When any proposal for hosting the second or third regional collaboration drill is submitted, the Project Team will initiate discussion with the country which submitted the proposal.

(2) Activity 2-2 Conduct the regional collaboration drill every year in AMS

The first RCD will be held in Thailand in July 2017. The Project Team will visit the proposed site in March 2017.

4.1.3 Output 3: Tools for effective regional collaboration on disaster health management are developed.

(1) Activity 3-2 Develop a draft regional standard operating procedure (SOP) and minimum requirements for disaster health management with project working group.

The Project Team will develop a draft SOP to be examined partly in the first RCD. The second PWG 1 meeting will be held to discuss and agree on the draft SOP format and contents and plan of the first RCD in early May 2017.

Regarding minimum requirements, the Project Team distributed the questionnaire to AMS via ASEAN Secretariat in order to clarify the current minimum requirements in AMS. Based on the results of questionnaire survey, the second PWG 1 meeting will discuss and agree on a development process.

(2) Activity 3-3 Prepare databases of emergency medical teams of AMS.

The Project Team will develop a format of database by April 2017. AHA Centre and ASEAN Secretariat will discuss internally data collection channel and other conditions regarding the database.

The second PWG 1 meeting will discuss a way forward based on the result of discussion made by AHA Centre and ASEAN Secretariat.

(3) Activity 3-4 Develop draft framework of health needs assessment (HNA) in emergencies.

The Project Team will present a proposed framework and form of (rapid) NHA to the second PWG1 meeting in May 2017. The approved first draft form will be tested in the first Regional Collaboration Drill for improvement.

4.1.4 Output 4: Academic networking on disaster health management in AMS is enhanced.

(1) Activity 4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM

The Project Team will present the outline and progress of the Project in the Congress of World Association for Disaster and Emergency Medicine (WADEM) to be held in April 2017.

4.1.5 Output 5: Capacity Development Activities for each AMS are implemented.

(1) Activity 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

The Project Team is preparing for the first AMS training to be held from 22nd to 26th May 2017. It was agreed in the first PWG 2 meeting that the theme of the first AMS training is “human resource development”. Its five-day training program will be composed of current system of human resource development in disaster health management in each country (DAY 1), best practices in pre-service training and continuous professional development (CPD) (DAY 2), introduction of related training course provided by international organizations and NGOs (DAY 3), CPD in Thailand (site visit) (DAY 4), and recommendation and course evaluation (DAY 5).

It was also agreed that the themes of the 2nd and 3rd AMS training will be “capacity development of emergency medical team” and “capacity development of Government (policy and system)” respectively.

(2) Activity 5-5 Conduct training program in Japan for the Thai counterpart personnel (CPs)

The Project Team conducts a training program in Japan for the Thai counterpart personnel to be held from 22 February to 07 March 2017. Also, the Project Team proposed the study tour to Japan for MOPH personnel to promote their understanding on history, effort and experiences on disaster medicine in Japan in May 2017. The results will be reported in the next P/R.

4.2 Project Management

4.2.1 JCC

The second JCC meeting will be held in April 2017. The main agenda will be reports on the start-up drill and meeting outputs of the first PWG 1 and 2 meetings, as well as plans of the first AMS training and the first regional collaboration drill.

4.2.2 Communication

The Project Team will start monthly meeting from February 2017 to promote communication and information sharing. The second meeting will be held in March 2017.

Attachment 1

- **Project Design Matrix (PDM) (Version 1, approved on 04 August 2016)**
- **Plan of Operation (PO) (Version 1, approved on 04 August 2016)**

Project Design Matrix (PDM): PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT

Version 1
as of 04 Augst 2016

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal 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)	
Project Purpose 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.
Output 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 collaboration drill is conducted. (basically, once a year) 2-2 Recommendations/lessons learned for the regional collaboration drills are concluded . 2-3 Mechanism of regional collaboration 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 Monitoring report	
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	5-1 and 5-3 Training report(s) 5-2 Monitoring/review survey report	
Activities	Inputs		
1-1 Regional coordination meetings are organized every year to share the progress and discuss the direction of the Project.	Japanese side	Thailand side	
2-1 Develop and prepare the program of the regional collaboration drill with project working group	[Experts] (1)Expert Consultant team (a) Dispatch of Experts 1.Leader	[Counterpart Personnel] 1.Project Director 2.Project Manager 3.Officer(s) in charge 4.Secretary at the project office	
2-2 Conduct the regional collaboration drill every year in AMS	2.Specialist in medical system 3.Specialist in disaster health management/emergency medicine		
2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities	4.Specialist in planning/organizing regional collaboration drill 5.Specialist in planning/organizing trainings	[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	
2-4 On site practice is conducted when disaster occurs in ASEAN (if possible).	6.Project coordinator 7.Others, if necessary (b) Provision of necessary equipment (if necessary)		
3-1 Formulate project working groups for regional collaboration tools at the beginning of the project	(2)Japanese Advisory Committee 1.Provide advice and technical support to JICA on the project management.	[Available data and information related to project]	
3-2 Develop a draft regional SOP and minimum requirements for disaster health management with the project working group	2.Join the project working groups 3.Participate to in the regional collaboration drills	[Local cost] 1.Expense mutually agreed upon as necessary	
3-3 Prepare databases of emergency medical teams of AMS	4.Conduct advisory survey		
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	[Local cost] 1.Expense mutually agreed upon as necessary		
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			

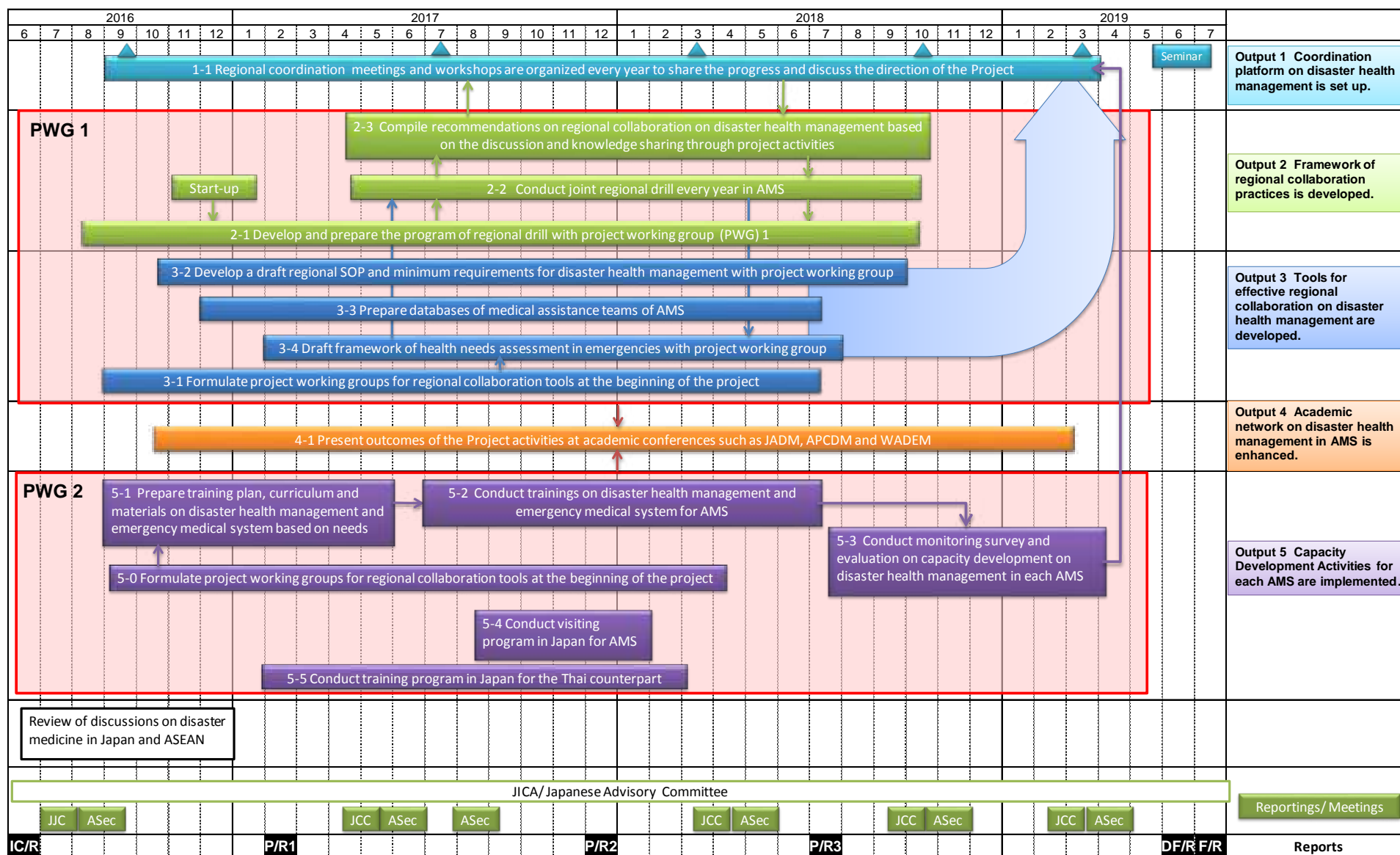
Project Title : PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT

Duration of the Project 5 years
Ver. 1
(04 August 2016)

Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management

Attachment 2

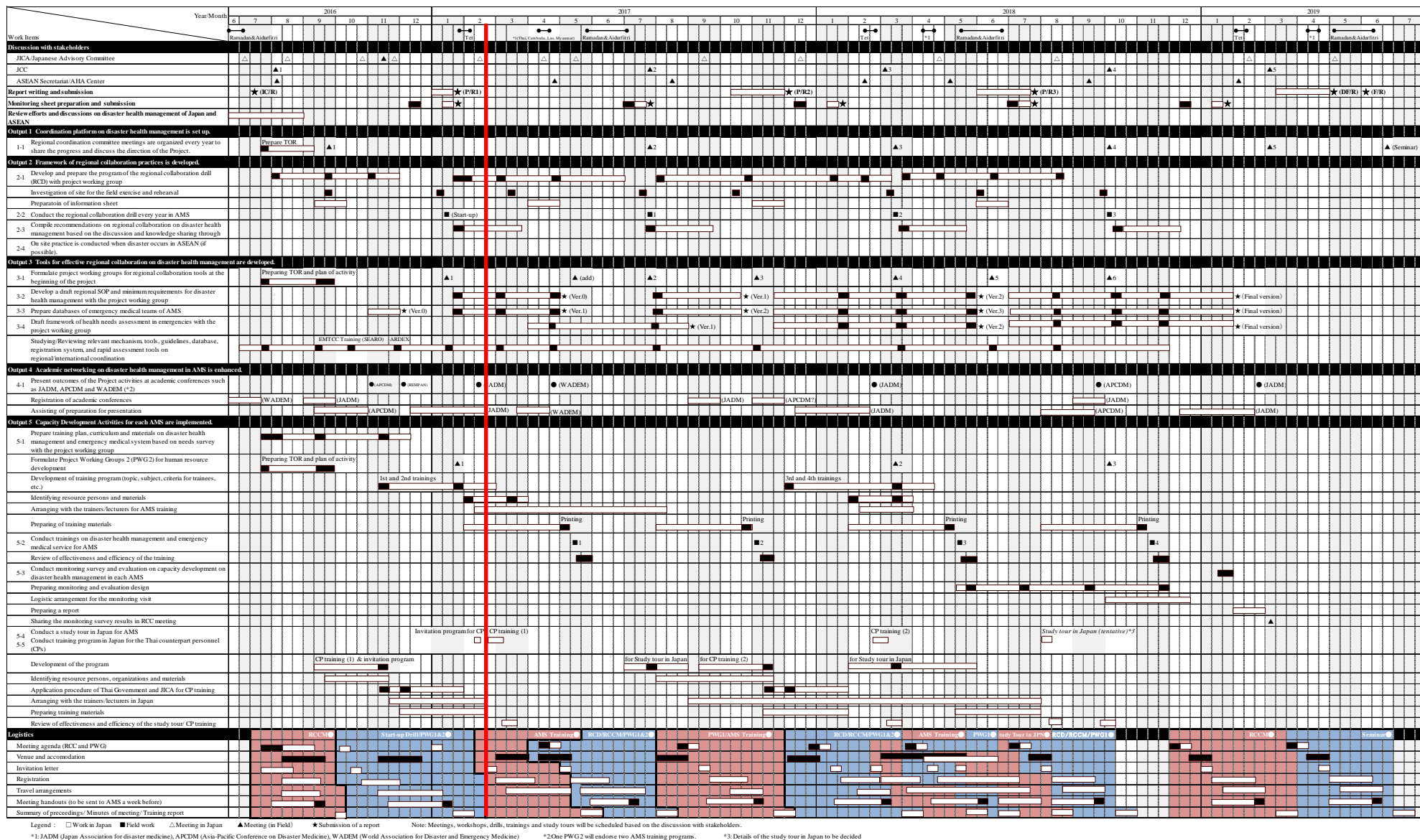
Work Flow



Note: Activity 2-4 On site practice is conducted when disaster occurs in ASEAN (if possible) will be inserted when it is applicable.

Attachment 3

Work Schedule



Attachment 4

Dispatch Schedule of Japanese Expert Team

Legend ■ : Works in Thailand and/or other countries out of Japan □ : Works in Japan

Attachment 5

Proceedings

- 1. The First Regional Management Meeting**
- 2. Start-up Drill and the First PWG1&2 Meetings**

**The First Regional Coordination Committee (RCC) Meeting on the
Project on Strengthening the ASEAN Regional Capacity on Disaster Health
Management (ARCH Project)**

**29 – 30 September 2016
Pullman Bangkok Grande Sukhumvit, Bangkok, Thailand**

Summary of Proceedings

I. Introduction

The first Regional Coordination Committee (RCC) Meeting on the Project on Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project) was held in Bangkok, Thailand from 29 to 30 September 2016 (Please see Annex I for the Meeting Programme). The Meeting was attended by participants from ASEAN Member States (AMS): Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Thailand, and Viet Nam, along with the Project Team consisting of the National Institute of Emergency Medicine (NIEM) of Thailand and Japanese expert team, as well as representatives of the Thailand International Cooperation Agency (TICA), the Department of Disaster Prevention and Mitigation (DDPM) of Thailand, ASEAN Secretariat (ASEC), ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre), the World Health Organization (WHO) Thailand Representative Office, the Japanese Advisory Committee, and the Japan International Cooperation Agency (JICA).

Dr. Jirots Sindhvananda, Acting Senior Advisor on Internal Medicine, Office of Permanent Secretary, the Ministry of Public Health (MOPH), Thailand, and Dr. Wichai Satimai, Advisor, the Department of Disease Control, MOPH, Thailand, were selected as Chairperson and Co-Chairperson of this Meeting, respectively.

The opening remarks were first delivered by Dr. Anuchar Sethasathien, Secretary General of NIEM. Dr. Sethasathien highlighted that the ARCH Project is part of a proposed ten-year vision in Disaster Health Management (DHM) and was formulated based on the outcomes of a survey on the status of disaster/emergency medicine system in the ASEAN Region which was conducted from 2014 to 2015. Subsequently, Mr. Hiroo Tanaka, Chief Representative, JICA Thailand Office, also delivered an opening remark. Mr. Tanaka stressed the importance of preparedness in the face of the ever-increasing risks of disasters in the ASEAN Region. Mr. Tanaka hoped that ARCH Project would contribute to protect more than 650 million people in the region from the impacts of disasters.

Dr. Jiroth Sindhvananda, the Chairperson, welcomed every participant who then introduced him/herself. The list of participants is enclosed in Annex II.

II. Sessions

The meeting was consisted of seven sessions: 1) Presentation on Outlines of ARCH Project, 2) Update on DHM under the ASEAN Post 2015 Health Development Agenda (APHDA), 3) Orientation on the draft ASEAN Joint Disaster Response Plan (AJDRP), 4) Questions and Answer, 5) Discussion on Terms of Reference (TOR) of the Regional Coordination Committee (RCC), 6) Discussion on TOR of the Project Working Group (PWG) 1 and 2, and 7) Presentation on the start-up drill to be held in January 2017.

Session 1: Presentation on Outlines of ARCH Project

Firstly, Ms. Keiko Nagai from the Project Team presented the results of the Survey on the Current Situation of Disaster/Emergency Medicine System in the ASEAN Region (the previous survey) which was conducted in/with all AMS from November 2014 to August 2015. Ms. Nagai explained the outlines, findings and recommendations of the previous survey. The presentation of Ms. Nagai can be found in Annex III.

Then, Dr. Phumin Silapunt from the project team explained the background, scope, goals, expected outputs and implementation structure of ARCH Project. Dr. Silapunt emphasized that ARCH Project was endorsed in the 10th Senior Officials Meeting on Health Development (SOMHD) in September 2015. The Project aims to strengthen coordination on Disaster Health Management for rapid and effective response to disasters occurring in the ASEAN Region, by utilizing regional resources, and to enhance the capacity of each AMS on DHM and Emergency Medicine.. The Project has been implemented to produce five outputs: 1) Coordination platform on disaster health management is set up; 2) Framework of regional collaboration practices is developed; 3) Tools for effective regional collaboration on disaster health management are developed; 4) Academic networking on disaster health management in AMS is enhanced; and 5) Capacity development activities for each AMS are implemented. Dr. Silapunt also explained the role, function and composition of committees, working groups and meetings within the project such as Steering Committee, RCC, and PWG, as well as the Joint Coordinating Committee (JCC) consisting of NIEM and JICA. The presentation of Dr. Silapunt appears as Annex IV.

Lastly, Ms. Nagai presented the overall work plan of the project from 2016 to 2019 with the outlines and schedule of major activities such as RCC and PWG Meetings, Regional Collaboration Drills and the trainings for AMS. The tentative schedule from October 2016 to July 2017 was announced. A presentation on the work plan appears as Annex V.

Session 2: ASEAN Health Cooperation on Disaster Health Management

Dr. Ferdinal M. Fernando, Assistant Director and Head, Health Division, Human Development Directorate, ASEAN Socio-Cultural Community Department, ASEC, outlined the ASEAN Post 2015 Health Development Agenda (APHDA) from 2016 to 2020 and its alignment with the other regional and international platforms, notably “ASEAN 2025: Forging Ahead Together” and the Sustainable Development Goals. The Agenda was endorsed by the 12th ASEAN Health Ministers’ Meeting in Hanoi, Viet Nam in September 2014, while a Governance and Implementation Mechanism (GIM) as endorsed by SOMHD in March 2016 was put in place to streamline and strengthen the effectiveness of the ASEAN health cooperation. Since its endorsement, the cluster approach has been applied. DHM has been identified as one of the Strategic Health Priorities under APHDA 2016-2020 and is placed under the purview of Health Cluster 2 (Responding to All Hazards and Emerging Threats) with SOMHD Malaysia and SOMHD Myanmar as chair and vice chair, respectively. Dr. Fernando emphasized that DHM is a broad concept which is not limited in Health Cluster 2 but also relates to other clusters and health priorities such as nutrition, which under the purview of Health Cluster 1. It was also pointed out that Disaster/Emergency Medicine is one of the many domains of DHM; the latter includes Public Health Preparedness and Response, Mental Health and Psychosocial Support, Sexual and Reproductive Health, among others.

As progress made since the regional meeting of the previous survey in July 2015, Dr. Fernando highlighted that ARCH project was endorsed at the SOMHD level and the Committee of Permanent Representatives to ASEAN in December 2015 and is included in the Health Cluster 2 work plan from 2016 to 2020. Therefore, the outcomes of this Meeting, including TOR RCC, PWG 1 and 2 will be presented to the second meeting of Health Cluster 2 on 29 and 30 November 2016 in Putrajaya, Malaysia. Dr. Fernando’s presentation can be found as Annex VI.

Session 3: Orientation on the draft ASEAN Joint Disaster Response Plan (AJDRP)

Ms. Agustina Tnunay, Preparedness and Response Officer, AHA Centre, presented the draft ASEAN Joint Disaster Response Plan (AJDRP) which is one of the strategies to implement “One ASEAN One Response”. The concept note of AJDRP has endorsed by the 26th ASEAN Committee on Disaster Management (ACDM) meeting. The consultations with the Working Group on Preparedness and Response have been already undertaken, and the full endorsement of AJDRP will be granted in the ACDM meeting in October 2016.

Furthermore, Ms. Tnunay explained the goal, key principles, purpose and stakeholders of AJDRP. The goal of AJDRP is to increase the speed and volume of emergency relief capacities and assets offered and delivered to the affected member states. Ms. Tnunay stressed the importance of national leadership in achieving the goal. She also mentioned that AJDRP is a living document which will be tested annually through an exercise and revised based on the exercise. Ms. Tnunay’s presentation appears as Annex VII.

Session 4: Question and Answer

At the beginning, Ms. Agustina Tnunay from AHA Centre presented and shared the ASEAN Declarations on One ASEAN, One Response: ASEAN Responding to Disasters as One in the Region and Outside the Region which was signed by the ASEAN Leaders at the 28th ASEAN Summit in Vientiane, Lao PDR on 6 September 2016. The Declaration confirmed that the Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP), as a protocol under the ASEAN Agreement on Disaster Management and Emergency Response (AADMER), is the main standard operating procedure to be used for mobilizing the resources of both military and civilian. Ms. Tnunay stressed that AHA Centre is the primary ASEAN regional coordination agency and will work in partnership with relevant regional and international agencies for strengthening humanitarian assistance and disaster relief efforts that include the health aspect.

Dr. Tasturo Kai from the Japanese Advisory Committee mentioned that the project focuses on health aspect in disaster management and therefore one of the project purposes is to develop a standard operating procedure (SOP) for medical response which is not specified in SASOP. In response to the comment from Dr. Kai, Dr. Fernando, ASEC, stated that there will be some modification of SASOP which will coordinate with health through this project regarding the specific SOP on health intervention. The project output to SOP will contribute the revision of overall SASOP which will further be operationalized in realization of Joint Task Force to Promote Synergy with Other Relevant ASEAN Bodies on Humanitarian Assistance and Disaster Relief (JTF HADR).

With regards to the comments made by Dr. Ahamad Bin Jusoh (Malaysia) on military medicine, Dr. Jirot Sindhvananda, the Chairperson, stated that there are multiple stakeholders involved in disaster response and therefore a stakeholder mapping is needed to avoid the confusion.

Dr. Fernando, ASEC, presented the TOR of ASEAN Centre for Military Medicine (ACMM) that could serve as a reference in reviewing the TOR of RCC to align with.

Ms. Tnunay clarified that SASOP will be revised in the next year 2017 and one of the modules included in SASOP is medical and health.

Regarding the issue of military in the health sector, which somehow relates to DHM, Dr. Sindhvananda, the Chairperson, suggested that we might invite the military health sector in the next meeting in order to deepen our understanding of each other.

To guide AMS in sufficiently contributing to the Project, participants asked the Project Team to provide the following information: (a) the number of people expected to participate in each project activity, and (b) the number of days each person is expected to travel to participate in each activity. In response, the Project Team presented Table 1 below, and produced Table 2:

Table 1. Schedule of Key Activities, ARCH Project (2017-2019)

TENTATIVE SCHEDULE	2017					2018						2019		TOTAL NO. OF KEY ACTIVITY DURING PROJECT TIMEFRAME
	JAN	MAY	JUL	SEP	NOV	(*1)	MAR	MAY	JUN	JUL	OCT	MAR	AUG	
KEY PROJECT ACTIVITIES	JAN	MAY	JUL	SEP	NOV	(*1)	MAR	MAY	JUN	JUL	OCT	MAR	AUG	
RCC Meetings			✓				✓				✓	✓	✓ ^{*2}	5
Regional Collaboration Drills	✓		✓				✓				✓			4
PWG 1 Meeting	✓		✓	✓			✓		✓		✓			5
PWG 2 Meeting	✓		✓				✓							3
AMS Capacity Development		✓			✓			✓		✓				4
Study Tour in Japan						✓								1
TOTAL ACTIVITIES PER PERIOD	3	1	4	1	1	1	4	1	1	1	3	1	1	

Note: *1 - Study tour in Japan will be provided in 2018. The schedule and topic will be decided through discussions in the project activities.

*2 - In August 2019, the final seminar will be organized. The details to be decided.

Table 2. Number, Profiles and Input Days of Human Resources Involved in Each Activity from Each AMS, ARCH Project (2017-2019)

AMS HUMAN RESOURCES REQUESTED PER ACTIVITY	NUMBER OF INPUT DAYS REQUESTED FROM EACH AMS HUMAN RESOURCE													TOTAL NUMBER OF INPUT DAYS PER AMS HR
	JAN17	MAY17	JUL17	SEP17	NOV17	MAR18	(*1) 18	MAY18	JUN18	JUL18	OCT18	MAR19	AUG19	
RCC Member (for PWG1)/ AMS Drill TL	6		7	3		7	7		3		7	3	3	46
RCC Member (for PWG 2)	3		7			7	7				7	3	3	37
Other AMS Expert for PWG1	3		3	3		3			3		3			18
Other AMS Expert for PWG 2	3		3			3								9
AMS Drill Participant 1	5		5			5					5			20
AMS Drill Participant 2	5		5			5					5			20
AMS Drill Participant 3	5		5			5					5			20
AMS Drill Participant 4	5		5			5					5			20
AMS Training Participants		28			28			28		28				112
TOTAL NO. OF INPUT DAYS PER AMS PER ACTIVITY	35	28	40	6	28	40	14	28	6	28	37	6	6	302

Note: All figures above are inclusive of actual and travel days that each AMS human resource contributes to project activities. Each AMS is expected to send three-five (3-5) participants per training; one training is estimated to be five (5) days.

*1 - Study tour in Japan will be provided in 2018. The schedule and topic will be decided through discussions in the project activities.

Session 5: Discussion on Terms of Reference (TOR) of the Regional Coordination Committee (RCC)

Ms. Keiko Nagai from the Project Team presented the draft TOR of RCC together with the preliminary comments and suggestions received before the first RCC. The draft TOR of RCC was reviewed and discussed article by article by participants. According to the discussion, revisions were made such as follows:

“Regional Coordination Meeting (RCM)” was changed into “Regional Coordination Committee (RCC) meeting”.

‘Article 1 Purpose’ was agreed as *“The Regional Coordination Committee (RCC) is a coordinating platform to oversee of the implementation of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project)”*.

‘Article 2 Outline of the ARCH Project’ was added to explain the background, scope and expected outcome of the project.

It was agreed that the RCC will have a Chairperson and a Co-Chairperson who are senior members from the Lead Countries (Thailand and Viet Nam) (Article 5.1).

Accordingly, ‘Article 6 Chairperson’ was changed into ‘Article 7 Roles of the Chairperson/Co-Chairperson and Lead Country’. Article 7.3 was added as *“the Lead Country representative shall submit a report of RCC meeting outcomes to Health Cluster 2 Meeting”*.

‘Article 7.4 Proxies to the Meetings’ is deleted because the members’ role on attendance to the meeting is defined in Article 6 Roles of the members of the RCC.

It was agreed that the meeting minutes will be finalized through ad-referendum endorsement within two weeks by the RCC (Article 8.3).

Finally, the participants agreed on the points to be revised. It was agreed that the Project Team would revise and finalize the draft TOR accordingly to be submitted to the second meeting of Health Cluster 2, and SOMHD subsequently for endorsement. For a copy of the RCC TOR adopted during the Meeting, please refer to Annex VIII.

Session 6: Discussion on TOR of the Project Working Group (PWG) 1 and PWG 2

1) Project Working Group 1 – Regional Collaboration Tools

Ms. Junko Yamada from the Project Team presented the draft TOR of PWG 1 including its purpose, scope of activities, expected outcomes, responsibility of individual members, membership, chairperson, meetings, secretariat and administrative support, and costs of PWG 1. The participants undertook an article-by-article review of the draft TOR for PWG 1. In the light of the discussions, the draft TOR was revised. Main revision points were as follows:

In ‘Article III. Expected outcomes’, the term “periodically” was deleted and the approval process was clarified as *“The four (4) final draft regional collaboration tools will be reviewed and*

ultimately approved in the Regional Coordination Committee (RCC) Meeting, Health Cluster 2, and SOMHD subsequently”.

‘Article VI. Chairperson’ was revised as “*A chairperson shall be selected from the RCC members of the host country of the meeting*” and the role of chairperson was added to be consistent with the TOR of RCC.

Finally, the participants agreed on the revised TOR for PWG 1 as a final version to be submitted to the second meeting of Health Cluster 2, and SOMHD subsequently, for endorsement. For a copy of the PWG 1 TOR adopted during the Meeting, please refer to Annex IX.

2) Project Working Group 2 – Capacity Development

Ms. Junko Sato from the Project Team presented the draft TOR for PWG 2, which is consisted of purpose, scope of activities, expected outcomes, responsibility of individual members, membership, chairperson, meetings, secretariat and administrative support, and costs of PWG 2. The participants undertook an article-by-article review of the draft TOR for PWG 2. Based the discussions, revisions were made to the draft TOR. Major changes were made such as follows:

In ‘Article IV. Responsibility of individual members’, “conduct training of trainers (TOT) in country if necessary” was added.

Regarding Article V. Membership’, it was decided to add ASEAN Secretariat as an observer. AHA Center, however, is not included as a member or an observer of PWG 2.

‘Article VI. Chairperson’ was revised as “*A chairperson shall be selected from the RCC members of the host country of the meeting*” and the role of chairperson was added to be consistent with the TOR for RCC and PWG 1.

Figure 1 in ‘Article VII. Meetings’ would be modified to be consistent with the figure in the TOR for PWG 1.

Finally, the participants agreed on the points to be revised. It was agreed that the Project Team would revise and finalize the draft TOR accordingly to be submitted to the second meeting of Health Cluster 2, and SOMHD subsequently, for endorsement. For a copy of the PWG 2 TOR adopted during the Meeting, please refer to Annex X.

Session 7: Presentation on the Start-Up Drill to be held in January 2017

Dr. Yasushi Nakajima from the Project Team presented the outlines of drills to be executed during the project: a start-up drill and regional collaboration drills including the main objectives, tools used in each drill, schedule, and tools to be discussed during the drills/exercises.

Dr. Nakajima also explained the details of the start-up drill which will be held in January 2017 including methodology, learning outcomes, and target participants. The duration of start-up drill is three days and the schedule is as follows:

Day 1: Tabletop Exercise - Dispatch of emergency medical teams (EMT)

Day 2: Field Exercises - EMT Activities

Day 3: Review Workshop

Dr. Nakajima emphasized that the start-up drill will be conducted to initiate the discussion of PWG 1 and 2, and the discussions will be continued in the three Regional Collaboration Drills. Dr. Nakajima's presentation appears as Annex XI.

After the presentation by Dr. Nakajima, Dr. Ari Prasetyadjati (Indonesia) asked about the incident command system (ICS). Dr. Nakajima responded that the ICS will not be used in this start-up drill. Dr. Wuthisuthimethawee from the Project Team added that some AMS have ICS in place in their countries and EMT could have the ICS within the team for the drill. For instance, during the drill, a coordinator or a liaison will coordinate with the EMT Coordination Cell led by AHA Centre.

Ms. Tnunay from AHA Centre suggested that the start-up drill has to follow the national system such as tools and regulations in Thailand as the scenario is based in Thailand. Ms. Tnunay also stressed that we need to give priority to SASOP which has been the tool referred to in the ASEAN Declaration on One ASEAN One Response.

III. Conclusions

Ms. Keiko Nagai from the Project Team presented draft conclusions of the first RCC meeting. Based on the suggestions and comments from the participants, the Meeting agreed on the following:

1. Summary of Proceedings and Final Version of the TOR of RCC, PWG 1 and PWG 2 will be circulated to RCC participants within a week.
2. Summary of Proceedings will be submitted to the second meeting of ASEAN Health Cluster 2 on 29 and 30 November for acknowledgment.
3. Final Version of the TOR of RCC, PWG 1 and PWG 2 will be submitted to second meeting of ASEAN Health Cluster 2 for endorsement. Subsequently, the endorsed versions will be submitted to SOMHD for final endorsement.
4. AMS will confirm their respective official primary representatives and alternates to the RCC. Official list of names will be submitted to ASEAN Secretariat.
5. The regional collaboration tools will be drafted and tested within the project period prior submission to Health Cluster 2 and SOMHD for approval.
6. AMS will nominate the members for PWG 1 and 2, as well as a team for the Start-up Drill to the project team. The list of PWG members will be submitted to ASEAN Secretariat.
7. Noted the information from the Philippines that it volunteers to host the regional Project activities in July 2017, to coincide with the country's National Disaster Consciousness Month.

END

Annexes

- Annex I: Programme of Activities
- Annex II: List of Participants
- Annex III: Presentation on Results of the Survey on the Current Situation of
Disaster/Emergency Medicine System in the ASEAN Region
- Annex IV: Presentation on Background, Scope, Goals, and Outputs of ARCH Project
- Annex V: Presentation on Overall Work Plan of ARCH Project
- Annex VI: Presentation on ASEAN Health Cooperation Disaster Health Management
- Annex VII: Presentation on AJDRP
- Annex VIII: TOR of RCC
- Annex IX: TOR of PWG1
- Annex X: TOR of PWG2
- Annex XI: Presentation on Drills

ANNEX I

Programme of Activities
The First Regional Coordination Meeting (RCM)
The Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management
(ARCH Project)

29 - 30 September 2016
Ballroom I, Pullman Bangkok Grande Sukhumvit, Bangkok

DAY 1: 29 September		
Time	Agenda	Presenter
08:15 - 08:45	Registration	
08:45 - 09:00	Opening Remarks	Secretary General, NIEM Chief Representative, JICA Thailand
09:00 - 09:15	Group Photo	
09:15 - 09:30	Introduction of Participants	Chair
09:30 - 10:30	Presentation on Outlines of ARCH Project - Results of the previous survey - Background - Project scope, goals and expected outputs - Implementation structure - Overall work plan - Detailed schedule until the next RCM	Project Team
10:30 - 10:40	Tea Break	
10:40 - 11:10	ASEAN Health Cooperation on Disaster Health Management	Health Division, ASEAN Secretariat
11:10 - 11:30	Orientation on the draft ASEAN Joint Disaster Response Plan (AJDRP)	AHA Centre
11:30 - 12:00	Question & Answer	
12:00 - 13:00	Lunch Break (Atelier, Floor 2)	
13:00 - 15:30	Discussion on Terms of Reference (TOR) of the Regional Coordination Meeting (RCM) (15 min. Tea Break)	Project Team
18:00	Dinner hosted by NIEM (at the restaurant "The Local")	
DAY 2: 30 September		
Time	Agenda	Presenter
before 09:00	Participants Check Out of Room	
08:30 - 10:00	Discussion on TOR of the Project Working Group (PWG) 1 and PWG 2	Project Team
10:00 - 10:45	Presentation on the Start-Up Drill to be held in January 2017	Project Team
10:45 - 11:10	Tea Break	
11:10 - 11:50	Conclusion	Chair
11:50 - 12:00	Closing Remarks	NIEM Dr. Kai, Japanese Advisory Committee
12:00 - 13:00	Lunch (Atelier, Floor 2)	
	Departure of Participants	

ANNEX II List of Participants

No.	Country		Name		Organization	Department	Title
			Given Name	Surname			
1	Brunei	Dr.	Norazlina	Rahman	Ministry of Health		Specialist, Emergency Medicine
2	Brunei	Ms.	Chiang	Mei Mei	Ministry of Health	Emergency Medical Ambulance Service	Head
3	Cambodia	Dr.	Lak	Muy Seang	Ministry of Health	Disaster Emergency Management Bureau	Vice Chief
4	Cambodia	Dr.	Huy	Meng Hut	Ministry of Health	Department of International Cooperation	ASEAN Affairs Officer
5	Indonesia	Dr.	Arifin	Sudirman Maraudin	Ministry of Health	Health Crisis Centre	MD
6	Indonesia	Dr.	Ari	Prasetyadjati	Dr Saiful Anwar General Hospital Malang, East Java, Indonesia /Medical Faculty of Brawijaya University, Malang		MD, Emergency Specialist
7	Lao PDR	Dr.	Lavanh	Vongsavanthong	Ministry of Health	Department of Health Care	Deputy Director of Division, Central Hospital Management, Subcommittee of National of Emergency Medicine
8	Lao PDR	Dr.	Vangnakhone	Dittaphong	Mittaphab Hospital, Ministry of Health	Emergency Department	Head
9	Malaysia	Dr.	Ahamad	Bin Jusoh	Ministry of Health	Disaster and Outbreak Management	Sector Head
10	Malaysia	Dr.	Kasuadi	Bin Hussin	Ministry of Health	Emergency Service Unit, Medical Development Division	Senior Principal Assistant Director
11	Myanmar	Dr.	Htun	Tin	Ministry of Health and Sports	Disaster and Public Health Emergency Response Division, Department of Public Health	Director
12	Myanmar	Dr.	Wai	Mar Mar Tun	Ministry of Health and Sports	Department of Public Health	Director (Health System Strengthening /Disaster)
13	Philippines	Dr.	Rosa Maria	Rempillo	Department of Health	Regional Office 5	Medical Specialist III
14	Philippines	Ms.	Janice	P. Feliciano	Department of Health	Health Emergency Management Bureau	Nutritionist-Dietitian V
15	Philippines (observer)	Ms.	Maria Cristy	Yuson	Department of Health	Bureau of International Health Cooperation	Senior Health Program Officer
16	Thailand	Dr.	Anurak	Amornpetchsathaporn	Ministry of Public Health	Bureau of Public Health Emergency Response, Office of Permanent Secretary	Director
17	Thailand	Dr.	Jirot	Sindhvananda	Ministry of Public Health	Health Technical Office	Senior Advisor on Internal Medicine, Advisory Level
18	Viet Nam	Ms.	Nguyen	Thi Ngoc Bao	Ministry of Health	General Planning and Health Policy Division, Department of Planning and Finance	Vice-Head
19	Viet Nam	Dr.	Nguyen	Nhu Lam	Ministry of Health	National Institute of Burns	Deputy Director
20	AHA Centre	Ms.	Agustina	Tnunay	AHA Centre		Preparedness and Response Officer
21	ASEC	Dr.	Ferdinal	M. Fernando	ASEAN Secretariat	Health Division, Human Development Directorate, ASEAN Socio-Cultural Community Department	Assistant Director and Head
22	ASEC	Mr.	Jim	Catampongan	ASEAN Secretariat	Health Division	Senior Officer
23	ASEC	Mr.	Michael	Glen	ASEAN Secretariat		Technical Officer
24	Thailand	Dr.	Wichai	Satimai	Ministry of Public Health	Department of Disease Control	Advisor
25	Thailand	Ms.	Suttapak	Suksabai	Ministry of Interior	Department of Disaster Prevention and Mitigation	Policy and Plan Analyst
26	Thailand	Ms.	Nattaporn	Phromlert	Ministry of Foreign Affairs		
27	Thailand	Ms.	Kanchanit	Petchampai	Ministry of Foreign Affairs		
28	Thailand	Mr.	Wattanawit	Gajaseni	Ministry of Foreign Affairs	Countries Partnership Branch (Bilateral and Trilateral), Thailand International Cooperation Agency (TICA)	Director
29	Thailand	Ms.	Sushera	Bunluesin	WHO Thailand Office		National Professional Officer

No.	Country		Name		Organization	Department	Title
			Given Name	Surname			
30	Thailand	Dr.	Wiwat	Seetamanotch	NIEM		Executive Advisor to Board
31	Thailand	Dr.	Prasit	Wuthisuthimethawee	Prince of Songkla University	Department of Emergency Medicine Songklanakarin Hospital	Chief
32	Thailand	Dr.	Narain	Chotirosniramit	Chiang Mai University	Head of Trauma and Critical Care Unit, Department of Surgery, Faculty of Medicine	Trauma Surgeon (Board of NIEM)
33	Thailand	Dr.	Anuchar	Sethasathien	NIEM		Secretary General
34	Thailand	Dr.	Phumin	Silapunt	NIEM		Deputy Secretary General
35	Thailand	Ms.	Sansana	Limpaporn	NIEM	Bureau of Administration	Secretary of Dr. Phumin Silapunt
36	Thailand	Ms.	Nawanan	Aintharak	NIEM	Bureau of Emergency Medical Coordination and Alliance Relation	Manager
37	Thailand	Ms.	Kittima	Yuddhasaraprasiddhi	NIEM	Bureau of Emergency Medical Coordination and Alliance Relation	Section Chief
38	Thailand	Ms.	Pornthida	Yampayonta	NIEM	Bureau of Academic Affairs and Quality Management	Section Chief
39	Thailand	Ms.	Suvicha	Kalandakaphan	NIEM		Project Coordinator
40	Thailand	Ms.	Pinsawat	Sukhayuvana	NIEM	Bureau of Emergency Medical System Management	Coordinator
41	Thailand	Mr.	Prachaya	Junthum	NIEM		
42	Thailand	Mr.	Rung Klao	Saengfak	NIEM		
43	Japan	Dr.	Tatsuro	Kai	Japanese Advisory committee	Senri Critical Care Medical Center	Senior Advisor
44	Japan	Dr.	Yuichi	Koido	Japanese Advisory committee	Institute for Clinical Research National Disaster Medical Center	Director
45	Japan	Dr.	Satoshi	Yamanouchi	Japanese Advisory committee	Emergency Center, Osaki Citizen Hospital	Director
46	Japan	Dr.	Tomoaki	Natsukawa	Japanese Advisory committee	Senri Critical Care Medical Center	Chief Physician
47	Japan	Ms.	Eiko	Yamada	Japanese Advisory committee	Tokyo Healthcare University	Lecturer
48	Japan	Mr.	Yosuke	Takada	Japanese Advisory committee	Disaster Reduction and Human Renovation Institution	Researcher
49	Japan	Ms.	Akiko	Sanada	JICA Headquarters	Infrastructure and Peacebuilding Department	Advisor, Team 2, Urban and Regional Development Group
50	Japan	Ms.	Junko	Nakaji	JICA Headquarters	Infrastructure and Peacebuilding Department	Special Advisor, Team 2, Urban and Regional Development Group
51	Japan	Mr.	Shota	Suzuki	JICA Headquarters	Emergency Relief Division 1 & 2, Secretariat of Japan Disaster Relief Team	Emergency Relief Officer
52	Indonesia	Mr.	Shuichi	Hirayama	JICA Indonesia Office		Project Formulation Advisor
53	Thailand	Mr.	Hiroo	Tanaka	JICA Thailand Office		Chief Representative
54	Thailand	Mr.	Masanori	Takenaka	JICA Thailand Office		Senior Program Officer
55	Japan	Ms.	Keiko	Nagai	ARCH Project Team		Team Leader
56	Japan	Dr.	Yasushi	Nakajima	ARCH Project Team		Disaster Health Management
57	Japan	Ms.	Junko	Sato	ARCH Project Team		Capacity Development Planning (1)
58	Japan	Ms.	Junko	Yamada	ARCH Project Team		Regional Collaboration Tool Development (1)
59	Japan	Ms.	Yumiko	Kashiba	ARCH Project Team		Regional Collaboration Tool Development (2)
60	Japan	Ms.	Masako	Tani	ARCH Project Team		Regional Collaboration Drills
61	Japan	Mr.	Takashi	Senda	ARCH Project Team		Capacity Development Planning (2)
62	Thailand	Ms.	Sukrita	Tangkunapipat	ARCH Project Team		Project Secretary

RESULTS OF THE SURVEY ON THE CURRENT SITUATION OF DISASTER/EMERGENCY MEDICINE SYSTEM IN THE ASEAN REGION

First Regional Coordination Meeting
29 September 2016, Bangkok

Outline

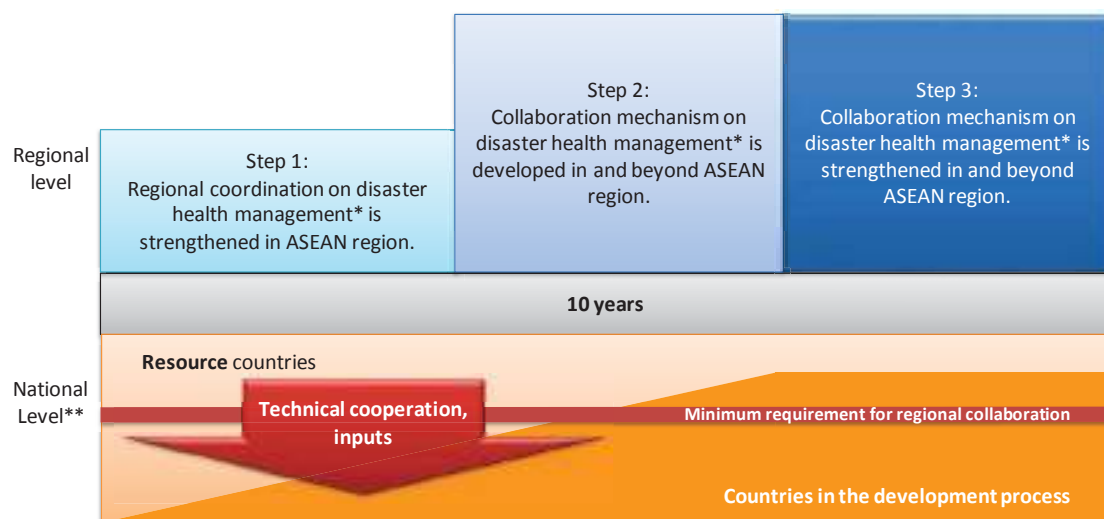
1. Period: Nov. 2014 – Aug. 2015
2. Methodology
 - ① In-country survey in all AMS (Dec. 2014 – Mar. 2015)
 - Field visit for three to five days per country
 - Document review
 - ② Collection of relevant international trends (UN, WHO, ASEAN, etc.)
 - ③ Invitation Programs
 - The First Regional Meeting (Phuket, December 2014)
 - The Second Regional Meeting (Tokyo, March 2015)
 - The Third Regional Meeting (Bangkok, July 2015)

Findings

- Every country has different situation; needs, priority, capacity, development plans, institutional arrangements, human resources, etc. (refer to “Summary of the Results of the In-country Survey”)
- Needs for collaboration mechanism on disaster health management to exchange information in peacetime and emergency were pointed by many interviewees.
- Disaster health management should be well coordinated with other sectors, especially disaster management and emergency response.

Recommendations (1)

- To develop a regional collaboration mechanism in which regional EMTs are able to collectively respond to disasters occur in the region.



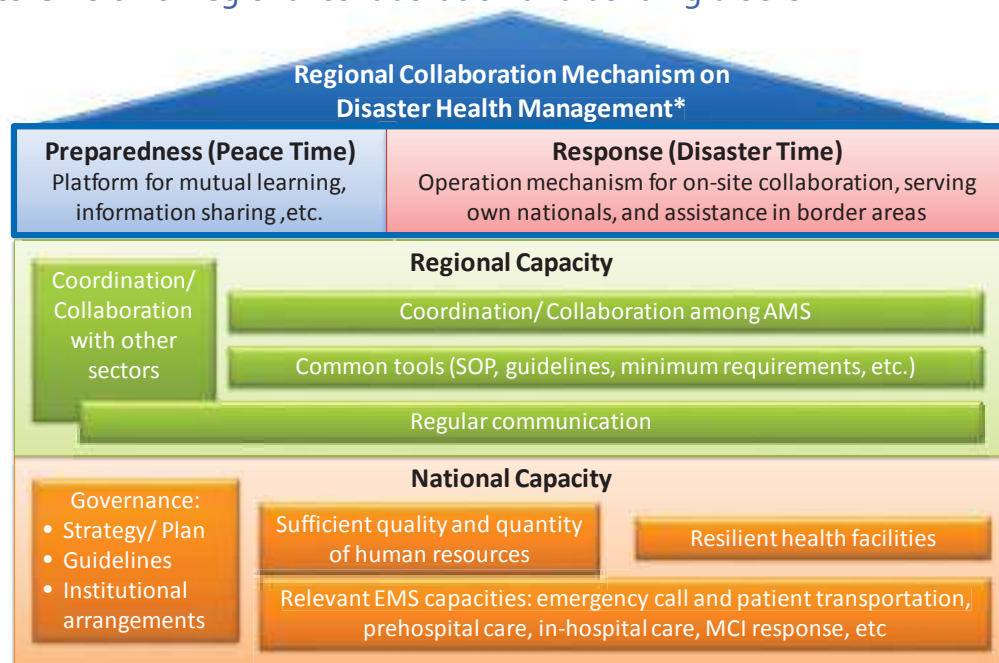
Note: *It is understood that disaster health management includes disaster medicine (refer to Section 13.3.2(1)).

**The height of the square shows national capacity regardless the continuous improvement.

Source: the Final Report

Recommendations (2)

- Future vision of regional collaboration and building blocks



*Note: It is understood that disaster health management includes disaster medicine (refer to Section 13.3.2(1)).
JICA Survey Team

Source: the Final Report
5

Thank you ကျေးဇူးပဲ

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Cám ơn

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Salamat

Terima kasih

ありがとうございます



ARCH Project

The Project for Strengthening
the **A**SEAN **R**egional **C**apacity
on Disaster **H**ealth Management

1st Regional Coordination Meeting

September 29th, 2016
Bangkok

Dr. Phumin Silapunt

2

1. Background

- June 2014, the 4th ASEAN Plus Three SOMHD, in Thailand, identified Disaster Medicine as one of the priorities under the ASEAN Plus Three Cooperation.

➤ September 2014, the 12th ASEAN Health Ministers' Meeting (AHMM), in Hanoi, **Disaster Health Management** was endorsed as one of the 20 Health Priority Areas of the ASEAN Post-2015 Health Development Agenda.

5

- The ASEAN Health Cooperation on Disaster Health Management currently being implemented through the ASEAN-Japan Collaboration Programme on Disaster Medicine spearheaded by Thailand; NIEM, and Viet Nam.

6

NIEM-JICA

- A meeting in September, 2014 agreed to conduct a project on "Survey on the Current Situation of Disaster/Emergency Medicine System in the ASEAN Region".
- The project is object to understand EMS and disaster medicine of AMS and analyze need and opportunities that can lead to the system development plan.



Meetings

- 1st Regional Meeting, Phuket; 12 December 2014
- 2nd Regional Meeting, Tokyo; 18 March 2015
- 3rd Regional Meeting, Bangkok; 9 July 2015

Survey:

- Survey on the current situation on Disaster/ Emergency Medicine System in the ASEAN Region; December 2014- March 2015



In-country surveys

- July-August 2015, NIEM and JICA collaboratively propose The Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management
- September 2015, NIEM, as a representative of Thailand, proposed the said project to 10th SOMHD, Dalat, Vietnam, and the project was perfectly **endorsed**.



10th SOMHD,
Dalat,
Vietnam

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- February 19th, 2016, Secretary-General of NIEM and Chief Representative of JICA Thailand Office signed the Record of Discussion (R/D).

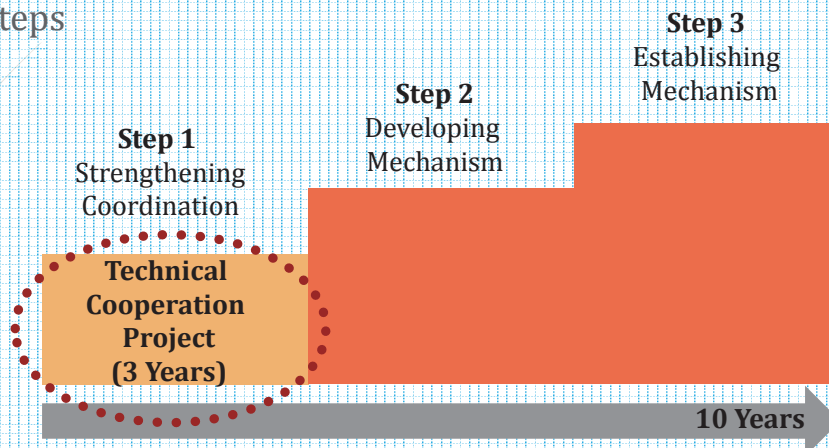


12

2. Scope, Goals and Expected Outputs

Steps to ASEAN collaboration mechanism

(1) Steps



1st step aims at

- a) **Strengthening the regional coordination**
- b) **Enhancing the capacity of each AMS**

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Scope

- The Project mainly focuses on:
 - Coordination among emergency medical teams and the recipient, and team management relevant to disaster response in the health sector implemented by emergency medical teams.
- Type and scale of disaster mainly supposed in the project are:
 - Acute stage of sudden on-set disaster which may be supposed natural disaster, not limited, and may require external emergency assistance.

Output 1: Coordination platform on disaster health management

Activities

- 1. Number of regional coordination meeting during the Project (Target: at least once a year)
- 2. Clarification of focal point of each AMS
- 3. Agreement of set-up of regional coordination platform on disaster health management in ASEAN

Output 2: Framework of regional collaboration practices

Activities

- Develop and prepare the programme of regional drill with project working group (WG).
- Conduct Joint regional drill every year in AMS.
- Compile recommendations on regional
- collaboration on disaster health management based on the discussion and knowledge sharing through project activities.
- On site practice is conducted when disaster occurs in ASEAN (if possible)

Output 3: Tools for effective regional collaboration on disaster health management

Activities

- Formulate project working groups for regional collaboration tools at the beginning of the Project.
- Develop a draft regional SOP and minimum requirements for disaster health management with project working group (WG).
- Prepare databases of medical assistance teams of AMS.
- Draft framework of health needs assessment in emergencies with project working group (WG).

Output 4: Academic network on Disaster Health Management in AMS

Activities

- Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM*.

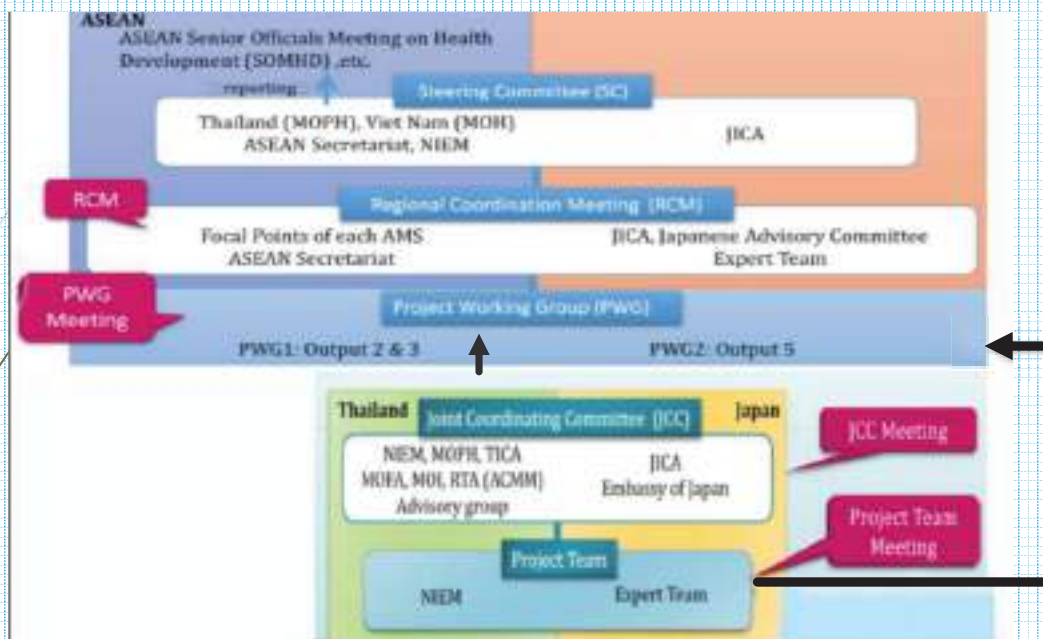
Output 5: Capacity Development Activities for each AMS

Activities

- Prepare training plan, curriculum and materials on disaster health management and emergency medical service(EMS) based on needs survey.
- Conduct trainings on disaster health management / EMS for AMS.
- Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS. (Thai and Japan team will visit several AMS)
- Conduct visit program in Japan for AMS

3. Implementation Structure

Implementation Structure



Overall Work Plan 2016 - 2019

First Regional Coordination Meeting
29 September 2016, Bangkok

Schedule of the Major Activities (Tentative)

	2016	2017	2018	2019
Regional Coordination Meeting (RCM)	Sep.	Jul.	Mar. and Oct.	Mar. and Aug*
Joint Regional Drill	-	Jan.**, Jul.	Mar. and Oct.	-
PWG1 Meeting	-	Jan., Jul. and Sep.	Mar., Jun. and Oct	-
PWG2 Meeting	-	Jan., Jul.	Mar.	-
Training for AMS	-	May and Nov.	May and Jul.	-
Study Tour in Japan	-	Oct.	-	-
Academic Conference	Nov.	Feb. and Apr.	Feb. and Sep.	Feb.
Monitoring Survey	-	-	Oct.	-

*Final Seminar

**Start-up Drill

Outlines of Each Activities

Major Activities	Outlines
Regional Coordination Meeting (RCM)	<ul style="list-style-type: none"> • Overviewing project progress • Making recommendations on future coordination on disaster health management in ASEAN • Basically, held after Joint Regional Drill
Joint Regional Drill	<ul style="list-style-type: none"> • Identifying challenges and issues on coordination among EMTs and team management through joint exercise • Testing draft coordination tools
PWG1 Meeting	<ul style="list-style-type: none"> • Developing draft coordination tools (SOP, minimum requirements, rapid health needs assessment, list of EMT personnel, etc.) • Basically, held after Joint Regional Drill
PWG2 Meeting	<ul style="list-style-type: none"> • Planning and conducting trainings for AMS on disaster health management • Basically, held after Joint Regional Drill
Training for AMS	<ul style="list-style-type: none"> • Five-days training on team management, policy, human resource development relevant to disaster health management
Study Tour in Japan	<ul style="list-style-type: none"> • Five-days tour to observe inter-sectoral coordination on disaster medical response in Japan
Academic Conference	<ul style="list-style-type: none"> • Participation/Presentation in APCMD, JADM and WADEM by the representatives of the project team
Monitoring Survey	<ul style="list-style-type: none"> • Two-weeks survey to visit selected AMS to monitor effectiveness of the project activities and future challenges by the project team

Participants from AMS

Major Activities	Criteria		
	Personnel in charge of disaster health management, especially on:		Medical/Nursing/Paramedic personnel on disaster health management
	Coordination among EMTs and with other sectors	Human resource development	
Regional Coordination Meeting (RCM)	1	1	-
Joint Regional Drill	1	-	4
PWG1 Meeting	2	-	-
PWG2 Meeting	-	2	-
Training for AMS	≤ 5 (depends on topics)		
Study Tour in Japan	1	1	-

Logistic Flow



- 👉 Early registration would be highly appreciated.
- 👉 Any change for unofficial purpose will not be accepted.



Tentative Schedule until the next RCM
Sep. 2016 – Jul. 2017

First Regional Coordination Meeting
29 September 2016, Bangkok

Tentative Schedule until the next RCM

	Activities
Late October 2016	• Invitation for the Start-up Drill and PWG 1 &2 Meetings
Late November 2016	• Registration for the Start-up Drill and PWG 1 &2 Meetings
Early December 2016	• Travel arrangement for the Start-up Drill and PWG 1 &2 Meetings
17, 18 and 19 January 2017	• Start-up drill
20 January 2017	• PWG 1&2 Meetings
March 2017	• Invitation for AMS training
April 2017	• Registration and travel arrangements for AMS training
May 2017	• First AMS Training • Invitation for the first Joint Regional Drill, PWG 1&2 and 2 nd RCM
June 2017	• Registration for the first Joint Regional Drill, PWG 1&2 and 2 nd RCM
July 2017	• First Regional Drill, PWG 1&2 and 2nd RCM



Thank you ကျေးဇူးပဲ

ขอบคุณ ค่ะ

Cám ơn

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Salamat

Terima kasih

ありがとうございます

ASEAN Health Cooperation Disaster Health Management

1st Regional Coordination Meeting of the Project on
Strengthening the ASEAN Regional Capacity On
Disaster Health Management (ARCH Project)
Bangkok, Thailand

Health Division
ASEAN Secretariat



Alignment of ASEAN Post 2015 Health Development Agenda for 2016 to 2020

VISION: A Healthy, Caring and Sustainable ASEAN Community

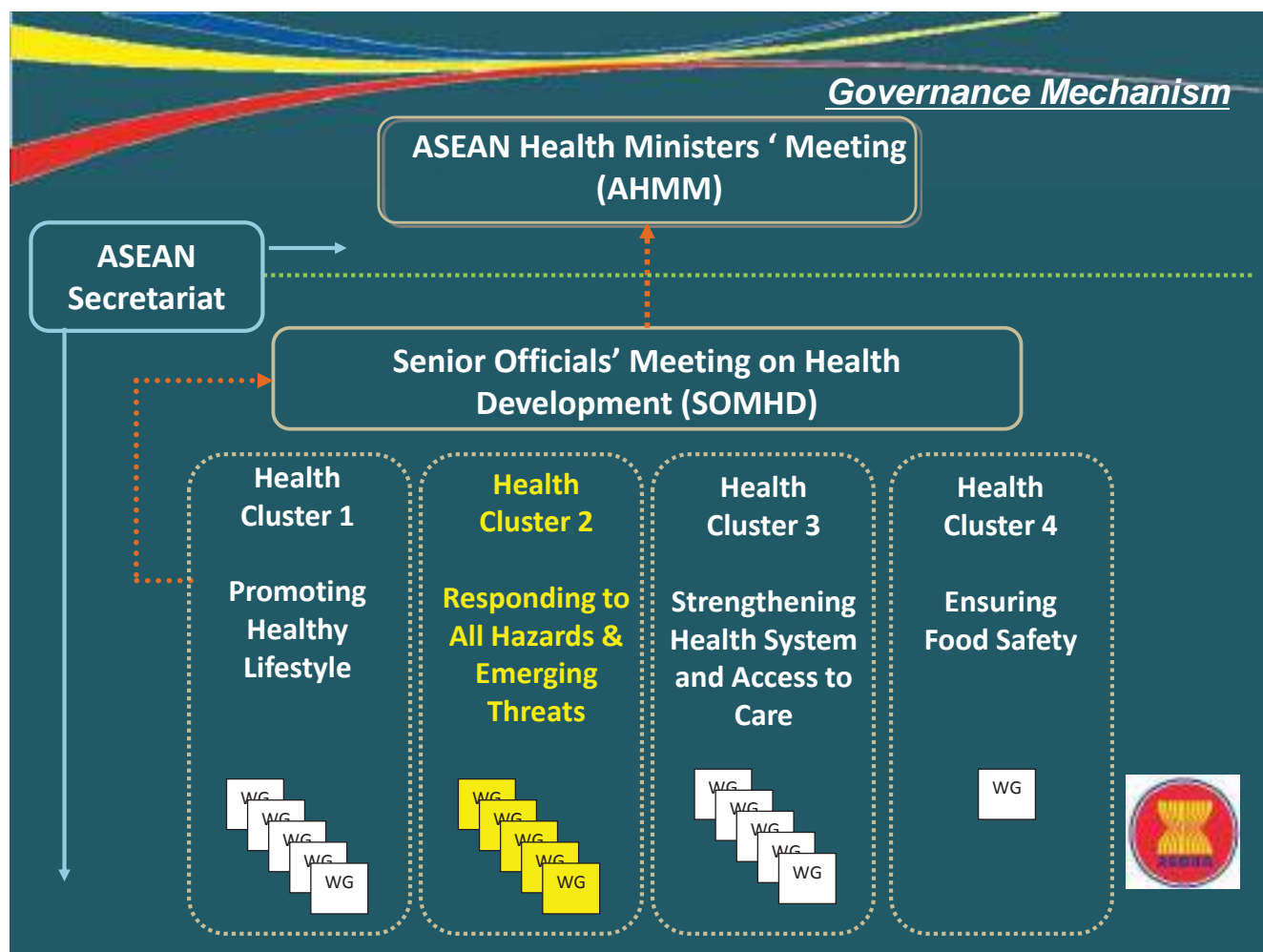
MISSION: To promote a healthy and caring ASEAN Community, where the people achieves maximal health potential through healthy lifestyle, have universal access to quality health care and financial risk protection, have safe food and healthy diet, live in a healthy environment with sustainable inclusive development where health is incorporated in all policies



Cluster	Goal 2020	Health priorities
1. Promoting healthy lifestyle	a) To achieve maximal health potential of ASEAN Community through promoting healthy lifestyle b) To ensure healthy lives and promote wellbeing for all at all ages	i. Prevention and control of NCDs ii. Reduction of tobacco consumption and harmful use of alcohol iii. Prevention of injuries iv. Promotion of occupational health v. Promotion of mental health vi. Promotion of healthy and active ageing vii. Promotion of good nutrition and healthy diet
2. Responding to all hazards and emerging threats	a) To promote resilient health system in response to communicable diseases, emerging infectious diseases, and neglected tropical diseases b) To respond to environmental health threats, hazards and disaster, and to ensure effective preparedness for disaster health management in the region	viii. Prevention and control of communicable diseases, emerging infectious diseases and neglected tropical diseases ix. Strengthening laboratory capacity x. Combating antimicrobial resistance (AMR) xi. Environmental health and health impact assessment (HIA) xii. Disaster Health Management
3. Strengthening health system and access to care	a) ASEAN Community has universal access to [essential] health care, safe and good quality medical products including traditional and complementary medicines b) To achieve the unfinished health related MDGs, in light of the SDG	xiii. Traditional Medicine xiv. Health related MDGs (4, 5, 6) xv. Universal health coverage (UHC) xvi. Migrants' health xvii. Pharmaceutical development xviii. Human Resources Development xix. Health Financing
4. Ensuring food safety	a) To promote access to safe food, safe drinking water and sanitation	xx. Food safety



ASEAN 2025:
FORGING AHEAD
TOGETHER



ASEAN Post 2015 Health Development Agenda for 2016 to 2020 includes....		
Cluster	Goal 2020	Health priorities
1. Promoting healthy lifestyle	a) To achieve maximal health potential of ASEAN Community through promoting healthy lifestyle b) To ensure healthy lives and promote wellbeing for all at all ages	i. Prevention and control of NCDs ii. Reduction of tobacco consumption and harmful use of alcohol iii. Prevention of injuries iv. Promotion of occupational health v. Promotion of mental health vi. Promotion of healthy and active ageing vii. Promotion of good nutrition and healthy diet
2. Responding to all hazards and emerging threats	a) To promote resilient health system in response to communicable diseases, emerging infectious diseases, and neglected tropical diseases b) To respond to environmental health threats, hazards and disaster, and to ensure effective preparedness for disaster health management in the region	viii. Prevention and control of communicable diseases, emerging infectious diseases and neglected tropical diseases ix. Strengthening laboratory capacity x. Combating antimicrobial resistance (AMR) xi. Environmental health and health impact assessment (HIA) xii. Disaster Health Management
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4. Ensuring food safety	a) To promote access to safe food, safe drinking water and sanitation	xx. Food safety

**Progress of
ARCH Project
and Health
Cluster 2**

- ARCH Project was endorsed through ad referendum at the level of SOMHD and Committee of Permanent Representatives to ASEAN by December 2015
- ARCH Project officially commenced on July 2016
- SOMHD Thailand and Viet Nam are still the lead countries for Disaster Health Management
- SOMHD Thailand has sent a letter indicating that their leadership role will be done through NIEM
- 1st Meeting of Health Cluster 2 in July 2016, as hosted and chaired by SOMHD Malaysia, included ARCH Project in its Work Plan for 2016 to 2020
- 2nd Meeting of Health Cluster 2 in 29-30 November 2016 will further refine the cluster-approved Work Plan
- Declaration on One ASEAN One Response signed by ASEAN Summit Leaders on 6 Sept 2016 in Vientiane, Lao PDR

CLUSTER 2: RESPONDING TO ALL HAZARDS AND EMERGING THREAT (Proposed Activities for DHM)

HEALTH PRIORITY 12 : DISASTER HEALTH MANAGEMENT

1. Strengthening regional prevention, preparedness and response through capacity building as well as enhancing operation system on disaster/health emergency medicine at national level and disaster medicine in regional level by advocacy on ASEAN collaboration network through strong focal point in each AMS.	1. Development of national and community health emergency and disaster risk reduction management systems	EO: Every AMS has PHEOC/Committee by December 2016	Philippines (TBC)	
	a. Public Health Emergency Operation Centre (PHEOC)/ Committee			
	b. Public health awareness and preparedness			
	1. Safe hospital during mass casualty incident (MCI) and disaster	EO: Percentage of safe hospital in AMS	Thailand & Philippines (TBC)	
	1. Implement the ASEAN-ARCH project (2016-2019) with its regional activities target output and indicators.	EO: ASEAN-ARCH Project implemented	Thailand Viet Nam Philippines (TBC)	JICA



Thank You





ASEAN Joint Disaster Response Plan (AJDRP)

One ASEAN One Response



Scope:

- Lesson from 'Haiyan'
- Background of AJDRP
- Stakeholders of AJDRP
- AJDRP Process

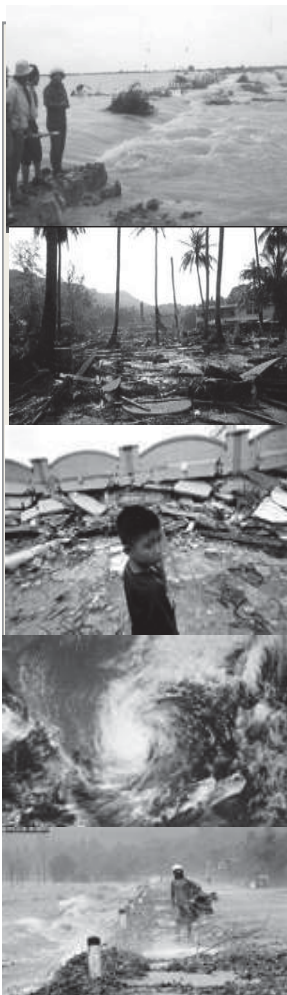
Lessons from Typhoon Haiyan



At the relief stage

- **Enhancing ASEAN's collective to disasters:** The magnitude & complexity of the disaster required mobilisation of resources from all relevant sectors and mechanisms in ASEAN, including *stronger civil-military coordination*
- **Enhancing ASEAN's coordination role:** The capacity and mandate of Secretary-General of ASEAN as the ASEAN Humanitarian Assistance Coordinator and AHA Centre should be further enhanced
- **Increasing ASEAN's visibility:** Increase the visibility and better communicating its response to the public and key stakeholders

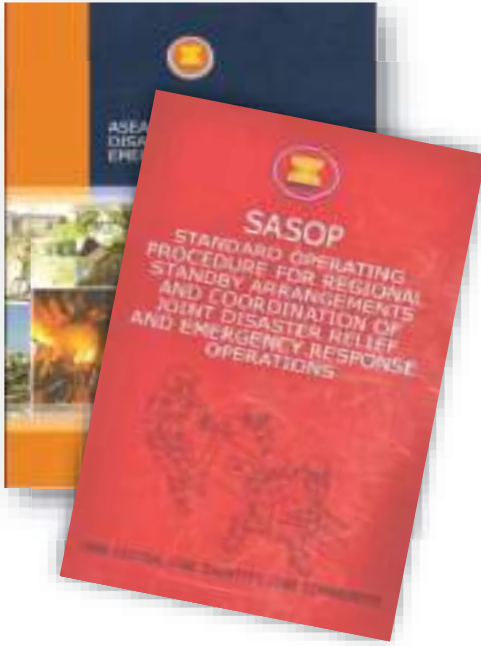
Basically, realising the concept of **ONE ASEAN, ONE RESPONSE**



The Development Process of the ASEAN Joint Disaster Response Plan (AJDRP)

- In the 26th ACDM Meeting, the ACDM has endorsed the concept note of AJDRP
- Consultations with the Working Group on the Preparedness and Response in relation to AJDRP have been undertaken during Working Group meetings in October 2014, April 2015, and September 2015.
- A technical consultant has been commissioned with the support from ASEAN-US. PROGRESS

ASEAN Joint Disaster Response Plan (as endorsed by ACDM)



Goal: To increase the speed and volume of emergency relief capacities and assets offered and delivered to the affected Member State

Key Principle: National leadership should be reinforced backed by stronger regional cooperation and supported by global institutions.

Purpose:

- Coordinate efforts in support of affected AMS;
- Focus AMS' and partners' response fulfil needs and gaps identified by the affected AMS;
- Set up a database of civil and military capacities and assets available for deployment to the affected AMS;
- Create mechanisms to quick deployment;



Stakeholders of AJDRP

- ☐ **ASEAN Member States** as the owner of the plan
 - NDMO, as the lead for strategic and operationalization of One ASEAN One Response
 - Other sectors: foreign affairs, military, health and social welfare, as members of the Joint Task Force on HADR
- ☐ **ASEAN Secretariat** to ensure strategic alignment and also to leverage on role of Secretary General as ASEAN Humanitarian Assistance Coordinator
- ☐ **AHA Centre** as the facilitator and custodian of the plan
- ☐ **UN agencies** coordinated by UN OCHA
- ☐ **Red Cross national chapters**, represented by IFRC
- ☐ **Civil Society Organisations**, represented by APG
- ☐ **Private sectors**, represented by private sector groups at the country level (e.g. Disaster Response Forum, Disaster Resource Partnerships, Corporate Citizen Foundation)
- ☐ **Other ASEAN bodies** (e.g. ASEAN Earthquake Information Centre, ASEAN Specialised Meteorological Centre)



AJDRP Process

- ❑ December 2015:
 - Feedback on AJDRP process and stakeholders from ACDM and JTF HADR
 - Invitation for the regional workshop sent to participants
- ❑ January 2016:
 - Draft AJDRP to be circulated prior to the regional workshop
- ❑ February 2016:
 - Regional Workshop on the development of AJDRP
 - Revision for AJDRP based on the workshop inputs
- ❑ March 2016:
 - Presentation of the revised AJDRP to Working Group on Preparedness and Response
- ❑ April 2016 and onwards:
 - Table Top Exercise
 - Final draft based on inputs from TTX
 - Adoption by ACDM and other ASEAN sectoral bodies



THANK YOU

Terms of Reference (TOR)
of the Regional Coordination Committee (RCC) for the
Project on Strengthening the ASEAN Regional Capacity on Disaster Health
Management (ARCH Project)

1 Purpose of RCC

The Regional Coordination Committee (RCC) is a coordinating platform to oversee the implementation of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project).

2 Outline of the ARCH Project

The ARCH Project was designed to be implemented from June 2016 to August 2019 for the ASEAN Member States (AMS). The main objectives of this Project are: to strengthen coordination on disaster health management for rapid and effective response to disasters that will occur in the ASEAN region by utilizing regional resources, and to enhance the capacity of each AMS on disaster health management and emergency medicine (as the basis of disaster medicine which is one components of the disaster health management). During the period, the ARCH Project mainly focuses on the acute stage of sudden onset disasters which require external emergency assistance.

Through the ARCH Project, the following outputs are expected to be attained:

1. Coordination platform on disaster health management is set up
2. Framework of regional collaboration practices developed
3. Tools for effective regional collaboration on disaster health management are developed
4. Academic network on disaster health management in AMS is enhanced
5. Capacity development activities for each AMS are implemented.

3 Functions of the RCC

The RCC will function as the coordinating body of the ARCH Project, and will take responsibility for:

1. Overseeing and facilitating the strategic discussions and activities of the ARCH Project; and
2. Making recommendations on regional collaboration mechanism on disaster health management.

4 Roles of the RCC

The roles of the RCC are to:

1. Share the conceptual framework, outlines and work plan of the project;
2. Oversee and facilitate progress of project activities;
3. Exchange views and decide on any major issues that arise through the project activities,

including the regional collaboration drills, development of regional collaboration tools, and capacity development activities/trainings;

4. Review, provide guidance and approve the draft regional collaboration tools;
5. Discuss and provide direction for relevant issues in order to promote regional coordination on disaster health management, especially disaster medicine; and
6. Make appropriate recommendations to ASEAN, through the Health Cluster 2 and Senior Officers' Meeting for Health Development (SOMHD), for the future collaboration mechanism on disaster health management.

5 Composition of the RCC

RCC is composed of the following members:

5.1 Chairperson and Co-Chairperson

The RCC will have a Chairperson and a Co-Chairperson who are senior members from the Lead Countries (Thailand and Viet Nam).

5.2 Members

- Two representatives from each AMS, with the following backgrounds:
 - Responsible personnel or senior officer for the mobilization, dispatch and management of the emergency medical teams
 - Responsible personnel for policy, or of a major education institution for human resource development in disaster health management
 - It is preferable that at least one of the AMS representatives will be able to communicate in English.
- Two representatives from the Health Division of ASEAN Secretariat
- Two representatives from the Disaster Management and Humanitarian Assistance Division of ASEAN Secretariat
- One representative from AHA Centre
- JICA
- Members of the Japanese Advisory Committee

5.3 Secretariat

The JICA project team composed of National Institute for Emergency Medicine (NIEM) of Thailand and the Japanese Expert Team.

6 Roles of the Members of the RCC

1. The members shall understand overall structure of the project, which consists of the overall goal, project purpose, outputs and relevant activities, as well as issues relevant to project management.
2. The members shall attend the meetings to assume the role defined in Article 4 "Role of the

RCC” and take necessary actions, if any.

3. One of the members of each AMS shall be involved in the Project Working Group (PWG) 1 which is responsible for development of the regional collaboration tools and designing of the regional collaboration drills.
4. Another member shall be involved in PWG 2 which is responsible for development of capacity development/training programs to be conducted through the project.
5. At least one of the members shall be involved in the regional collaboration drills as a team member.
6. The Project Secretariat is responsible for administrative matters related to RCC.

7 Roles of the Chairperson/Co-Chairperson and Lead Country

1. The Chairperson/Co-Chairperson shall preside over all the RCC meeting and conduct the Meeting in the traditional spirit of ASEAN solidarity and cordiality.
2. The Chairperson/Co-Chairperson shall summarize the salient points, decisions raised or agreed, and conclusion reached at the RCC meeting.
3. Lead Country representative shall submit a report of RCC meeting outcomes to Health Cluster 2 Meeting

8 RCC Meetings

8.1 Meeting Language

The RCC meeting is conducted in English.

8.2 Schedule of RCC

There shall be five RCC meetings during the project period, as follows:

- | | |
|---------|-------------------------|
| First: | September 2016 (1.5day) |
| Second: | July 2017 (one day) |
| Third: | March 2018 (one day) |
| Fourth: | October 2018 (one day) |
| Final: | March 2019 (one day) |

8.3 Notice of RCC Meeting

A notice of RCC meeting shall be sent through e-mail to all members at least six weeks before the meeting. After the notice is sent, all members shall respond to the project secretariat within four (4) weeks before the meeting to facilitate travel arrangements.

8.4 Agenda Items

A tentative RCC meeting agenda shall be distributed to members for their review and feedback six weeks prior to the scheduled meeting.

Feedback, proposed changes, and additions to the tentative RCC meeting agenda, if any, shall be

forwarded to the project secretariat within three (3) weeks prior to the scheduled meeting, along with the necessary documentation.

The Chairperson reserves the right to change the agenda.

Prior to the approval of the agenda at the commencement of the RCC meeting, members may propose final amendments/changes to the agenda.

8.5 Minutes of Meetings

The secretariat shall draft minutes of the meeting and circulate to participants through e-mail for their review and feedback within a week after the RCC meeting.

Attendees of the meeting shall send their feedback within a week after receipt of the draft minutes. The meeting minutes will be finalized through ad-referendum endorsement within two weeks by the RCC.

End

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the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management
(ARCH Project)

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4. Review, provide guidance and approve the draft regional collaboration tools;

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Attendants shall send their feedback within a week after receipt of the draft minutes. The meeting minutes will be finalized through ad-referendum endorsement within two weeks by the RCC.

End

Terms of Reference (TOR) for Project Working Group (PWG) 1 – Regional Collaboration Tools

I. Purpose

The purpose of the Project Working Group (PWG) 1 of the Project on Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH project) is to develop tools necessary for effective regional collaboration on disaster health management.

II. Scope of activities

PWG 1 will focus its work on the development of regional collaboration tools, i.e. Standard Operating Procedure (SOP), minimum requirements, a database of emergency medical teams, and a framework of health needs assessment. The activities of PWG 1 will be interlinked with those of the regional collaboration drills. In particular, in the development of tools, the tools will be piloted, evaluated and improved through the regional collaboration drills. Therefore, PWG 1 will be engaged in designing and planning the regional collaboration drills which are planned to be executed three (3) times during the project period.

PWG 1 will:

- a. Design and plan the regional collaboration drills (e.g. develop scenarios);
- b. Develop a draft regional SOP and minimum requirements for disaster health management;
- c. Pilot, evaluate and improve the draft regional SOP and minimum requirements through regional collaboration drills;
- d. Prepare a database of emergency medical teams of ASEAN Member States (AMS); and
- e. Develop a draft framework of health needs assessment in emergencies.

III. Expected outcomes

By the end of the project period, PWG 1 will produce the following four (4) deliverables:

- a. A draft **SOP** for coordination in disaster health management;
- b. Draft **minimum requirements** for health professionals who participate in emergency medical teams;
- c. A draft **database** of emergency medical teams of AMS; and
- d. A draft **health needs assessment framework** at the time of disaster.

The four (4) final draft regional collaboration tools will be reviewed and approved by the Regional Coordination Committee (RCC). These will be submitted for endorsement to the ASEAN Health Cluster 2, and to the Senior Officials Meeting on Health Development (SOMHD) for final endorsement.

IV. Responsibility of individual members

Members are expected to engage in the PWG 1 activities prior, during and after each meeting.

The roles of members include:

- a. Attending meetings as required, and participating in the group's work;
- b. Providing necessary information upon request;
- c. Providing comments on draft documents; and
- d. Interacting with the concerned national organizations (e.g. Ministry of Health) if necessary.

V. Membership

PWG 1 is comprised of the following members:

- a. Two (2) members from each ASEAN Member State
 - One Regional Coordination Committee (RCC) member in charge of mobilization, dispatch, and management of emergency medical teams
 - One (1) person in charge of policy on coordination of international disaster assistance or in charge of disaster response operation at national level in the health sector
- b. One (1) member from the ASEAN Secretariat
- c. One (1) member from the AHA Centre
- d. Members from the Japanese Advisory Committee

VI. Chairperson

A Chairperson shall be selected from the RCC member of the host country of the meeting.

The Chairperson will:

- a. Preside over all the PWG 1 meeting and conduct the meeting in the traditional spirit of ASEAN solidarity and cordiality;
- b. Summarize the salient points, decisions raised or agreed, and conclusion reached at the PWG 1 meeting; and
- c. Submit the progress report of PWG 1 to RCC

VII. Meetings

During the project period, a total of **six (6)** meetings are planned to be held. The meetings of PWG 1 will be held followed by the start-up and regional collaboration drills as illustrated in the figure below. The duration of each meeting is one (1) day. The tentative meeting schedule and main agenda points are shown in the table below. Meetings will be conducted in English only.



Figure: The Project Working Group 1 Process (Tentative)

Table: Schedule of the Project Working Group 1 Meetings (Tentative)

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3 rd	November 2017 <i>4 months after the 1st regional collaboration drill</i>	Thailand	<ul style="list-style-type: none"> - Feasibility of the revised draft SOP and minimum requirements, the health needs assessment framework (draft), and the database for the emergency medical teams - Plan of the second regional collaboration drill
4 th	March 2018 <i>Following the 2nd regional collaboration drill</i>	TBD	<ul style="list-style-type: none"> - Lessons learned and recommendations from the second regional collaboration drill - Feasibility of the revised draft SOP and minimum requirements, the health needs assessment framework (draft), and the database for the emergency medical teams - Plan of the third regional collaboration drill
5 th	June 2018 <i>3 months after the 2nd regional collaboration drill</i>	Thailand	<ul style="list-style-type: none"> - Feasibility of the revised draft SOP and minimum requirements, the health needs assessment framework (draft), and the database for the emergency medical team - Plan of the third regional collaboration drill
6 th	October 2018 <i>Following the 3rd regional collaboration drill</i>	TBD	<ul style="list-style-type: none"> - Lessons learned and recommendations from the third regional collaboration drill - Recommendations for the final drafts of SOP and minimum requirements, the health needs assessment framework, and the database for the emergency medical teams - Recommendations and future direction for the regional collaboration on disaster health management

VIII. Secretarial and administrative support

The Project Team¹ will provide secretarial and administrative support required by PWG 1, including arrangement and preparation of meetings, distribution of documents, and necessary travel arrangements. Also, the activities between meetings will be coordinated by the Project Team.

IX. Costs

Expenses involved in the participation of each member, including international airfare, travel insurance, per diem and accommodation will be borne by the Project.

¹ A team consisting of Thai personnel of the National Institute of Emergency Medicine (NIEM) and Japanese experts.

Terms of Reference (TOR) for Project Working Group (PWG) 1

I. Purpose

The purpose of the Project Working Group (PWG) 1 of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH project) is to develop tools necessary for effective regional collaboration on disaster health management.

II. Scope of activities

PWG 1 will focus its work on the development of regional collaboration tools, i.e. Standard Operating Procedure (SOP), minimum requirements, a database of emergency medical teams, and a framework of health needs assessment. The activities of PWG 1 will be interlinked with those of the regional collaboration drills. In particular, in the development of tools, the tools will be piloted, evaluated and improved through the regional collaboration drills. Therefore, PWG 1 will engage in the designing and planning of regional collaboration drills which are planned to be executed three (3) times during the project period.

PWG 1 will:

- design and plan the regional collaboration drills (e.g. develop scenarios);
- develop a draft regional SOP and minimum requirements for disaster health management;
- pilot, evaluate and improve the draft regional SOP and minimum requirements through regional collaboration drills;
- prepare a database of emergency medical teams of ASEAN Member States (AMS); and
- develop a draft framework of health needs assessment in emergencies.

III. Expected outcomes

By the end of the project period, PWG 1 will produce the following four (4) deliverables:

1. A draft **SOP** for coordination in disaster health management;
2. Draft **minimum requirements** for health professionals who participate in emergency medical teams;
3. A draft **database** of emergency medical teams of AMS; and
4. A draft **health needs assessment framework** at the time of disaster.

The four (4) final draft regional collaboration tools will be reviewed and ultimately approved in the Regional Coordination Committee (RCC) Meeting, Health Cluster 2, and the Senior Officials Meeting on Health Development (SOMHD) subsequently.

IV. Responsibility of individual members

Members are expected to engage in the PWG 1 activities prior, during and after each meeting. The roles of members include:

- attending meetings as required and participating in the group's work;
- providing necessary information upon request;
- providing comments on draft documents; and
- interacting with the concerned national organizations (e.g. Ministry of Health) if necessary.

V. Membership

PWG 1 is comprised of the following members:

- Two (2) members from each ASEAN Member State
 - One Regional Coordination Committee (RCC) member in charge of mobilization, dispatch, and management of emergency medical teams
 - One (1) person in charge of policy on coordination of international disaster assistance or in charge of disaster response operation at national level in the health sector
- One (1) member from the ASEAN Secretariat
- One (1) member from the AHA Centre
- Members from the Japanese Advisory Committee

VI. Chairperson

A chairperson shall be selected from the RCC member of the host country of the meeting.

The chairperson will:

- preside over all the PWG 1 meeting and conduct the meeting in the traditional spirit of ASEAN solidarity and cordiality;
- summarize the salient points, decisions raised or agreed, and conclusion reached at the PWG 1 meeting; and
- submit the progress report of PWG 1 to RCC

VII. Meetings

During the project period, a total of **six (6)** meetings are planned to be held. The meetings of PWG 1 will be held followed by the start-up and regional collaboration drills as illustrated in the figure below. The duration of each meeting is one (1) day. The tentative meeting schedule and main agenda points are shown in the table below. Meetings will be conducted in English only.

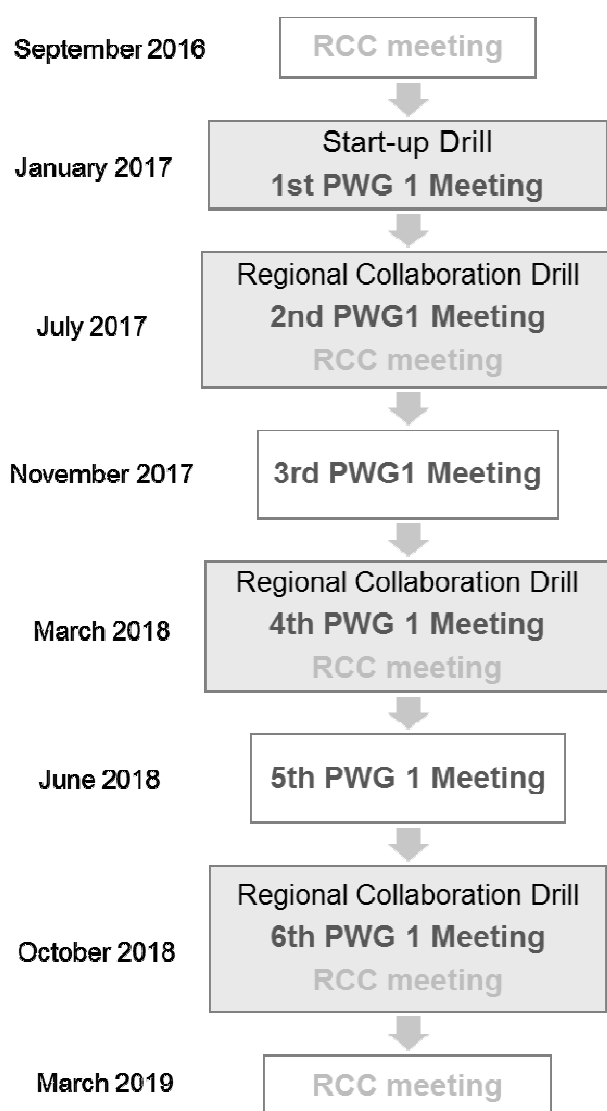


Figure: The Project Working Group 1 Process (Tentative)

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6 th	October 2018 <i>Following the 3rd regional collaboration drill</i>	TBD	<ul style="list-style-type: none"> - Lessons learned and recommendations from the third regional collaboration drill - Recommendations for the final drafts of SOP and minimum requirements, the health needs assessment framework, and the database for the emergency medical teams - Recommendations and future direction for the regional collaboration on disaster health management

VIII. Secretarial and administrative support

The Project Team¹ will provide secretarial and administrative support required by PWG 1, including arrangement and preparation of meetings, distribution of documents, and necessary travel arrangements. Also, the activities between meetings will be coordinated by the Project Team.

IX. Costs

Expenses involved in the participation of each member, including international airfare, travel insurance, per diem and accommodation, will be borne by the project.

¹ A team consisting of Thai personnel of the National Institute of Emergency Medicine (NIEM) and Japanese experts.

Terms of Reference (TOR) for Project Working Group (PWG) 2 – Capacity Development

I. Purpose

The purpose of the Project Working Group (PWG) 2 of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH project) is to strengthen the national capacity of each ASEAN Member States (AMS) to fulfill the minimum requirement and improve the regional capacity in order to strengthen the regional collaboration in ASEAN.

II. Scope of activities

PWG 2 will lead in designing and organizing capacity development activities of AMS. These activities include:

- a. Training for AMS: four (4) times during the Project period; and
- b. Study tour in Japan for AMS: one (1) time during the Project period.

PWG 2 will lead in the:

- a. Development of training plan which includes information on objective, content, theme, methodology, list of trainers, among others;
- b. Development of training curriculum and teaching materials;
- c. Provision of necessary support for the conduct of trainings;
- d. Evaluation of each training program and enhancements of its content, methodology and others aspects of the said training programs; and
- e. Preparation of training report.

Based on the study entitled “Survey on the Current Situation of Disaster/Emergency Medicine System in the ASEAN Region from 2014-2015” conducted by JICA, the following topics were identified as prioritized areas for the capacity development activities under the ARCH project.

- a. Human resource development (development of curriculum, skills standard for medical person, etc.)
- b. Emergency medical response on site in the disaster affected area (team management, data management, etc.)
- c. Policy and system (relevant national policies, legislation, capacity building of the relevant authorities in charge of disaster health management, etc.)

III. Expected outcomes

At the end of the project, the output of the PWG 2 will be as follows:

- a. Training plan for AMS;
- b. Training curriculum;
- c. Training materials; and
- d. Training reports.

IV. Responsibility of individual members

Members are expected to participate in the PWG 2 activities prior, during and after each meeting. In particular, the roles of members include:

- a. Attending meetings as required and participating in the group's work;
- b. Providing necessary support for the effective training management;
- c. Providing comments on the draft documents (e.g. training curriculum, materials);
- d. Interacting with the concerned national organizations if necessary; and
- e. Conduct of training of trainers (TOT) in country, if necessary.

V. Membership

PWG 2 is comprised of the following members:

- a. Two (2) members from each ASEAN Member States
 - 1) One (1) Regional Coordination Committee (RCC) member in charge of policy or a major education institution for human resource development in disaster health management
 - 2) One (1) person in charge of developing curriculum or trainers at an educational institute of disaster health management
- b. Members from the Japanese Advisory Committee
- c. ASEAN Secretariat as an observer

VI. Chairperson

A Chairperson shall be selected from the RCC members of the host country of the meeting. The Chairperson will:

- a. Preside over the PWG 2 meeting, and conduct the meeting in the traditional spirit of ASEAN solidarity and cordiality;
- b. Summarize the salient points, decisions raised or agreed, and conclusion reached at the PWG 2 Meeting; and
- c. Submit the progress report of PWG 2 to the RCC.

VII. Meetings

During the project period, a total of **three** (3) PWG 2 meetings are planned to be held. The meetings of PWG 2 will be held followed by the start-up and regional collaboration drills as illustrated in the figure below. The duration of each meeting is **one** (1) day. The tentative meeting schedule and main agenda points are shown in the table below. The meetings will be conducted in **English** only.



Note: Study tour in Japan is not included in the above, as its schedule is still under discussion.

Figure: Process of the Project Working Group 2 and Related Training Activities

Table 3: Schedule of the Project Working Group 2 Meetings (Tentative)

No.	Date	Place	Main Agenda Points
1 st	20 January 2017	Thailand	<ul style="list-style-type: none"> - Overall activity plan of PWG 2 - Plan of each training program (e.g. objective, theme etc.) - Selection criteria for trainees - The 1st training for AMS (e.g. methodology, resource, etc.)
2 nd	July 2017	Thailand	<ul style="list-style-type: none"> - Lessons learned and recommendations from the 1st training for AMS and regional collaboration drill - Detailed plan of the 2nd training for AMS and study tour in Japan for AMS (e.g. trainers, curriculum and material)
3 rd	March 2018	TBD	<ul style="list-style-type: none"> - Lessons learned and recommendations from the 2nd training for AMS, regional collaboration drill and study tour in Japan for AMS - Detailed plan of the 3rd and the 4th training for AMS (e.g. trainers, curriculum and material)

VIII. Secretarial and Administrative Support

The Project Team¹ will provide secretarial and administrative support required by PWG 2, including arrangement and preparation of meetings, distribution of documents, and necessary travel arrangements. Also, the activities between meetings will be coordinated by the Project Team.

IX. Costs

Expenses involved in the participation of each member, including international airfare, travel insurance, per diem and accommodation will be borne by the ARCH project.

¹ A team consisting of Thai personnel of the National Institute of Emergency Medicine (NIEM) and Japanese experts.

Terms of Reference (TOR) for Project Working Group (PWG) 2

I. Purpose

The purpose of the Project Working Group (PWG) 2 of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH project) is to strengthen the national capacity of each AMS to fulfill the minimum requirement and improve the regional capacity, which would lead to strengthening the regional collaboration in ASEAN.

II. Scope of activities

PWG 2 will engage in designing and organizing capacity development activities of AMS.

There are two types of training programs to be conducted including:

- 1) Training for AMS: four (4) times during the Project period; and
- 2) Study tour in Japan for AMS: one (1) time during the Project period.

PWG 2 will:

- design and develop a training plan (e.g. objective, theme, methodology, trainers, etc.);
- develop training curriculum and materials;
- provide necessary support for conducting trainings;
- review each training program and improve the following training programs; and
- make a training report.

Regarding training for AMS, based on the previous survey, following topics were identified as prioritized areas for capacity development in the ARCH project.

- Human resource development (development of curriculum, skills standard for medical person, etc.)
- Emergency medical response on site in the disaster affected area (team management, data management, etc.)
- Policy and system (relevant national policies, legislation, capacity building of the relevant authorities in charge of disaster health management, etc.)

III. Expected outcomes

PWG 2 will produce the following deliverables:

- Training plan for AMS;
- Training curriculum;
- Training materials; and
- Training report.

IV. Responsibility of individual members

Members are expected to engage in the PWG 2 activities prior, during and after each meeting. The roles of members include:

- attending meetings as required and participating in the group's work;
- providing necessary support for effective training management;
- providing comments on draft documents (e.g. training curriculum, materials);
- interacting with the concerned national organizations if necessary; and
- conduct training of trainers (TOT) in country, if necessary.

V. Membership

PWG 2 is comprised of the following members:

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VI. Chairperson

A chairperson shall be selected from the RCC members of the host country of the meeting.

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- summarize the salient points, decisions raised or agreed, and conclusion reached at the PWG 2 Meeting; and
- submit the progress report of PWG 2 to the RCC.

VII. Meetings

During the project period, a total of **three** (3) PWG 2 meetings are planned to be held. The meetings of PWG 2 will be held followed by the start-up and regional collaboration drills as illustrated in the figure below. The duration of each meeting is **one** (1) day. The tentative meeting schedule and main agenda points are shown in the table below. The meetings will be conducted in **English** only.



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Regional Collaboration Drill

Under the vision of “One ASEAN, One Response”

Main Objectives of Drills in Phase 1

(ARCH Project period: 3 years from July 2016 to August 2019)

- Through the experiences gained in the four drills, each country team will identify its gaps/issues and share challenges for the regional coordination and collaboration.
- The regional coordination tools will be developed based on the discussion in the PWG1.
- The contents of the training will be decided based on the recommendations in the PGW2.

Four Drills in the Project

1. Start-up Drill (SD)
2. Regional Collaboration Drill 1 (RCD1)
3. Regional Collaboration Drill 2 (RCD2)
4. Regional Collaboration Drill 3 (RCD3)

Four Drills
throughout
the Project



Objectives of the Four Drills

1. Start-up Drill (SD)

- To identify different gaps between medical procedures provided at a hospital and in the field.
- To understand that the regional coordination and collaboration tools in the health sector need to be more in details than the existing tools such as the SASOP/ EAS toolkit/ WHO EMT guidelines.

2. Regional Collaboration Drill 1 (RCD1)

- To report the activities of each team to the EMTCC using a common reporting form.

3. Regional Collaboration Drill 2 (RCD2)

- To provide a referral between the teams using a common medical record form.

4. Regional Collaboration Drill 3 (RCD3)

- To assess the situations of affected communities using the common assessment tools.

Tools Used in Each Drill

1. Start-up Drill (SD)

- Existing tools such as SASOP/ EAS toolkit/ WHO EMT guidelines

2. Regional Collaboration Drill 1 (RCD1)

- Common reporting form

3. Regional Collaboration Drill 2 (RCD2)

- Common medical record form

4. Regional Collaboration Drill 3 (RCD3)

- Common assessment tools

Drill Schedule

DAY 1:
Tabletop Exercise

DAY 2:
Field Exercises

DAY 3:
Review Workshop



Tools to be Discussed During the Drill Exercises

	Tools	Database	SOP	Minimum Requirements	Health Needs Assessment
Day 1	Dispatch Discuss on SASOP	✓	✓		It could be discussed separately.
Day 2	Activities Focused on Team Management and Coordination		✓		
Day 3	Review Focused on Future Implementation Based on Team Activities			✓	

Start-up Drill

The Start-point in the project

DAY 1: Tabletop Exercise -Dispatch EMT

- Scenario should be based on:
 - SASOP
 - EAS Toolkit
 - WHO EMT Guidelines
 - The context of one of the ASEAN countries
- The scenario should be simple.
- The AHA Centre will give a briefing on the SASOP/ EAS toolkits at the beginning.

DAY 1: Tabletop Exercise

–Dispatch EMT

continued

- Roles

- One country (e.g. Thailand) will be affected by a disaster
- Other countries will deploy their EMTs to Thailand
- The AHA Centre will coordinate between the affected country and other ASEAN countries to dispatch EMTs

- Methods

- Each country will discuss with each facilitators.
- The AHA Centre will support their discussions if necessary.

DAY 1: Tabletop Exercise

–Dispatch EMT

continued

Objectives

To use the existing tools and identify gaps in each step:

1. Sharing request from the affected country
2. Decision-making on dispatching the EMT
3. Coordinating among the EMTs

DAY 2: Field Exercises –EMT Activities

Objectives

1. Identify team management capacity
2. Identify training needs to improve medical care in treating patients and identify gaps between in a hospital and in the field
<capacity of individuals/teams (how they work, treat/transfer patients, communicate with other teams/a coordinator, etc.)
3. Identify needs for developing coordination tools by referring patients and identifying gaps on coordination and coordination mechanism among teams/with the coordinator
4. To identify gaps in reporting of team activities by coordinating several EMTs in EMTCC

Four Stations in the Start-up Drill

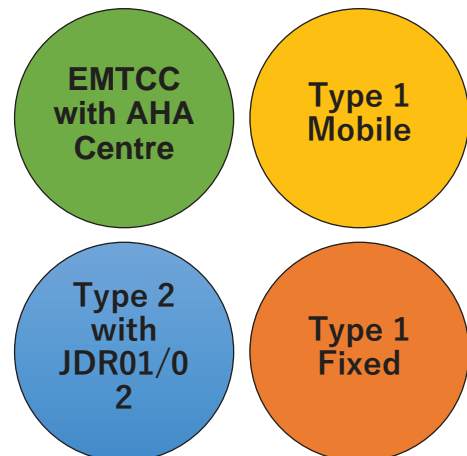
Station 1: EMTCC with AHA Center

Station 2: Type 1 Mobile

Station 3: Type 1 Fixed

Station 4: Type 2 with Japan

(JDR) 01/02



Day 3: Review Workshop

Objectives

1. To identify challenges of the teams/individuals
 - Issues for minimum requirements
2. To identify challenges on team coordination and collaboration
 - Issues for strengthening regional collaboration (SASOP, EAS toolkit, needs for new tools/modifications, etc.)

Methodology

- Participatory discussion
 - Identify the gaps among the teams/individuals (A.M.)
 - By each country
 - Clarify the challenges from the gaps and divide them into four categories shown in the next slide (P.M.)
 - By medical personnels of each country; and
 - By all managers

Four Categories of the Issues

Team Capacity Building (Possible Topics for the AMS Trainings)	Team/Collaboration Capacity Building (ARCH Project Tools: SOP)
Personal Capacity Building (ARCH Project Tools: MRs)	Collaboration Capacity Building (e.g. AHA Centre/ WHO EMT Guidelines)

Methodology

continued

- Summarize the challenges
 - Topics for PWG1 (regional coordination tools/ minimum requirements)
 - Topics for PWG2 (trainings)
- Topics for discussion with the AHA Centre and ASEC

Learning Outcome

At the completion of this drill, the teams are expected to categorize and summarize their gaps and challenges to ensure that each country team:

- Understands gaps and challenges on a international deployment
- Understands needs of mutual tools for collaboration in the field
- Shares the issues in implementing regional coordination and collaboration

Important Point

- The Start-up Drill will initiate the discussion for the PWG1 and PWG2. The discussion will continue in the three Regional Collaboration Drills.

Participant Requisites

Each team must:

- Be an active member of the EMT.
- Have a comprehensive knowledge of the country response framework.
- Have a comprehensive knowledge of the emergency medical procedures.

Target Audience

The individuals who participate in the drill will play the role of the EMT team leader, medical personnel including at least one medical doctor and one registered nurse (total four medical personnel).

- The team members should have a balanced level of response experience and understand the emergency medical procedures provided in a hospital and/or in a field.
- It is expected that the selected personnel become an instructor in their country.

Let's meet
in the Start-up Drill
in January 2017 !

The Start-Up Drill and the First Project Working Group (PWG) 1 and 2 Meetings on the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project)

17 – 20 January 2017

Radisson Blue Plaza Bangkok, Bangkok, Thailand

Summary of Proceedings

The Start-Up Drill and the first Project Working Group (PWG) 1 and 2 meetings on the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project) were held in Bangkok, Thailand from 17 to 20 January 2017. The overall programme of activities is presented in Annex I.

The Start-Up Drill and the first PWG 1 and 2 Meetings were attended by participants from ASEAN Member States (AMS): Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, the Philippines, Thailand, and Viet Nam, along with the Project Team consisting of the National Institute of Emergency Medicine (NIEM) of Thailand and Japanese expert team, as well as representatives of the Department of Disaster Prevention and Mitigation (DDPM) of Thailand, ASEAN Secretariat (ASEC), ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre), the World Health Organization (WHO) Thailand Representative Office, the Japanese Advisory Committee, and the Japan International Cooperation Agency (JICA). The list of participants is enclosed in Annex II.

I. Start-Up Drill

1. Table-Top Exercise

A Table Top Exercise on Tuesday, 17 January 2017 was conducted to allow participants to study Standard Operating Procedures (SOP) prior the field exercise. Additionally, participants can explore concepts, meaning and practical options for international emergency response in health via different platforms. The details of Day 1 activities are summarized as follows.

(1) Opening Remarks / Group Photo

Dr. Anucha Sethastien, Secretary General of the National Institute for Emergency Medicine (NIEM), greeted and welcomed participants and honored guests. As Thailand often struggles with heavy rain resulting floods in different parts especially in the south, the drills conducted by ARCH Project will simulate real emergency response practices in a well-coordinated manner in ASEAN countries. And since many countries in ASEAN region are disaster prone as one of their prominent characteristics, this Start-Up Drill allows us, relief workers, to know the coordination procedures in compliance with the One ASEAN One Response Declaration. Dr. Anucha hopes that disaster relief networks among ASEAN countries are created and strongly bonded as the result of this workshop, along with procedure skills-set which would strengthen future collaborations.

The Start-Up Drill consisted of participants from the Japan International Cooperation Agency (JICA), Japanese Advisory Committee, Expert Team, Japan Disaster Relief (JDR) Team, ASEAN Secretariat, ASEAN Coordinating Centre for Humanitarian Assistance (AHA Centre), eight ASEAN Member States (AMS); Brunei, Cambodia, Laos PDR, Malaysia, Indonesia, Philippines, Thailand, and Viet Nam.

(2) Introduction to Start-Up Drill

Dr. Yasushi Nakajima, JICA Expert, made an introduction to the Start-Up Drill as the first of four drills throughout ARCH Project. For the participants to take part in the exercise, participants' role will be identified by different colored stickers on their name tags. The presentation of Dr. Nakajima can be found in Annex III.

The start-up drill is scheduled in three sessions including; 1) Table top exercise (Day1), 2) Field Exercise (Day 2) and 3) Review Workshop (Day 3). Day 1 objective is the deployment of the EMT and its procedure. Day 2 objective focuses on team management. The field exercise consists of five operating stations in which each country rotates in turn. Day 3 is the workshop with the objective to review and reflects all sessions. The methodology for the review will be participatory discussion (A.M) and presentation (P.M.). The presentation session in the afternoon will include the lesson learns, gaps and solutions derived from the start-up drill. At the end of the sessions, the Check-Up sheet will be provided for member countries to identify reflect lesson learns and identify challenges by individuals and teams.

(3) Coordination Procedure for Disaster Response in ASEAN

Mr. Arnel Capule Capilli, Director of Operation of AHA Centre, started by presenting the core message of the One ASEAN, One Response Declaration that each ASEAN member states had committed to contribute to other members on humanitarian relief in time of disaster. His presentation is shown in Annex IV.

Mr. Arnel emphasized the essence of assistance that assistance can be from any countries, sectors and organization as long as there are assistances from good will. With SOP platform, response is made easily and effectively by the principal of 3Ss; Speed, Scale, and Solidarity.

The Standard Operating Procedure for Regional Standby Arrangement and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP) was established in 2009 and would be revised in February 2017. The ASEAN Disaster Emergency Response Simulation Exercise (ARDEX) using SASOP platform is conducted every two years. It was previously hosted by Brunei in November 2016 and would be hosted next by Indonesia in 2018. Mr. Arnel explained that Chapter 6 in SASOP regarding collaboration with the military which allows assisting entities to overcome challenges when working with the military. As far as military collaboration's concern, national sovereignty of the affected countries is one point to keep into account. In principal, the assistant entities are required to fulfill the tasks as supporter of the National Disaster Management Office (NDMO), but are not expected to take the lead. In the revised version, the military's principal for relief work was inserted as Chapter 6. It is that military is dispatched only when the situation is not yet under control by civilians and will pull off if the situation is under control.

SASOP mechanisms allow ASEAN Member States to coordinate through standardized Forms (Form 1 to 6) throughout the disaster cycle of request for assistance, offer of assistance, deployment, operation and final reporting through AHA Centre as the focal point.

Moreover, AHA Centre has a web-based information sharing platform called WebEOC to share information to the registered members who currently are health organizations, national Emergency Medical Team (EMT), some NGOs and civilian counterparts.

Q&A 1 (participant from Indonesia): Concerns are raised on the accessibility issues especially to the non-registered entities, for instance NGOs, on the WebEOC platform. Mr. Arnel responded by ensuring that contact details are available, but admitted that AHA Centre had previously been working only with NDMO which could be considered rather exclusive to partners in other actors in that sense. He agreed that inclusiveness is essential and assured that the mechanism will be improved to enhance inclusiveness.

Q&A 2 (participant from Japan): Inquiry is made regarding the accessibilities to the general public and for unrelated partners for the purpose of statistical collection or research. Response to this concern was that the WebEOC is not available for the general public but accessible to the Japanese Governmental Agencies that provided technical and financial assistance for the WebEOC.

(4) ASEAN Joint Disaster Response Plan

Mr. Arnel Capule Capilli, continued by explaining the Joint Operation and Coordination Centre for ASEAN (JOCCA) that the center acts as physically shared space for deployed workers in the field. His presentation is enclosed in Annex V.

An example on Typhoon Haiyan was the initiating point of the concept when two EMT teams from Brunei and Malaysia showed that working in close collaboration brought great results. JOCCA's main objectives are; 1) to support NDMO and EMT to establish an on-site coordination system, 2) to act as a physical space/base for deployed response workers, and 3) to established coordination interface with relevant agencies such as UN agencies, other international organizations, civil and military entities. As regards JOCCA's principals, there are five operation principals as follow; 1) JOCCA is activated based on the consent of the AMS, 2) JOCCA is to support and work under the leadership of NDMO, 3) Inclusive and Coordination, 4) JOCCA operates in a dynamic and flexible manner by respecting national local mechanism, and 5) JOCCA mechanism can be updated and revised based on the lesson learns from previous disaster events.

(5) Introduction to WHO EMT Initiative and EMT Coordination Cell (EMTCC)

Dr. Richard Brown, WHO Thailand Office, explained that EMT is a Global Initiatives and the Emergency Medical Team Coordinating Cells (EMTCC) is new terminology and concept. The presentation of Dr. Brown can be found in Annex VI.

By definition, EMT refers to groups of health professionals that direct clinical support to the population affected by disaster to support local health systems from small local units, national units, to international NGOs units. WHO had classified the operational structure of medical teams into three different types.: Type 1 is the lowest

capacity, largely to perform primary examination and health care service; Type 2 is essentially primary health care with additional capacity to perform more complex operations such as a field hospital; and Type 3 involves surgical and/or clinical specialists for more complex medical examination and treatments. These three types are classified so by matching with existing operational systems practiced commonly.

The objectives of the EMT Initiative are; 1) to facilitate the expansion of global and regional health emergency cooperation and partnership, 2) to set standards, verify, approve and assure health emergency procedures or SOP and to create knowledge hub, 3) to implement capacity building and training, 4) to collect data for research and development, and sharing of those SOP and best practice to improve response procedures, and 5) to response to affected area in a timely manner. The mapping of EMT by regions shows that EMT coordination and exchanges of services are largely among three regions which are; 1) among the North and South American region, 2) among the Western and Eastern Europe, and African regions, and 3) Central, South, East and South East Asian and the Pacific. The EMT Initiative was ignited by the Earthquake in Haiti when around 300 teams were deployed and the needs to manage and organize coordination systems are identified. Furthermore, the Ebola Outbreak post a new paradigm for EMTs as it requires surgical focus as well as adaptability to work in pandemic context.

The Global Health Emergency Workforce is the bigger umbrella that focuses on building national capacity as national EMT teams have the biggest engagement in health emergency response. The EMT Global Classification allows organization to declare their compliance with the classification and minimum standards for emergency medical teams through mentorship and verification (M&V) program with the timeline of minimum three to maximum 12 months. The WHO concept on EMT is to support national EMT system, not to lead or create parallel systems. Global Health Emergency Workforce can include national and international NGO and UN agencies, experts and response network which deal with, for instance, emergency medicine, epidemiology, chemical lab, communication, logistics, etc.

In summary, the EMT initiatives provide standardized self-reliance clinical care deployed during emergencies, as well as the availability of training and capacity building with particular focus on national capacity.

Q&A 1 (participant from Japan): A concern was raised that with the EMT initiative is having high standard which lead the question of how NGOs can adopt the standard. The recommendation for the concern was to ensure that coordination to agree on an acceptable standard among national entities and NGOs. Practically, in an emergency, the national standard of the affected country may not be equivalent or adopted to the international standard recommended by WHO. Therefore, agreeable sets of standard that are compatible and harmonized among certain countries could be adopted.

Q&A 2 (participant from Indonesia): As an affected country with AHA Centre and WHO has available options, a question is raised on what is the basis for the EOC to decide which platform to file the request. Dr. Brown explained that WHO is a global initiative which EMT's high standards can ensure receiving countries quality EMT performance. However, with WHO's EMT initiative being a global platform, the dispatched teams may not well understand operating context of Southeast Asia in comparison with JOCCA platform. Mr. Arnel (AHA Centre representative) added that while AHA Centre currently does not have sufficient expertise in health sector, its familiar context of operation suits ASEAN context of emergency relief. Nevertheless,

both options are open for member state to decide what suit their situation the best. As regards the provision of logistics management from EMTCC, the provision of such service as transportation arrangement, food, team member's medical insurance, daily functional coordination, is very limited. Hence, EMT are expected to be self-reliance to some extent.

Q&A 3 Ms. Jenifer Frances de la Rosa (ASEAN Secretariat): An inquiry is made as regards to WHO's mentoring service for AMS to apply to have qualified EMT as well as WHO's compliance with standards and policies at the national level. This raises a concern about the difficulty to find qualified health worker to volunteer in the emergency situation. Dr. Brown explained that WHO set a high standard for certain EMT to be qualified as well as having the transparent verification process by its nature; this would ensure receiving countries that EMT deployed into their countries would serve at the agreed standard. However, to reach WHO's goal to register 200 teams in the near future, involvement in regional level must be considered by starting a leading mentoring role.

(6) Introduction to Table Top Exercise and Baseline Scenario of Thai Domestic Response

Dr. Prasit Wuthisuthimethawee, Prince of Songkla University, directed participants to the Table Top Exercise. The exercise was designed to simulate coordination in health emergency among AMS based on the real story of the Thailand 2011 Mega Flood. His presentation is shown in Annex VII.

(7) Table-Top Exercise (TTX)

AHA Centre received request message from Thai EOC. AHA Centre acknowledged the requested and prepared to send notification message to AMS. Later, AHA Center issued situation update (No.001) from Thailand that it had requested boats, water, food, mobile toilets and medical supplies. Shortly after, the second situation update (No.002) was issued stating request to have type 2 medical teams deployed to eight sites with special request for special vehicles with medical capabilities. Offer messages from AMS started to come in from Indonesia, Malaysia, Laos, Cambodia, Viet Nam, Myanmar, Philippine, Brunei, and Japan respectively, and then Thailand accepted all offers. The arrival of all teams went through customs, Ministry of Foreign Affairs (MOFA) and the Registration Declaration Center (RDC) to declare composition and equipment of the teams. The teams were, later, directed to Thai EOC and EMTCC for situation briefing and receiving missions' detail. While EMTs operated in the affected area, daily operation reports were filled in to update Thai EOC and AHA Centre. In the departure, EMTs make final reports to summarize the operations.

Summary of documentation in SASOP procedure:

Thai EOC notify AHA Centre about the disaster (Form 1) -> AHA Centre disseminate situation update (Form 2)
->AMS request of assistance (Form 3) -> Thai EOC approved for AMS assistance (Form 4) -> Deployment (through MOFA and RDC) -> Thai EOC and EMTCC (briefing and designation) ->Contractual arrangement*¹ (Form 5) -> Deployed EMT make Daily Operation Report (Form 6) ->Final Report for departure (Form 7)

¹ Contract (Form 5) is initially signed between AHA Centre and the affected country's EOC. Additional contracts are signed between the EOC and the assistance EMTs on behalf of AHA Centre.

(8) Introduction to the Field Exercise

Dr. Nakajima presented introduction of the field exercise in Day 2. His presentation is enclosed in Annex VIII.

Then, Dr. Yuichi Koido, Japanese Advisory Committee, demonstrated procedures using “ABCDE” approach which first aid examination should practice to identify disorders with details in Station 4 in Day 2. Dr. Koido’s presentation can be found in Annex IX.

Day 1 Table Top Exercise was ended by the feedback of today’s session. The exercise was individually evaluated by the Check-up form to reflect on the lesson learned, gaps and challenges. Day 2 exercise method and logistic arrangement with the participants was clarified.

2. Field Exercise

The field exercise was conducted in the compound of Ministry of Public Health (MOPH), Nonthaburi.

3. Review Workshop

The review workshop was conducted as the follow-up reflection of Day 1 & 2, to review the exercises to identify the gaps, challenges and difficulties of each country team, as well as make recommendation for improvement of the following drills.

(1) Identifying gaps, good practices and actions taken among the teams/individuals

Dr. Nakajima greeted the participants and expressed appreciation for hard work of the participant in Day 2. The presentation of Dr. Nakajima is shown in Annex X.

Day 3 objectives were, once again, reiterated as 1) Identify the challenge as team/individual; and 2) Identify challenge on coordination and collaboration among the teams. Then, he explained the methodology: each team has group discussion and prepare presentation to be submitted to the Project Team before lunch break; and representative of each team, ASEC and AHA Centre presents good points and recommendation for improvement on Day 1 and 2. Additionally, the Project Team presents summary of gaps and challenges identified by the teams.

(2) Gaps and Challenges consolidated in the Matrix

Presentations by each country were made to reflect good points and points for improvements from the Table Top and Field Exercises conducted in Day 1 and Day 2. The presentations from AMS, ASEC and AHA Centre can be found in Annex XI.

1) Brunei: Dr. Lena Binti Mat Salleh, Medical Officer of Ministry of Health

Good Points: As Brunei doesn’t have experiences on critical disaster, the exercise grants better understanding towards disaster response especially in terms of the overall process in of the Emergency Medical Team (EMT) deployment and coordination. It also allowed the opportunity for Brunei to meet with other more experienced teams, and allowed them to find their own gaps and limitations.

Points for Improvements: There were areas where clarifications were needed, especially in the forms to avoid missing vital information. Additionally, in the Table Top Exercise, a briefing was needed on what to expect from Brunei side in the given timeframe.

2) Cambodia: Mr. Kong Narith, Chief ASEAN Affair Bureau of Ministry of Health

Good Points: From the Start-Up drill, Cambodia delegates gained more experiences on disaster response from other AMS which also allowed them to improve communications and collaboration among AMS for future collaboration.

Points for Improvements: Cambodia recommended four points of improvements. Firstly, standardized procedures such as guidelines, Standard Operating Procedure (SOP), and Terms of References (TOR) should be disseminated and studied for better operation. Secondly, more detailed instructions should be provided by the affected country before EMT is deployed. Thirdly, the regional cooperation drills should be continuously conducted once a year or every two years in AMS rotation. Lastly, capacity building should be provided to countries with low capacities as Cambodia realized the lack of human resources.

3) Indonesia: Dr. Arifin Sudiman Maraudin, Senior Health Administrator of Ministry of Health

Good points: The overall operation of the drill ran smoothly as all problems were explained and solved well by the facilitator. Indonesia appreciated the opportunity to learn from such experienced team as Japan Disaster Relief (JDR) team.

Points for Improvements: Various situations could be added to make the drill more completed which related to the inclusion of other non-health sectors in the coordination process. Moreover, clearer instructions to complete the forms could be made in accordance with the timeline. It would be also appreciated if more guidance is made in each steps to complete forms.

4) Lao PDR: Ms. Pathoumphone Sitaphone, Ministry of Health

Good points: Lao PDR was impressed by good regional cooperation response model supported by AHA Centre and international platform coordinated by WHO may be well considered by the ARCH Project. The complexity of the form completion process was explained well by the facilitator. And the exercises were facilitated well by the facilitators.

Points for Improvements: There were some unclear points such as the announcement from AHA Centre. Additionally, the font size of the document should be bigger.

5) Malaysia: Dr. Rosemawati Ariffin, Public Health Physician from Ministry of Health

Good Points: The briefing of the overall process and SASOP procedure were clear and the operations flowed smoothly. The exercise allowed the team to gain more experiences on the Disaster Risk Reduction and to identify their own strengths and weaknesses. Regards team performance, Malaysia team completed the required assignments prior to the drill.

Point for Improvements: Time should be allowed for each member to understand the ground situation and familiarize themselves with the roles. The SOP which would be developed by the ARCH Project, and would

hopefully be used to avoid confusions and misunderstanding in the future. Moreover, Malaysia recommended full scale exercise with more realistic (ground zero) setting in the next drill.

6) Philippines: Ms. Rosanna Rosell, Healthcare Emergency Management Coordinator of Department of Health

Good Points: As the country with 7000 islands, the Philippine is experienced in disaster health management. In this exercises, the use of realistic 2011 mega flood in Thailand was good as it allowed participants to refer to real situations. In terms of time management, the exercises allowed good amount of time for briefing. The Philippines was particularly impressed by the process to obtain lesson learned and results such the team briefing, situation briefing and debriefing which could be adopted for their own practices. The availability of supplies and equipment in station four were abundant and the mentoring from the Japan Disaster Relief (JDR) team on EMT Type 2 gave the sense of professionalism.

Point for Improvements: The scenario for the table-top exercise could be made more realistic by paying attention to the synchronization of dates, the familiarity of actors toward the nuance of the scenario, the language used in scenario (realistically, patients couldn't use English) as well as separate set of logistic guidance for different EMT type. It was also suggested that the facilitator should be more careful to avoid confusions. The use of the following items could be useful to facilitate more understanding; 1) sample note on how to fill the form, 2) patient referral system flowchart, 3) sequential order or events during scenario build-up, 4) the use of tarpaulin instead of A4 size picture with information on status.

7) Thailand: Dr. Repeeporn Rojsaengroen, Emergency Doctor from Vajira Hospital

Good Points: The exercises were well-prepared. It assisted their understandings of the concepts, objectives as well as procedures of the regional coordination for the EMT deployment.

Points for Improvements: Regarding the role Thailand Emergency Operation Center (EOC) in the exercise, specific details on affected locations could be more thought through to facilitate information flow to other EMTs' operation.

8) Vietnam: Dr. Nguyen Hoang Long, Deputy Director of Viet Duc Hospital

Good Points: Viet Nam was satisfied by good organization, good guidance and professionalism of the exercise program and had no points for improvements.

9) Japan: Dr. Toru Yoneda from Japan Disaster Relief (JDR) team

Good Points: JDR team was impressed by strong will and good participations of each AMS participant. The exercise was the opportunity for AMS as well as JDR to develop network for future collaboration. It also allowed JDR team to understand the differences among the countries that could be referred in future operations. The overview of each step allowed them to see the connections and the flows of procedure sequence (e.g. team-building, deployment, custom process, registration, operation, collaborating with EMT type 1 and type 2, and data management). JDR had the impression that each station was well-prepared which gave the sense of realistic scenario.

Points for Improvements: JDR was expecting to learn if each country developed new findings or good practices. It is also suggested that each country's EMT should have common medical understanding for better cooperation. The standardized format for field assessment, medical record and reporting format which can be anticipated by ARCH Project would be much appreciated. Furthermore, the information of the custom and registration should be well-provided prior to the deployment.

10) ASEC and AHA Centre: Ms. Jennifer France de la Rosa, Health Division, ASEC

ASEC had pointed out four key messages as follows:

- 1) Emergency response should be nationally-led and supported by regional and international community. This was a reiteration from the World Humanitarian Summit in Turkey in May 2016.
- 2) The ARCH Project and ASEAN disaster health management shall contribute to the "One ASEAN, One Response" initiative as AHA Centre is the primary regional coordination agency (Point 3 of the Declaration)
- 3) Disaster health management is one of the priorities identified by AMS during the Post-2015 Health Development Agenda which the ARCH Project supports.
- 4) The ARCH Project should, therefore, consider the followings:
 - i) Ensure the alignment and consistency between the drills scenarios and the ASEAN Mechanism by ensuring the engagement of ASEC and AHA Centre in the planning and;
 - ii) Support deeper understanding of AMS team on the EMT concepts, its operationalization as well as on the ASEAN response system, processes and tools.

(3) Summaries of the Challenges and Possible Topic for Project Working Group (PWG) 1 &2

Dr. Prasit Wuthisuthimethawee, representative of the Project Team, consolidated the gaps and challenges identified by all the teams into the matrix as the basis for possible topics for discussions in PWG 1 and 2 meetings. The presentation of Dr. Prasit can be found in Annex XII.

Then, Dr. Prasit summarized issues for future consideration as follows:

- 1) The reports of this training should be disseminated to the Ministry of Health for each AMS;
- 2) Lesson learned derived by the training should be disseminated to health facilities;
- 3) Meeting should be held with the Ministry of Health on how to develop EMSs and EMTs;
- 4) All ASEAN member states should be included to participate in the training;
- 5) Drill period should be lengthen;
- 6) Training should include coordinated teams from multiple countries to reflect real scenarios;
- 7) Ongoing training should be taken as a registered volunteer of a given training course;
- 8) Cooperation should be made on SOP with WHO, JDR, AHA Centre and other; and
- 9) Advocacy for EMT's funding and support should be conducted by each AMS.

(4) Conclusion

Dr. Tatsuro Kai, representative from the Japanese Advisory Committee, made a conclusion on the three days of the Start-Up Drill. He started by expressing appreciation and gratitude to NIEM, ASEAN Secretariat, the Japanese Advisory Committee and all participants from AMS.

On Day1, AHA Centre presented the process of regional assistance using SASOP and JOCCA. The presentation from WHO (by Dr. Brown) also verified that EMT became a global trend and the WHO accredited EMTs must meet certain standards of treatment, minimum requirement and logistic which AMS can apply. Table-top exercise enabled participants to understand the notification procedures in times of disasters, deployment of EMTs and SASOP documenting procedures.

On Day 2, participants trained in the field exercises and concepts were put into actions by four stations i.e. information management in Station 1, rapid health assessment in Station 2, operation within EMT Type 1 in Station 3, and operation within EMT Type 2 in Station 4.

Dr. Wiwat Seetamanotch, Executive Advisor to Board of NIEM, expressed appreciation for the support of Japanese Expert Team, AHA Center and ASEAN Secretariat, as well as commitment and hard work of NIEM staffs, participants from health sector in Thailand and other AMS who contributed to the event's success by co-organizing and actively participating in this event. Dr. Wiwat highlighted the importance of friendships. He believes that knowing one another bring great wisdom. This implies the coordination among member state is the greatest component in regional cooperation on disaster response. The highlight of the event was not only technical transfer of knowledge, but also the lively display of friendship atmosphere. Dr. Wiwat hoped that lesson learned could be taken back for actual practices and collectively moved towards common goals.

(5) Closing Remarks

The closing remarks were delivered by Mr. Hiroo Tanaka, Chief Representative of JICA Thailand. Mr. Tanaka expressed sincere appreciation for NIEM Secretary General, ASEAN Secretariat, AHA Centre and honorable delegates as well as congratulated on the success of the project's event. Tremendous skills, experiences and knowledge were gained throughout the three days. Knowledge on the procedure of the EMT deployment was deepen on the Day 1, while practical knowledge of the ground operation was attained on Day 2, and finally on Day 3 valuable thoughts and insights were gain though discussions. Overall achievement of the project was clearly noticeable as the set objectives were obtained and friendships were developed. As for the Japanese, Himeji earthquake was the pivotal point for Japan disaster work to establish with the mission to save more life. On behalf of the Japanese, Mr. Tanaka invited continuous contribution on disaster management work in ASEAN to fulfill the save more live mission.

II. Project Working Group (PWG) Meetings

4. Joint Session (1)

(1) Welcome Remarks

Dr. Jirots Sindhvananda, Senior Advisor, Office of Permanent Secretary, Ministry of Public Health, Thailand, welcomed the participants from the ASEAN Member States (AMS) for the first Project Working Group (PWG) 1 and 2 meetings. He reiterated the overviews and objectives of the Project for the ASEAN Regional Capacity on Disaster Health Management (ARCH Project) by recalling that ARCH Project was initiated by the Japan International Cooperation Agency (JICA) and the National Institute for Emergency Medicine (NIEM), Thailand to strengthen the regional disaster response network, and build capacity of disaster health personnel in the ASEAN region. PWG 1 and 2 are responsible for activities under ARCH Project to develop various regional collaboration tools and design training courses for health personnel in AMS. The Ministry of Public Health, Thailand, hopes that PWG 1 and 2 become the back bones of emergency and disaster management system in the region and create a network which can be adopted and replicated to other regions.

(2) Project Overview

Ms. Keiko Nagai, Team Leader, ARCH Project, presented the overview of the project. ARCH Project was formulated based on the results of a survey conducted from December 2014 to March 2015 targeting all AMS. In addition to the in-country survey, three regional meetings were held in Phuket, Tokyo and Bangkok. As a result, the common understanding on the challenges surrounding disaster health management in the ASEAN region was formed. One major challenge identified from the survey was that although different parts of the region confront different disaster challenges, collaboration in disaster and emergency response in the health sector was needed. Hence, ARCH Project was designed accordingly.

ARCH Project mainly focuses on the coordination among Emergency Medical Teams (EMTs) and the offering and receiving countries, and team management of EMTs. The intended outputs of the project are; 1) coordination platform on disaster health management, 2) framework of regional collaboration practices, 3) tools for effective regional collaboration on disaster health management, 4) academic network on disaster health management in AMS, and 5) capacity development activities implemented for each AMS. The presentation of Ms. Nagai is attached as Annex XIII.

(3) Inputs from the Start-Up Drill

Dr. Yasushi Nakajima from the Project Team provided PWG 1 and 2 members with consolidated inputs from the Start-Up Drill. Dr. Nakajima stated that experiences and knowledge in the field would be less valuable if EMTs lack coordination and collaboration capacity. The Start-Up Drill from 17 to 19 January 2017 was designed for the participants to understand the importance of coordination capacity. The drill included 1) Table Top Exercise on Day 1, 2) Field Exercise (5 stations) on Day 2 and 3) Review Workshop on Day 3.

The sessions on Day 3 allowed the participants to identify their strengths, weaknesses, challenges and necessary improvements from the Table Top and Field Exercise. To do so, the participants were provided with the Check-

Up Sheet to answer three questions; 1) How was the exercise, 2) What have you learned from the exercises, and 3) What will you improve on the lessons learned. The results were consolidated and categorized in the form of matrix. The matrix included; 1) team capacity building, 2) team collaboration and capacity building, 3) personal capacity building and, 4) collaboration capacity building. PWG 1 and 2 will incorporate the consolidated results of the Start-Up drill into their works. The presentation of Dr. Nakajima is provided as Annex XIV.

After the joint session, the participants were divided into PWG 1 and 2 for each meeting.

5. First PWG 1 Meeting

(1) Introduction of PWG 1 Members

Dr. Jiroth Sindhvananda, Chairperson of PWG 1 meeting, invited the PWG 1 members and observers to introduce themselves.

(2) Overview of PWG 1

Dr. Phumin Silapunt, Secretary General, NIEM presented the overview of PWG 1 based on the Terms of Reference (TOR) of PWG 1. The purpose of PWG 1 is to develop tools necessary for effective regional collaboration on disaster health management. The work of PWG 1's falls under Outputs 2 and 3 which include the development of 1) framework of regional collaboration practices and 2) tools for effective regional collaboration on disaster health management.

The scope of PWG 1's activities includes the development of regional collaboration tools as well as the designing and planning of Regional Collaboration Drills to be executed three times during the project period. The draft tools will be piloted, evaluated and revised through the Regional Collaboration Drills. The expected outcomes of PWG 1 are 1) a draft Standard Operating Procedure (SOP) for coordination in disaster health management, 2) draft minimum requirements of EMTs members, 3) a draft database of EMTs and, 4) a draft health needs assessment (HNA) framework. Four draft tools will be reviewed and approved by the Regional Coordination Committee (RCC) which, later, be submitted for endorsement to the ASEAN Health Cluster 2, and the Senior Official Meeting on Health Development (SOMHD) for final endorsement.

According to the TOR of PWG 1, the PWG 1 meetings are scheduled six (6) times throughout the project period. The first PWG 1 meeting is being held to kick-off and agree on the purpose, goal, targets and work plan of each tool. The process of draft revision will continue until the final draft is concluded for RCC consideration in the final PWG 1 meeting.

Based on the necessity to plan the first Regional Collaboration Drill which will be conducted in July 2017 and to discuss draft regional collaboration tools before July, the Project Team proposed to hold an additional PWG 1 meeting in April or May. The members agreed to hold an additional PWG 1 meeting in between the first and second meeting. As regards the date of the additional (second) PWG 1 meeting, the Project Team proposed tentatively from 8 to 9 May 2017 for one and a half days. A confirmation will be made to AMS at least six (6) weeks before the date of the meeting. The presentation of Dr. Silapunt can be found in Annex XV.

Mr. Arnel Capule Capili from AHA Centre proposed to hold the Regional Collaboration Drill in 2018 jointly with the next ASEAN Disaster Emergency Response for Simulation Exercise (ARDEX), which will be held in Indonesia in March or October 2018. Mr. Capule Capili stated that this proposed joint drill would benefit both ARCH Project and ARDEX and it also would provide ARCH Project a good opportunity to understand the coordination platform for disaster management. The joint hosting would also provide an opportunity to break down the silos towards more integrated and horizontal disaster response. However, the logistics and financial aspects should be taken into consideration.

Dr. Arifin Sudirman Maraudin from Indonesia responded to the AHA Centre's proposal that ARDEX's focal point in Indonesia is the National Disaster Management Agency (BNPB), while the Ministry of Health (MOH) is not directly involved in ARDEX. The Indonesian delegate will consult both BNPB and MOH. If the Indonesian side decides to host the Regional Collaboration Drill jointly with ARDEX, a proposal will be submitted based on the guidance which will be given in the afternoon session.

Dr. Phumin Silapunt from Thailand agreed with AHA Centre for the possible benefits of joint hosting. Dr. Phumin Silapunt, however, stressed that the decision on hosting the drill depends on the host country. He added that the next RCC would endorse the selection of the host country for the next year. The prerequisites of the host country will be shared later in the afternoon session.

Dr. Jiroth Sindhvananda, Chairperson, acknowledged the points of discussion on the joint drill combining the Regional Collaboration Drill and ARDEX. He hoped that, to some extent, the two platforms could be merged for effective collaboration, and all activities of ARCH Project would relate to SOMHD and be incorporated to the activities of AHA Centre. However, AHA Centre and ARCH Project need to discuss concerns over logistical arrangements and scheduling.

Dr. Suriya Wongkongkathap from Thailand (observer) proposed that PWG 1 should discuss in the future how to establish an official channel between ARCH Project and AHA Center in order to broaden the scope of cooperation. In relation to the joint hosting of drill, if SOMHD notifies AHA Centre that the health sector is ready to join a drill organized by AHA Center such as ARDEX, every drill could be conducted with the cooperation from the health sector including ARCH Project.

(3) Regional Collaboration Tool: Standard Operating Procedure (SOP)

At the beginning, Ms. Junko Yamada from the Project Team explained that the objectives of the following four (4) sessions on the regional collaboration tools are 1) to identify the inputs from the Start-Up Drill and 2) to agree on the purpose, goal, targets and work plan of each tool. Then, Ms. Yamada presented the details of SOP and later invited the floor for discussion.

The purpose of SOP is to ensure the quality and consistency of EMT operations in the affected AMS in order to realize the vision "One ASEAN, One Response" and also to complement the existing operating procedures and tools. Therefore, SOP should be in line with the Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP) and

other relevant frameworks and protocols such as EAS Toolkit and WHO's EMT Coordination Cell (EMTCC) Handbook.

The inputs from the Start-Up Drill include: 1) a need for developing SOP among EMTs, 2) a need for SOP among coordination bodies (e.g. EMTCC, Emergency Operations Center, AHA Centre, UN Office for the Coordination of Humanitarian Affairs), and 3) a need for using the common standard formats (e.g. daily report, registration form, rapid health assessment form, medical record form, referral form). The Project Team is in the process of examining the results of the Start-Up Drill to better capture the inputs and to better scope SOP.

PWG 1 aims to develop a draft SOP to be approved by RCC in March 2019. The target in each year is as follows:

By November 2017: Scope, contents and format of SOP are agreed and first draft is created.

By October 2018: Draft SOP is piloted, evaluated and further developed through the second and third Regional Collaboration Drills.

In March 2019: A draft SOP is approved by RCC.

In the next step, the Project Team will draft SOP format and content and plan development process by the end of February 2017. The draft will be distributed to the PWG 1 members for their comments from March to April 2017. The Project Team will then incorporate the comments from PWG 1 members into the draft. The next PWG 1 meeting in May 2017 will discuss and agree on SOP format, content and development process. The presentation of Ms. Yamada is provided as Annex XVI.

Dr. Arifin Sudirman Maraudin from Indonesia commented on the purpose of SOP that it should include the coordination of EMTs with the non-health sectors such as shelter and food and also with public health response teams. He also commented on the scope that it should include the disaster phase from preparedness to post-disaster phase.

Ms. Janice Feliciano from the Philippines proposed to include public health aspects especially for rapid health needs assessment as we experienced at Station 2 in the Start-Up Drill.

Dr. Phumin Silapunt from Thailand inquired about the definition of "public health" in the context of EMTs. He asked whether the context of EMTs has included public health aspects and whether the SOP should include public health aspects.

In response to the Dr. Phumin's comment, Mr. Yosuke Takada from the Japanese Advisory Committee commented that EMTs should collect such data as water and sanitation which relate to public health in the affected area. The Minimum Data Set (MDS) Daily Reporting Form includes public health information for this purpose.

Dr. Suriya Wongkongkathap from Thailand (observer) proposed to develop two separate SOPs, medical SOP and public health SOP, to avoid complexity. A public health SOP should be developed only when time and other conditions allow.

Mr. Jim Catampongan from ASEAN Secretariat stressed that the focus of SOP should be on the coordination and deployment of EMTs taking into account the different elements in the emergency health response.

Dr. Prasit Wuthisuthimethawee from the Project Team commented that there are two (2) different types of SOP, i.e. coordination SOP and clinical SOP. He mentioned that public health SOP would be categorized in clinical SOP.

Mr. Kol Hero from Cambodia suggested that SOP should be clear for EMTs to operate in different phases on a day-by-day basis as situations develop.

Mr. Arnel Capule Capili from AHA Centre inquired if this SOP would be included as a part of SASOP after the endorsement by SOMHD.

Dr. Phumin Silapunt from Thailand responded that this SOP could be a part of SASOP to fill in the missing parts on medical operations.

Ms. Junko Yamada from the Project Team appreciated the comments from the members and stated that the Project Team would consider the comments in developing a draft while maintaining the focus on the purpose of ARCH Project.

Dr. Jiroth Sindhvananda, Chairperson, concluded the discussion and summarized that the floor requested the inclusion of public health aspects and the disaster phase from preparedness to post-disaster phase in SOP.

(4) Regional Collaboration Tool: Minimum Requirements

Ms. Junko Yamada, expert, ARCH Project, presented the details on minimum requirements. To begin with, Ms. Yamada explained that the minimum standards of EMTs have already been developed by WHO in “Classification and Minimum Standard for Foreign Medical Teams in Sudden Onset Disaster (2013)”, also known as “Blue Book”. However, in the Blue Book, minimum standards or requirements for individual team members are not specifically defined. Currently, it is the EMT organizations or agencies that establish the criteria for members to be on the roster. In this context, the need for the development of minimum requirements for individual team members was identified during the preliminary survey.

The purpose of minimum requirements is to provide clear and appropriate eligible standards for AMS to develop and strengthen their human resources for EMTs to be deployed internationally in order to realize the vision “One ASEAN, One Response”.

Ms. Yamada presented the draft idea of the components of minimum requirements. The components of minimum requirements can be divided into three (3) main areas; 1) Professional competence and license to practice, 2) Adaptation of technical and non-technical professional capacities into low-resource and emergency context and 3) Preparation for an effective team performance in the field. Each area can be further divided into two categories: role-specific and common requirements. In summary, the minimum requirements can be broken down into six (6) component areas.

The inputs from the Start-Up Drill include the skills related to 1) health emergency management (focus on medical treatment), 2) public health emergency management, and 3) risk assessment (safety and survival skills). However, some of the inputs are not clear enough. The Project Team, therefore, will continue examining the results of Start-Up Drill to identify the inputs to minimum requirements.

The work process in relation to the component areas is proposed as follows:

- 1) Identify the inputs from the Start-Up Drill and conduct a questionnaire survey to understand the current requirements for EMT members in AMS;
- 2) Identify and prioritize component areas to work on and decide the development process; and
- 3) Develop minimum requirements by each area. Identify the inputs from Regional Collaboration Drills and incorporate them into the draft.

PWG 1 aims to develop draft minimum requirements to be approved by RCC in March 2019. The target in each year is as follows:

By November 2017: Current requirements for EMT members in AMS are clarified. Areas to focus on for development are identified. The first draft is completed (three component areas are covered).

By October 2018: Six (6) component areas are covered in the draft.

In March 2019: Draft minimum requirements for EMT members are approved by RCC.

In the next step, the Project Team will distribute the questionnaire to PWG 1 members from AMS on 30 January 2017. The due date for returning the completed questionnaire form will be on 24 March 2017. In April, the Project Team will compile the survey results and identify areas of focus to decide the development process. The second PWG 1 meeting in May 2017 will agree on the component areas to focus on and development process. The presentation of Ms. Yamada can be found as Annex XVII.

Dr. Rosemawati Ariffin from Malaysia suggested to clarify a competent professional body and functions of supporting staff such as logistician in the context of EMTs.

Dr. Jiroth Sindhvananda, Chairperson, suggested to include language competencies as the language barrier is one of the challenges of coordination.

Dr. Linawati Haji Jumat from Brunei added that minimum requirements should indicate the number of members in each role. In addition, “relevant experience in disaster and emergency response” should be clarified in the draft.

Mr. Jim Catampongan, ASEAN Secretariat, inquired whether the outputs of this project is the finished tools ready for intended users to use, or the outputs delivered to RCC within the project period.

Dr. Phumin Silapunt from Thailand responded that the drafts would be delivered to RCC in March 2019 for approval, before submitting to SOMHD for endorsement. The actual utilization of the tools would be beyond the project period.

Dr. Jiroth Sindhvananda, Chairperson, added that the draft SOP and other draft tools would be delivered to RCC for approval and later to SOMHD. However, it would be more effective, if the finished outputs are delivered earlier for SOMHD's endorsement within the project period. If a disaster occurs within the project period, the project can also consider testing draft tools for actual insights as inputs.

Dr. Rosemawati Ariffin from Malaysia proposed that the draft minimum requirements should include the safety aspect.

Dr. Phumin Silapunt from Thailand stated that although minimum requirements should be in compliance with the WHO's standards, ASEAN's specific requirements or contents should be included in order for the EMTs of AMS to gain an edge on the EMTs from other countries.

Ms. Janice Feliciano from the Philippines proposed to include the definitions of nutritionist and mental health provider and also the points to confirm personal fitness of team members.

(5) Regional Collaboration Tool: Health Needs Assessment Framework

Ms. Yumiko Kashiba from the Project Team presented the details on Health Needs Assessment (HNA) Framework and later invited the floor for discussion.

HNA is required to match the needs of the affected population with the available resources from national and international EMTs. It also ensures a needs-based response which is one of the guiding principles of WHO's "Classifications and Minimum Standards for Foreign Medical Teams in Sudden Onset Disaster (2013)". HNA serves as rapid assessments over emergency situation to identify the immediate impacts of the crisis and as estimation of the vital needs of the affected population and definition of priorities for emergency health response for both national and international EMTs.

The roles of HNA include measuring present and potential health impacts, assessing adequacy of existing response capacity and immediate needs of affected populations, recommending priorities actions for immediate response to national and international EMTs and predicting future needs. HNA can generally be derived from the following methodologies: 1) secondary data reviews (pre/post disaster), 2) primary data collection and community level assessment (observations, interview methods), 3) inter sectorial analysis and strategic humanitarian actions, and 4) dissemination of outputs and situation analysis report to related bodies.

PWG 1 aims to develop a draft framework of HNA to be approved by RCC in March 2019. The target in each year is as follows:

- By July 2017: Draft version 0 of a better coordinated and clearly defined procedure of HNA in line with SASOP
- By March 2018: Draft version 1

By October 2018: Draft version 2

By March 2019: Final draft version

The HNA framework will cover the period of four (4) weeks after the occurrence of the disaster.

The project team proposed that HNA should include two types of operation. First, initial assessment and situation updates by local authorities, primarily the Ministry of Health of the affected country in order to request and mobilize emergency assistance teams, especially EMTs, both national EMTs (N-EMTs) and international EMTs (I-EMTs). That is appropriate to the significance of the impact and consistent with the needs of the affected community. Second, the joint assessment on site by N-EMTs and I-EMTs in order to facilitate coordinated actions for the needs based emergency health response.

The recommendations from the Start-Up Drill are to have common and standardized tools, check-list and forms among EMTs. There should also be assessment instruction guides as well as a list of equipment for field assessments. In addition, the ASEAN-ERAT format will be useful. The presentation of Ms. Kashiba appears as Annex XVIII.

Mr. Arnel Capule Capili from AHA Centre inquired about a team to conduct a health needs assessment: whether EMTs are expected to conduct the assessment or a separate team like ERAT is expected to conduct the assessment. If this is the former, HNA will be a part of SOP.

Ms. Yumiko Kashiba from the Project Team responded that EMTs are expected to conduct a health needs assessment. Ms. Junko Yamada from the Project Team further clarified that the affected country's MOH including central, regional and local levels is normally expected to conduct an assessment. When MOH is not able to conduct an assessment, EMT could complement MOH.

Dr. Phumin Silapunt from Thailand emphasized that HNA would not focus on who has the role to assess, but would focus more on what types of information/data to be collected.

Dr. Arifin Sudirman Maraudin from Indonesia proposed that NHA should include public health aspects, as assessment should be done in coordination with other sectors as we understand from the experience at Station 2 in the Start-Up Drill. Dr. Sudirman Maraudin also proposed to change the title from "*Health Needs Assessment*" to "*Rapid Health Needs Assessment*" by adding "rapid" and pointed out that with regards to "the period of NHA to be covered", *sudden onset of disaster* should be changed to *critical time of the disaster*, as damage caused by some types of disaster such as flood might continue for some period of time.

Chairperson, Dr. Jiro Sindhvananda, concluded that framework needed to be clearly discussed on whether public health aspects should be included or not, who would conduct assessment, what were the mandates of affected countries; moreover, the content of HNA needed to be discussed.

(6) Regional Collaboration Tool: A Database of Emergency Medical Teams (EMTs)

Ms. Junko Yamada, expert, ARCH Project, presented the details of a database of Emergency Medical Teams (EMTs) of AMS including the purpose, terminology, goal, target, operational rules and work plan.

There is a need to identify in advance the assets and capacities of EMTs of AMS in order to strengthen the regional disaster preparedness and response. Therefore, a draft database of EMTs of AMS will be developed to strengthen the regional disaster preparedness and response by providing information on EMT assets and capacities available for deployment to the affected country as well as to contribute to the operationalization of SASOP and the implementation of the ASEAN Joint Disaster Response Plan (AJDRP) in the spirit of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER).

PWG 1 aims to develop a draft database of EMTs of AMS to be approved by RCC in March 2019. The target in each year was proposed as follows:

- By November 2017: Data categories and criteria to be registered in the database are agreed. The current status of EMTs of AMS is clarified.
- By October 2018: Data collection and reporting system is established (at least twice a year in January and July). Exit plan for database management is agreed by PWG 1 and RCC.
- In March 2019: The draft database of EMTs of AMS is approved by RCC.

The format of database will be based on “Matrix of Module for Standby Agreement” developed by AHA Centre and the Project Team will consult with AHA Centre and ASEC in developing the format. As a next step, the Project Team proposed to distribute a data collection form to AMS by 30 January. The presentation of Ms. Yamada can be found as Annex XIX.

Ms. Janice Feliciano from the Philippines stated that EMTs in the Philippines are still in the process of WHO classification and the result will not be notified until April 2017. Therefore, Ms. Feliciano proposed to postpone the data collection so that the Philippines knows its EMTs status and the Project Team can receive accurate data. In response to Ms. Feliciano’s comment, Ms. Yamada from the Project Team responded that the data collection will not limit the classification status but distinguishes the status by inquiring the information.

Dr. Phumin Silapunt from Thailand added that Thailand currently does not have any EMTs verified by WHO and the EMT status is uncertain. Therefore, Thailand agrees to postpone the data collection.

Ms. Feliciano from the Philippines inquired about the details of the exit plan for database management. Ms. Yamada from the Project Team responded that the details of the exit plan will be discussed and agreed in the later stage of PWG 1 meeting.

Mr. Arnel Capule Capili, AHA Centre, suggested streamlining the data collection to avoid duplication and reduce the burden of AMS. For this purpose, AHA Centre will have an internal consultation with the Health Division of ASEC to decide the best approach to collect data including the data collection channel. As for the strategy for database management, AHA Centre can install the database but the concern is the personnel with equipped skills to maintain the database. Regarding the format, AHA Centre needs technical inputs from ARCH Project which has expertise in the health sector.

Ms. Yamada from the Project Team agreed to postpone the data collection until the decision is made by AHA Centre and ASEC. In the meantime, the Project Team will work on the format in consultation with AHA Centre and ASEC to be finalized in April.

(7) Wrap-up and Way Forward

Dr. Phumin Silapunt from Thailand presented the summary of discussions as follows:

- 1) The members agreed to hold an additional PWG 1 meeting from 8 to 9 May 2017 (tentative).
- 2) AHA Centre proposed to hold jointly the Regional Coordination Drill and ARDEX in Indonesia in 2018. Schedule and other conditions have to be discussed.
- 3) Regarding SOP, the inclusion of public health aspects in the scope of SOP was suggested by the members.
- 4) As for minimum requirements, the members requested a clarification of some terminologies (e.g. a competent professional body and logistics) and an inclusion of some requirements such as language competencies and health status of the team members.
- 5) Regarding a database of EMTs, the agreement was reached to postpone the data collection until the format is developed. AHA Centre and ASEC will discuss internally the streamlined approach to data collection to reduce the burden on AMS.
- 6) Regarding health needs assessment, it was recommended that the title should be changed from *health needs assessment* to *rapid health needs assessment*.

6. First PWG 2 Meeting

(1) Introduction of PWG 2 Members

Dr. Narain Chogirosniram, Chairperson of the PWG 2 meeting, started the meeting with the introduction of PWG 2 members.

(2) Overview of PWG 2

Dr. Narain Chogirosniram explained the purpose of PWG 2, scope of activities, expected outcomes, responsibilities of the members, membership, etc. according to Terms of Reference (TOR) for PWG 2. All the presentations for the first PWG 2 meeting is enclosed in Annex XX-1.

(3) Overview of Training Programs for AMS

At the beginning of the session, Ms. Junko Sato, Japanese Expert explained the objectives of the meeting. The objectives were set as; 1) to agree on overall training plan for ASEAN member states (AMS), 2) to discuss and agree on detailed plan for the 1st AMS training, 3) to share the schedule for conducting the 1st AMS training, and 4) to discuss on the themes for 2nd, 3rd, and 4th AMS trainings.

Ms. Sato led the session by the introduction of overall training plan for AMS. She explained that capacity development for AMS was the scope of activities to reach the overall goal that is ‘to strengthen the national capacity to fulfill the minimum requirements through the establishment of national disaster medical system, human resource development, and improvement of operational capacity of the medical system’.

Ms.Sato stressed that the minimum requirement under the ARCH capacity development activities refer to minimum requirement as a team, which is different from the Draft Minimum Requirement for individuals that PWG 1 is assigned to develop. WHO has already developed the minimum standard of EMTs and ARCH training program will be aligned with such international framework.

The schedule of AMS trainings was proposed. As for the forth training, it was agreed to change the original schedule from July 2018 to November 2018 in order to have enough time to prepare the training.

Besides the trainings, a study tour in Japan would be scheduled in 2018. Details of the study tour, such as theme and resources, would be discussed in the 2nd PWG 2 Meeting scheduled in July 2017.

(4) Detailed plan of the First Training for AMS

The outline of the First AMS Training is presented by Ms. Sato summarized as the table below and the details can be found in Annex XX-2.

1. Schedule	May 22 to 26, 2017 (5 days)
2. Place	Bangkok, Thailand
3. Participants	Representatives from AMS - In principle, 3 persons from each AMS - Resource persons → A total of 38 persons
4. Theme	Human Resource Development

Main points raised in the discussion regarding the training objectives included:

- **Training period**

Five days training period might not be enough for strengthening the capacity of participants, but at least the training would provide opportunities for thinking human resource development in each country. The project expects participants to bring back the findings and reflect the feedback in the training systems at each country.

- **Participants**

This is a kind of TOT (Training of Trainers) because the number of participants is only 3 persons. They would be future trainers or people developing curriculum. Responding to the inquiry if the participants in the 1st training could include PWG 1 and PWG 2 members or others, Ms. Sato informed that the project did not define who should be the participants. Members of PWG 1 or 2 could be the key persons for the training.

- **“Pre-service Training**

“Pre-service” training refer to any structured activity aiming at developing or reinforcing knowledge and skills before health care professionals enters public health service or private practice, which include courses for graduates as well as those for undergraduates. The definition will be provided in the training program to avoid the confusion.

- Consistency with EMT Classification

Regarding objective 4), it is necessary to articulate which type of EMT (e.g. type I, type II) the first AMS training targets. It was agreed that the training will be related to common training system for EMT in general instead of focusing on any particular type of EMT.

- Direction of the Training

The training should be conducted to realize the “One ASEAN, One Response”, and the training objective should indicate it clearly. Therefore, (6) is included in the training objectives

Then, Ms. Sato proposed each module for the training as shown in the table below.

DAY	Module
DAY 1	Module 1: Current system of human resource development in disaster health management (both pre-service and CPD)
DAY 2	Module 2: Best practices in Pre-service Training
	Module 3: Best practices in continuous professional development (CPD)
DAY 3	Module 4: Certification system and skills standard for medical personnel in disaster health management
	Module 5: Introduction of related training course provided by international organizations and NGOs.
DAY 4	Module 6: CPD in Thailand (site visit) Site visit: training institute or hospital(s) which provide CPD on disaster health management
DAY 5	Module 7: Making a recommendation “Priority in human resource development in your country”
	Module 8: Presenting a recommendation
	Module 9: Course evaluation and way forward for the 2 nd AMS training

In module 1 for DAY 1, each AMS is requested to make a brief presentation (each has 20 minutes for presentation and 10 minutes for Q&A) on current system of human resource development in disaster health management (both pre-service and CPD) in each country. It was agreed that the presentation will include the following contents (the template will be distributed to each AMS with an invitation letter).

1. Medical Doctors
 - General
 - Disaster Health Management (DHM) curriculum/program in
Pre-service (university)
CPD (Post-graduate courses, In-service training, etc.)
2. Nurses
 - General
 - DHM curriculum/program in
Pre-service (university)

- CPD (Post-graduate courses, In-service training, etc.)
3. Paramedics/Emergency Medical Technicians (EMT)
 - General
 - DHM curriculum/program in Pre-service (university)
 - CPD (Post-graduate courses, In-service training, etc.)
 4. Other Cadre (if any)
 5. Advantage
 6. Challenge

Before ending the morning session, Dr. Narain asked the participants to think about possible topics and resources for DAY 2 and DAY 3. ARCH Project team prepared white boards in which tables put to get possible topics and resources for each module.

In the afternoon, the participants were instructed to have brainstorming sessions to address best practices/interesting topics and possible resources for each training day. Each participant could write topics and resources directly on the boards or on post-it paper. The outputs of the topics and possible resources for each module are shown in the tables below.

Training DAY 2 (AM)		
Module	Topic	Possible Resource
Best practices in pre-service training	Curriculum development on disaster health management (DHM) in medical/nursing/paramedic education	Singapore
	DHM in national curriculum in medical/nursing education (5 hours)	Cambodia
	Disaster prevention and disaster management in bachelor course in public health in Vietnam (12 credits)	Vietnam (Institute of Public Health)
	Integrated community health care and non-healthcare provider (DPPH) training in disaster	ADPC/Thailand
	Disaster management in curriculum for all health personnel (MD, nurse, etc.) in Indonesia (12 hours)	Indonesia
	Basic life support (BLS)	Indonesia

Training Day 2 (PM)		
Module	Topic	Possible Resource
Best practices in continuous professional development (CPD)	Advanced diploma course on disaster management for healthcare professional (1year)	Malaysia
	Disaster nursing to assist people in shelter and mobile clinics (1-2 days)	Japan
	Development of a module on DHM for doctors, nurses in health center and rural hospitals	Cambodia
	Risk assessment and EMT deployment	Japan, Singapore, Philippines, Indonesia
	Triage system in disaster event	Thailand

Training Day 2 (PM)		
Module	Topic	Possible Resource
	<ul style="list-style-type: none"> • EMSS (Emergency Medical Service System) • ATLS (Advanced Trauma Life Support) • ACLS (Advanced Cardiac Life Support) 	Indonesia
	<ul style="list-style-type: none"> • Emergency medical team response training • Incident command system 	Thailand, Indonesia, Japan
	<ul style="list-style-type: none"> • Disaster preparedness, including emergency medicine curriculum • Institutionalization of Public Health and Emergency Management in Asia and the Pacific (PHEMAP) Course • Training on model standards for public health in emergency course i.e. SPEED, NHBS, NiE, reproduction, etc. • On-going standardization of Basic Life Support (BLS), Emergency Medical Team (EMT) basic courses 	Philippines
	Development of curriculum (MD, nurses, and paramedics)	Japan

Training Day 3		
Module	Topic	Possible Resource
Introduction of related training course provided by international organizations and NGOs	<ul style="list-style-type: none"> • Advanced Major Incident Medical Management and Support (MIMMS) course • Basic MIMMS course 	Australia/England
	<ul style="list-style-type: none"> • Basic disaster life support • Advanced disaster life support 	USA
	<ul style="list-style-type: none"> • Thai Disaster Medical Assistance Team (DMAT) • Japanese DMAT 	Thailand Japan
	Public health emergency	ADPC
	General life support certification	ADPC
	Basic health emergency life supports for public (BHELP)	Japan

For Certification system and skill standard for medical personnel in disaster health management module (DAY 3 Module 4), Dr. Narain explained that this module focused on certification system and does not provide certificates for participants. This module need further clarification to avoid confusion.

Ms. Sato explained that the Project will consider the training program based on the proposed training topics by taking into consideration of availability and accessibility of training resources and consistency with the theme (some topics should be picked up in the 2nd AMS training, which will focus on team management). As for training resource(s) from Singapore, the ARCH Project will request its cooperation through ASEC. AMS members could be both training resources and trainee at the same time.

(5) Selection criteria for trainees

Mr. Senda presented the selection criteria for trainees. He insisted the expectations of the ARCH Project on trained personnel to continue to work and contribute to human resource development in disaster health management in each country.

Ms. Nakaji from JICA HQ explained that JICA expect trained personnel to use the training outcome for non-military purpose by taking into consideration the policy of Ministry of Foreign Affairs, Japan. Each AMS needs to keep in mind in selecting participants.

Then, all participants agreed on the selection criteria.

(6) Preparation for the 1st AMS training

Mr. Senda continued the session by explaining the tentative schedule of preparation for the 1st AMS training as shown in the table below.

Activities	Deadline	Focal Point
To submit “concept sheet”, which include the objective and description of proposed training topic	Feb. 10	PWG 2 member
To draft the training plan and distribute to PWG 2 members for comments/feedback	Feb. 17	ARCH Project
To send comments/feedback on the draft training plan	Mar.3	All PWG 2 members
To send official invitation to each AMS through ASEC	Mar.10	Project ASEC
To apply for the training	Apr. 14	Each member state
The 1 st AMS Training	May 22-26	ARCH Project

(7) Themes of the 2nd, 3rd and 4th AMS training

It was agreed that the themes of the following AMS training programs will be focus on the following themes;

Second AMS training: Capacity Development of Emergency Medical Team (e.g. team management, information management)

Third AMS training: Capacity Development of Government (e.g. policy and system)

Forth AMS training: To be discussed based on outputs of the regional collaboration drills and PWG 1 activities

(8) Wrap up

Dr. Narain wrapped up PWG 2 discussions. Main discussions included the detailed plan for the 1st AMS training, the selection criteria for trainees, preparation schedule and the themes of the 2nd, 3rd and 4th AMS training.

Ms.Sato informed that the ARCH Project team would finalize the plan of the 1st AMS training and share with the participants for consensus and feedback before finalization. She requested the participants to submit “concept sheet”, which include the objective and description of proposed training topic (the format will be sent to participants later). The training topics will be decided based on the concept sheet.

For the topics, the project team would work on and ask for more topics and/or other details from the participants later.

7. Joint Session (2)

(1) Output Sharing of PWG 1 and PWG 2

The Chairpersons from PWG 1 and 2 meetings shared the results of discussions in the meetings as follows:

1) PWG 1

The PWG 1 members agreed to hold an additional PWG 1 meeting from 8 to 9 May 2017 (tentative) to plan the first Regional Collaboration Drill and to discuss the draft regional collaboration tools.

The PWG 1 members agreed on the purpose, goal, targets and work plan of the following four (4) collaboration tools: 1) SOP, 2) minimum requirements, 3) health needs assessment framework and 4) database of EMTs of ASEAN. The meeting outputs of PWG1 is enclosed in Annex XXI.

2) PWG 2

The work plan was presented as 1) four (4) AMS trainings and one (1) study tour program in Japan. The first AMS training will be conducted as follows:

Theme: Human Resource Development
Schedule: 22-26 May 2017 (5 days)
Place: Bangkok, Thailand

The meeting outputs of PWG1 can be found in Annex XXII.

(2) Pre-Requisite/ Condition for Hosting of the Project Events

Ms. Keiko Nagai, Team Leader, ARCH Project, invited AMS to submit a proposal to host ARCH events by the end of February 2017. A proposal should include a venue (field/ meeting room), accommodation, equipment, personnel and conceptual design of drill, and schedule. The cost will be shared by the project on specific items such as air tickets. The proposals will be reviewed by the Project Team. The final decision on the host country will be made at the second RCC meeting in July 2017. The details is describes in Annex XXIII.

(3) Closing Remarks

The closing remarks were delivered by Dr. Jirot Sindhbananda by expressing appreciations for active participations. The meeting objectives were accomplished beyond expectation and the regional network of disaster health management was strengthened. After all, the outputs derived from this Start-Up Drill, discussions and meetings as the result of AMS effort would be good resource for future implementation of the project.

END

Annexes

Annex I:	Programme of Activities
Annex II:	List of Participants
Annex III:	Introduction to SUD
Annex IV:	SASOP
Annex V:	JOCCA
Annex VI:	WHO EMT Initiative and EMT Coordination Cell
Annex VII:	Table-top Exercise

Annex VIII: Field Exercise

Annex IX: Standard Medical Treatment Procedure in the First-aid Station in Disaster Site

Annex X: Instructions of Day3

Annex XI: AMS Summary and ASEC&AHAC Exercise Observations

Annex XII: Consolidated Matrix

Annex XIII: ARCH Overview

Annex XIV: Start-Up Drill Results

Annex XV: Overview of PWG1

Annex XVI: PWG1 SOP

Annex XVII: PWG1 Minimum Requirements

Annex XVIII: PWG1 Health Needs Assessment

Annex XIX: PWG1 EMT Database

Annex XX: PWG2 and 1st AMS Training Topics

Annex XXI: PWG1 Sharing of Outputs

Annex XXII: PWG2 Sharing of Outputs

Annex XXIII: Requirements for Hosting the Regional Collaboration Drill, Regional Coordination Meeting and Project Working Group Meetings



Project for Strengthening the ASEAN Regional
Capacity on Disaster Health Management
(ARCH Project)



Start-up Drill, and Project Working Group 1&2 Meetings

Date: 17 to 20 January 2017
Location: Bangkok (Day 1, 3 and 4) and Nonthaburi (Day 2), Thailand
Venue: Raddison Blu Plaza Bangkok (Day 1, 3 and 4) and MOPH Field (Day 2)
Participants: ASEAN Member States, ASEAN Secretariat, AHA Centre, JICA
Secretariat: The Project Team (NIEM, Thailand and JICA Experts)
MC: Ms. Sansana Limpaporn

Program (Tentative)

Day 1 to 3: Start-Up Drill

DAY 1: Tuesday, 17 January 2017

Tabletop Exercise Venue: 4 th Fl., Ballroom, Radisson Blu Plaza Bangkok Moderators: Dr. Prasit and Dr. Nakajima		
Time	Activity	Presenter
08:30 – 09:00	Registration	
09:00 – 09:10	Opening Remarks	NIEM
09:10 – 09:20	Group Photo	
09:20 – 09:40	Introduction to Start-up Drill: Concept, Purposes and Expected Outcomes	Dr. Nakajima
09:40 – 10:10	Coordination procedures for disaster response in ASEAN	AHA Centre
10:10 – 10:40	SASOP coordination (including ASEAN Joint Disaster Response Plan and EAS toolkit)	AHA Centre
10:40 – 10:50	Coffee Break	
10:50 – 11:20	Introduction of WHO EMT Initiative and EMT Coordination Cell	WHO Thailand Office
11:20 – 11:40	Introduction to table top exercise and baseline scenario and Thai domestic response. Announcement for level 4 disaster by DDPM	Dr. Prasit
11:40 – 12:30	Table-top Exercise (TTX)	Dr. Prasit
12:30 – 13:30	Lunch	
13:30 – 15:30	TTX (cont.) (incl. Coffee Break)	Dr. Prasit
15:30 – 16:00	Summary	Dr. Kai/ Dr. Koido
16:00 – 17:00	Introduction to the field exercise (DAY 2)	Dr. Nakajima Dr. Koido

DAY 2: Wednesday, 18 January 2017**Field Exercise**

Venue: Field of the Ministry of Public Health (MOPH), Nonthaburi

Time	Activity	
06:30	Departure from Hotel	
08:30 – 16:40	Field Exercise	Project Team
16:50	Departure from MOPH	
19:00 -	Reception Dinner (Start from Radisson Blu at 18:45)	Pullman Hotel (4 th Fl.)

DAY 3: Thursday, 19 January 2017**Workshop**Venue: 4th Fl., Ballroom, Radisson Blu Plaza Bangkok

Moderators: Dr. Prasit and Dr. Nakajima

Time	Activity	Presenter
09:00 – 10:30	Identify the gaps, and good practice and actions taken among the teams/individuals	Participatory discussions - By each country
10:30 – 10:45	Coffee Break	
10:45 – 12:00	Clarify the challenges from the gaps (Each country will fill out a summary sheet by using a laptop. Then, submit to the Project Team.)	Participatory discussions - By each country
12:00 – 13:00	Lunch Time (During lunch time, the Project Team will consolidate the summary sheets.)	
13:00 – 14:15	Each county presents <u>opinions and recommendations on the drill</u> for about 3-5 minutes. Comments from other related organizations such as AHA Centre, ASEC etc.	Each country
14:15 – 14:30	Coffee Break	
14:30 – 15:00	Summarize the challenges <ul style="list-style-type: none"> · Topics for PWG1 (regional collaboration tools, minimum requirements, health needs assessment) · Topics for PWG2 (AMS trainings) · Topics for discussion with the AHA Centre and ASEC 	Moderators
15:00 – 15:15	The Way Forward	Moderators
15:15 – 15:45	Conclusion	Dr. Wiwat and Dr. Kai
15:45 – 16:00	Closing Remarks	JICA Thailand

Day 4: PWG 1&2 Meetings

(1) Joint Session

Time	Agenda	Presenter
08:00 – 08:30	Registration	
08:30 – 08:40	Welcome Remarks (PWG 1 &2 joint session)	NIEM/MOPH
08:40 – 08:50	Project Overview (PWG 1&2 joint session)	Ms. Nagai
08:50 – 09:50	Inputs from Start-Up Drill (PWG 1&2 joint session)	Dr. Nakajima, Dr. Prasit
09:50 – 10:00	Group Photo (PWG 1 &2 joint session)	
10:00 – 10:15	Coffee Break	

(2) PWG 1 Meeting

Chair: Dr. Jiroth Sindhbnanda

Time	Agenda	Presenter
10:15 – 10:30	Introduction of PWG 1 Members	
10:30 – 11:00	Overview of PWG 1	Dr. Phumin
11:00 – 12:00	Regional Collaboration Tool: Standard Operating Procedures (SOP)	Ms. Yamada
12:00 – 13:00	Lunch	
13:00 – 13:50	Regional Collaboration Tool: Minimum Requirements	Ms. Yamada
13:50 – 14:40	Regional Collaboration Tool: Health Needs Assessment Framework	Ms. Kashiba
14:40 – 15:15	Regional Collaboration Tool: Emergency Medical Team (EMT) Database	Ms. Yamada
15:15 – 15:45	Wrap up and Way Forward	Chair

(3) PWG 2 Meeting

Chair: Dr. Narain Chogirosniramt

Time	Agenda	Presenter
10:15 – 10:30	Introduction of PWG 2 Members	
10:30 – 10:50	Overview of PWG 2	Dr. Narain
10:50 – 11:10	Overview of Training Programs for AMS	Ms. Sato
11:10 – 12:00	Plan of the 1 st Training for AMS Theme: <i>Human Resource Development</i> - Selection of topic, methods and training resources	Ms. Sato
12:00 – 13:00	Lunch	
13:00 – 14:00	Plan of the 1 st Training for AMS –cont'd- - Selection criteria for trainees - Preparation for the training, etc.	Mr. Senda
14:00 – 15:15	Theme of 2 nd , 3 rd and 4 th Training	Ms. Sato
15:15 – 15:45	Wrap up and Way Forward	Chair

(4) Joint Session

Time	Agenda	Presenter
15:45 – 16:00	Coffee Break	
16:00 – 16:10	Sharing of the Meeting Outputs (PWG 1 &2 joint session)	Chairs of PWG 1 and 2 Meetings
16:10 – 16:20	Pre-requisites/conditions for hosting of the project events (PWG 1 & 2 joint session)	Ms. Nagai
16:20 – 16:30	Closing Remarks (PWG 1 &2 joint session)	NIEM/MOPH

List of Participants: Start-Up Drill (17-19 January 2017)

No.	Country	Name	Organization	Department	Title
1	Brunei	Dr. Linawati Haji Jumat	Ministry of Health/Raja isteri Pengiran Anak Saceha Hospital	Emergency Department	Senior Medical Officer
2	Brunei	Ms. Chiang Mei Mei	Ministry of Health	Emergency Medical Ambulance Service	Head of Paramedic
3	Brunei	Dr. Zulhilmi Abdullah	Ministry of Health	Community Health Services	Acting Specialist
4	Brunei	Dr. Lena Binti Mat Salleh	Ministry of Health	Public Services	Medical Officer
5	Brunei	Ms. Noor Hazmah Rosli	Ministry of Health		Senior Staff Nurse/Paramedic
6	Cambodia	Mr. Kol Hero	Ministry of Health	Preventive Medicine Department	Deputy Director
7	Cambodia	Mr. Kong Narith	Ministry of Health	Department of International Cooperation	Chief of ASEAN Affairs Bureau
8	Cambodia	Mr. Seng Heng	Ministry of Health	Communicable Disease Control Department	Chief of Surveillance Bureau
9	Cambodia	Mr. Huy Meng Hut	Ministry of Health	Department of International Cooperation	Officer
10	Cambodia	Mr. Keat Kim Lean	Ministry of Health	Department Hospital Services	Officer
11	Indonesia	Dr. Arifin Sudirman Maraudin	Ministry of Health		Senior Health Administrator
12	Indonesia	Dr. Yuddy Imowanto	Dr. Saiful Anwar General Hospital/ Brawijaya University	Emergency Dept./ Med. Fac.	
13	Indonesia	Dr. Aurick Yudha Nagara	Dr. Saiful Anwar General Hospital/ Brawijaya University	Emergency Dept./ Med. Fac.	
14	Indonesia	Mr. Didik Subagio	Dr. Saiful Anwar General Hospital/ Brawijaya University	Emergency Dept./ Med. Fac.	Emergency Nurse
15	Indonesia	Mr. Ramelan	Dr. Saiful Anwar General Hospital/ Brawijaya University	Emergency Dept./ Med. Fac.	Emergency Nurse
16	Lao PDR	Dr. Phisith Phoutsavath	Ministry of Health	Department of Health Care	Deputy Director
17	Lao PDR	Ms. Soudvilay Souksakhone	Mittaphab Hospital	Emergency Nurse	Emergency Nurse
18	Lao PDR	Ms. Homkay Latsavong	Mittaphab Hospital		Emergency Nurse
19	Lao PDR	Ms. Pathoumphone Sitaphone	Ministry of Health	Cabinet	
20	Lao PDR	Dr. Bouasone Bounta	Mahosot Hospital	Emergency Department	Head of Department
21	Malaysia	Dr. Rosemawati Ariffin	Ministry of Health	Disaster and Outbreak Sector, Disease Control Division	Public Health Physician
22	Malaysia	Dr. Alia Ain Ashaari Binti Abdul Aziz	Shah Alam Hospital, Selangor	Emergency and Trauma Department	Medical Officer
23	Malaysia	Mr. Arun a/l Adi	Kuala Lumpur Hospital	Emergency and Trauma Department	Assistant Medical Officer

No.	Country	Name	Organization	Department	Title
24	Malaysia	Mr. Vasanthan a/l Raja Mogan	Sungai Buloh Hospital, Selangor	Emergency and Trauma Department	Staff Nurse
25	Malaysia	Mr. Nik Riduan Bin Nik Lah	Sultanah Bahiyah, Kedah	Emergency and Trauma Department	Assistant Medical Officer
26	Philippines	Ms. Janice Feliciano	Department of Health	Health Emergency Management Bureau (HEMB)	Nutritionist-Dietitian V
27	Philippines	Dr. Giovanni Pado Gimena	Department of Health	Region V Health Office	HEM Coordinator
28	Philippines	Mr. Eric John Capito	Dr. Jose N. Rodriguez Memorial Hospital		HEM Coordinator
29	Philippines	Dr. Donnabelle Quindipan	Department of Health	Region VI Health Office	HEM Coordinator
30	Philippines	Ms. Rosanna Rosell	Department of Health	Region III Health Office	HEM Coordinator
31	Thailand	Dr. Kitpong Sunchatwirul	Ministry of Public Health	Bureau of Public Health Emergency Response	Director
32	Thailand	Dr. Jirod Sindhvananda	Ministry of Public Health	Office of Permanent Secretary	Senior Advisor
33	Thailand	Dr. Boriboon Chenthanakij	Thai College of Emergency Physician		Member
34	Thailand	Dr. Narain Chotirosniramit	Chiang Mai University	Emergency Medicine Department, Faculty of Medicine	Head of Department
35	Thailand	Dr. Rattapong Burivong	Phra-nakon Sri Ayutthaya Hospital		Emergency Physician
36	Thailand	Dr. Rattrawee Pattanarattanamolee	Khon Kaen Hospital		Emergency Physician
37	Thailand	Dr. Jirapong Supasaovapak	Rajavithi Hospital		Emergency Physician
38	Viet Nam	Dr. Nguyen Hoang Long	Viet Duc Hospital	Department of Spinal Surgery	Deputy Director
39	Viet Nam	Mr. Pham The Thach	Bach Mai Hospital	Department of Intensive Care	Doctor
40	Viet Nam	Mr. Nguyen Duy Hieu	Viet Duc Hospital		Nurse
41	Viet Nam	Mr. Bui Quang Han	Bach Mai Hospital		Nurse
42	Viet Nam	Mr. Ngo Manh Cuong	Bach Mai Hospital		Nurse
43	AHA Centre	Mr. Arnel Capule Capili	AHA Centre		Director of Operations
44	AHA Centre	Ms. Agustina Tnunay	AHA Centre		Preparedness and Response Officer
45	ASEC	Ms. Jennifer Frances de la Rosa	ASEAN Secretariat	Health Division	Senior Officer
46	ASEC	Mr. Jim Catampongan	ASEAN Secretariat	Health Division	Senior Officer
47	ASEC	Ms. Pimvadee Keaokiriya	ASEAN Secretariat	Disaster Management & Humanitarian Assistance	Senior Officer
48	ASEC	Ms. Intani Nur Kusuma	ASEAN Secretariat	Disaster Management & Humanitarian Assistance	Technical Officer
49	Thailand	Dr. Suriya Wongkongkathep			Former Deputy Secretary General of MOPH, Former Chair of SOMHD

No.	Country	Name	Organization	Department	Title
50	Thailand	Dr. Wiwat Seetamanotch	National Institute of Emergency Medicine (NIEM)		Executive Advisor to Board
51	Thailand	Dr. Anuchar Sethasathien	NIEM		Secretary General
52	Thailand	Ms. Ananya Punkunawat	NIEM		
53	Thailand	Dr. Phumin Silapunt	NIEM		Deputy Secretary General
54	Thailand	Ms. Sansana Limpaporn	NIEM		Secretary of Dr. Phumin Silapunt
55	Thailand	Ms. Kittima Yuddhasaraprasiddhi	NIEM	Bureau of Emergency Medical Coordination and Alliance Relation	Section Chief
56	Thailand	Ms. Chadarat Kerdrien	NIEM		
57	Thailand	Ms. Nuanchan Runkun	NIEM		
58	Thailand	Ms. Pornthida Yampayonta	NIEM	Bureau of Academic Affairs and Quality Management	Section Chief
59	Thailand	Ms. Pinsawat Sukhayuvana	NIEM		Translator/Coordinator
60	Thailand	Ms. Dangfun Promkhum	NIEM		Coordinator
61	Thailand	Mr. Surachai Silawan	NIEM		
62	Thailand	Dr. Prasit Wuthisuthimethawee	Prince of Songkla University		
63	Thailand	Dr. Navin Surapakdee	Vajira Hospital		
64	Thailand	Dr. Rapeeporn Rojsaengeoen	Vajira Hospital		
65	Thailand	Dr. Gawin Tiyawat	Vajira Hospital		
66	Thailand	Dr. Wuttichai Suraadmanee	Vajira Hospital		
67	Thailand	Dr. Phudit Buaprasert	Vajira Hospital		
68	Thailand	Ms. Anuradee Romyen	Vajira Hospital		
69	Thailand	Mr. Sakshawuch Kongkaseum	Vajira Hospital		
70	Thailand	Dr. Thammaphad Piyasuwankul	Prince of Songkla University	Emergency Medicine Department	Doctor
71	Thailand	Dr. Parinya Tianwiboon	Chaingmai University	Emergency Medicine Department	Doctor
72	Thailand	Dr. Kraingsak Pintatham	Chaingrai Prachanukror Hospital		
73	Thailand	Dr. Alisa Yanasan	Lerdsin Hospital	ER	
74	Thailand	Dr. Kanin Keeratipongphaiboon	Patong Hospital, Phuket	ER	
75	Thailand	Ms. Hathairat Ransansarit	Patong Hospital, Phuket	ER	Nurse
76	Thailand	Dr. Supalerk Satthaphong	Maharaj Hospital, Nakhon Racha Srima	ER	
77	Thailand	Dr. Nopmanee Tantivesruangdet	Rajavithi Hospital, BKK	ER	Doctor
78	Thailand	Dr. Pannaratana Jantaramanee	Somdej Pra Pin Klao Hospital, BKK	ER	
79	Thailand	Dr. Lersak Leenanithikul	Vachira Hospital, Phuket		
80	Thailand	Dr. Kasemsuk Yothasamutr	Lerdsin Hospital	ER	Doctor

No.	Country	Name	Organization	Department	Title
81	Thailand	Dr. Weerasak Pongputta	Khon Kaen Hospital	ER	
82	Thailand	Mr. Park Boonnuch	Ministry of Foreign Affairs	ASEAN Division	Second Secretary
83	Thailand	Mr. Arun Pinta	Department of Disaster Prevention and Mitigation (DDPM)		
84	Thailand	Ms. Saowaluk Thummak	DDPM	Kuakarun Faculty of Nursing	
85	Thailand	Dr. Richard Brown	WHO Thailand Office		Programme Officer
86	Thailand	Ms. Aunyawon Thavinkaew	WHO Thailand Office		
87	Thailand	Mr. Amnuay Simarat	AMRD, RTA (Observer)		LTC
88	Japan	Dr. Tatsuro Kai	Japanese Advisory Committee	Senri Critical Care Medical Center, Saiseikai Senri Hospital	Senior Advisor
89	Japan	Dr. Yuichi Koido	Japanese Advisory Committee	National Disaster Medical Center	Director
90	Japan	Dr. Satoshi Yamanouchi	Japanese Advisory Committee	Emergency Center, Osaki Citizen Hospital	Director
91	Japan	Dr. Tomoaki Natsukawa	Japanese Advisory Committee	Senri Critical Care Medical Center, Saiseikai Senri Hospital	Chief Physician
92	Japan	Mr. Yosuke Takada	Japanese Advisory Committee	Disaster Reduction and Human Renovation Institution	Researcher
93	Japan	Ms. Eiko Yamada	Japanese Advisory Committee	Tokyo Healthcare University	Lecturer
94	Japan	Dr. Eiichi Sato	Japan Disaster Relief (JDR) Team	Center for Disaster Medicine and Education, Niigata University Faculty of Medicine	Associate Professor
95	Japan	Dr. Jiro Oba	Japan Disaster Relief (JDR) Team	Senri Critical Care Medical Center, Saiseikai Senri Hospital	Chief Physician
96	Japan	Dr. Toru Yoneda	Japan Disaster Relief (JDR) Team	Japan Community Health Care Organization (JCHO), Kyushu Hospital	
97	Japan	Dr. Soichiro Kai	Japan Disaster Relief (JDR) Team	Hyogo Emergency Medical Center	
98	Japan	Ms. Hiromi Nishibayashi	Japan Disaster Relief (JDR) Team	Shirahigebashi Hospital, Hakuho Group	
99	Japan	Ms. Hanako Ogawa	Japan Disaster Relief (JDR) Team	Kobe City Medical Center General Hospital, Kobe City Hospital Organization	
100	Japan	Mr. Takuya Saito	Japan Disaster Relief (JDR) Team	Nikko Memorial Hospital	
101	Japan	Ms. Kyoko Taguchi	Japan Disaster Relief (JDR) Team		
102	Japan	Mr. Hideaki Yamazaki	Japan Disaster Relief (JDR) Team	Tsukuba Medical Center Hospital	

No.	Country	Name	Organization	Department	Title
103	Japan	Mr. Masashi Morizane	Japan Disaster Relief (JDR) Team	Saiseikai Yokohama Tobu Hospital	Chief
104	Japan	Dr. Tatsuhiko Kubo	Japan Disaster Relief (JDR) Team	University of Occupational and Environmental Health	Assistant Professor
105	Japan	Ms. Akiko Sanada	JICA Headquarters	Infrastructure and Peacebuilding Department	Acting Director
106	Japan	Ms. Junko Nakaji	JICA Headquarters	Infrastructure and Peacebuilding Department	Special Advisor
107	Japan	Mr. Shota Suzuki	JICA Headquarters	Secretariat of Japan Disaster Relief Team	Emergency Relief Officer
108	Indonesia	Mr. Shuichi Hirayama	JICA Indonesia Office		Project Formulation Advisor (ASEAN Partnership)
109	Thailand	Mr. Hiroo Tanaka	JICA Thailand Office		Chief Representative
110	Thailand	Mr. Masanori Takenaka	JICA Thailand Office		Senior Program Officer
111	Japan	Ms. Keiko Nagai	ARCH Project Team		Team Leader
112	Japan	Dr. Yasushi Nakajima	ARCH Project Team		Disaster Health Management
113	Japan	Ms. Junko Sato	ARCH Project Team		Capacity Development Planning (1)
114	Japan	Ms. Junko Yamada	ARCH Project Team		Regional Collaboration Tools Development (1)
115	Japan	Ms. Yumiko Kashiba	ARCH Project Team		Regional Collaboration Tools Development (2)
116	Japan	Mr. Takashi Senda	ARCH Project Team		Capacity Development Planning (2)
117	Japan	Ms. Masako Tani	ARCH Project Team		Regional Collaboration Drills
118	Japan	Ms. Mami Wakabayashi	ARCH Project Team		Project Coordinator
119	Thailand	Ms. Sukrita Tangkunapipat	ARCH Project Team		Project Secretary
120	Thailand	Ms. Silsupa Wiwatwicha	ARCH Project Team		Project Staff
121	Thailand	Ms. Thita Orn-in	ARCH Project Team		Assistant
122	Thailand	Ms. Thanchanok Thamjaraswong	ARCH Project Team		Photographer

List of Participants: 1st Project Working Group (PWG) 1 Meeting (20 January 2017)

No.	Country	Name	Organization	Department	Title
PWG 1 Member					
1	Brunei	Dr. Linawati Haji Jumat	Ministry of Health	Emergency Department	Senior Medical Officer
2	Brunei	Mr. Mohammad Sabri Haji Anuar	Ministry of Health		Head of Operation Services
3	Cambodia	Mr. Kol Hero	Ministry of Health	Preventive Medicine Department	Deputy Director
4	Cambodia	Ms. Lak Muy Seang	Ministry of Health	Preventive Medicine Department	Vice Chief
5	Indonesia	Dr. Arifin Sudirman Maraudin	Ministry of Health	Health Crisis Center	Senior Health Administrator
6	Indonesia	Ms. Endah Febri Lestari	Ministry of Health	Health Crisis Center	Health Planner
7	Lao PDR	Dr. Phisith Phoutsavath	Ministry of Health	Department of Health Care	Deputy Director
8	Lao PDR	Dr. Vangnakhone Dittaphong	Mittaphab Hospital	Emergency Department	Head of Department
9	Malaysia	Dr. Rosemawati Ariffin	Ministry of Health	Disease Control Division, Disaster and Outbreak Sector	Public Health Physician
10	Malaysia	Dr. Zainal Effendy Bin Zainal Abidin	Sultan Abdul Halim Hospital	Emergency and Trauma Department	Medical Doctor
11	Philippines	Ms. Janice Feliciano	Department of Health (DOH)	Health Emergency Management Bureau	Nutritionist Dietitian V
12	Philippines	Dr. Rosa Maria Rempillo	DOH-Region V		HEM Coordinator
13	Thailand	Dr. Jirots Sindhvananda	Ministry of Health	Office of Permanent Secretary	Senior Advisor
14	Viet Nam	Dr. Nguyen Hoang Long	Vet Duc Hospital	Department of Spinal Surgery	Deputy Director
15	Viet Nam	Dr. Nguyen Cong Sinh	Ministry of Health	Department of Planning and Finance	Deputy Director
16	ASEC	Mr. Jim Catampongan	ASEAN Secretariat	Health Division	Senior Officer
17	AHA Centre	Mr. Arnel Capule Capili	AHA Centre		Director of Operations
18	Japanese Advisory Committee	Dr. Tomoaki Natsukawa	Senri Critical Care Medical Center		Chief Physician
19	Japanese Advisory Committee	Mr. Yosuke Takada	Disaster Reduction and Human Renovation Institution		Researcher
20	Japanese Advisory Committee	Dr. Tatsuro Kai	Senri Critical Care Medical Center		Senior Advisor
21	Japanese Advisory Committee	Dr. Yuichi Koido	National Disaster Medical Center		Director
Project Team					
22	Thailand	Dr. Phumin Silapunt	NIEM		Deputy Secretary General
23	Thailand	Dr. Prasit Wuthisuthimethawee	Prince of Songkla University/ NIEM		

24	Thailand	Dr. Wiwat Seetamanotch	NIEM		Executive Advisor to Board
25	Thailand	Ms. Sansana Limpaporn	NIEM		Secretary of Dr. Phumin
26	Thailand	Ms. Kittima Yuddhasaraprasiddhi	NIEM	Bureau of Emergency Medical Coordination and Alliance Relation	Section Chief
27	Japan	Ms. Junko Yamada	ARCH Project Team		Regional Collaboration Tools Development (1)
28	Japan	Ms. Yumiko Kashiba	ARCH Project Team		Regional Collaboration Tools Development (2)
29	Japan	Dr. Yasushi Nakajima	ARCH Project Team		Disaster Health Management
30	Japan	Ms. Masako Tani	ARCH Project Team		Regional Collaboration Drills
Observer					
31	ASEC	Ms. Pimvadee Keaokiriya	ASEAN Secretariat	Disaster Management & Humanitarian Assistance	Senior Officer
32	Thailand	Mr. Park Boonnuch	Ministry of Foreign Affairs	ASEAN Division	Second Secretary
33	Thailand	Dr. Suriya Wongkongkathep			Former Deputy Secretary General of MOPH, Former Chair of SOMHD
34	Thailand	Dr. Thammaphad Piyasuwanikul	Prince of Songkla University	Department of Emergency Medicine	Emergency Physician
35	Thailand	Dr. Alisa Yanasan	Lerdsin Hospital		Emergency Physician
36	Thailand	Dr. Kasemsuk Yothasamutr	Lerdsin Hospital		Emergency Physician
37	JICA	Ms. Akiko Sanada	JICA Headquarters	Infrastructure and Peacebuilding Department	Acting Director
38	JICA	Mr. Shuichi Hirayama	JICA Indonesia Office		Project Formulation Advisor (ASEAN Partnership)

List of Participants: 1st Project Working Group (PWG) 2 Meeting (20 January 2017)

No.	Country	Name	Organization	Department	Title
PWG 2 Member					
1	Brunei	Dr. Mohammad Ady Adillah Bin Ahmad	Saceha Hospital		Deputy Medical Superintendent
2	Brunei	Ms. Chiang Mei Mei	Ministry of Health	Emergency Medical Ambulance Service	Head of Paramedic
3	Cambodia	Mr. Phom Samsong	Ministry of Health	Human Resource Development Department	Deputy Director
4	Cambodia	Mr. Bun Sriv	Ministry of Health	Preventive Medicine Department	
5	Indonesia	Dr. Ari Prasetyadjati	Saiful Anwar General Hospital		Emergency Specialist
6	Indonesia	Ms. Shinta Rahmawati	Ministry of Health	Center for Health Crisis Management	Health Administrator
7	Lao PDR	Dr. Lavanh Vongsavanthong	Ministry of Health	Department of Healthcare	Deputy Director of Division
8	Lao PDR	Dr. Khamsay Detleuxay	Mahosot Hospital		Deputy Chief of Adult ICU
9	Malaysia	Dr. Kasuadi Bin Hussin	Ministry of Health	Medical Development	Emergency Service Unit
10	Malaysia	Dr. Khairi Bin Kassim	Ministry of Health		Emergency Physician
11	Philippines	Dr. Noel Manaois	Region1 Medical center		HEMS Coordinator
12	Philippines	Ms. Florinda Panlilio		Health Emergency Management Bureau	Supervising Health Program Officer
13	Thailand	Dr. Boriboon Chenthanakij	Thai College of Emergency Physician		
14	Thailand	Dr. Navin Surapakdee	Vajira Hospital		
15	Thailand	Dr. Narain Chotirosniramit	Chiang Mai University	Emergency Medicine Department	Head of Department
16	Viet Nam	Dr. Nguyen Nhu Lam	Institute of Burns		Deputy Director
17	Viet Nam	Dr. Nguyen Thi Thuy Hang	Ministry of Health	Department of Planning and Finance	Senior Officer
18	Japanese Advisory Committee	Dr. Satoshi Yamanouchi	Emergency Center, Osaki Citizen Hospital		Director
19	Japanese Advisory Committee	Ms. Eiko Yamada	Tokyo Healthcare University		Lecturer
Project Team					
20	Thailand	Ms. Pornthida Yampayonta	NIEM	Bureau of Academic Affairs and Quality Management	Section Chief
21	Thailand	Ms. Pinsawat Sukhayuvana	NIEM		Translator/Coordinator
22	Japan	Ms. Keiko Nagai	ARCH Project Team		Team Leader

23	Japan	Ms. Junko Sato	ARCH Project Team		Capacity Development Planning (1)
24	Japan	Mr. Takashi Senda	ARCH Project Team		Capacity Development Planning (2)
25	Japan	Ms. Mami Wakabayashi	ARCH Project Team		Project Coordinator
Observer					
26	ASEC	Ms. Jennifer Frances de la Rosa	ASEAN Secretariat	Health Division	Senior Officer
27	JICA	Ms. Junko Nakaji	JICA Headquarters	Infrastructure and Peacebuilding Department	Special advisor
28	JICA	Mr. Shota Suzuki	JICA Headquarters	Secretariat of Japan Disaster Relief Team	Emergency Relief Officer
29	Thailand	Dr. Parinya Tianwiboon	Chiang Mai University	Emergency Medicine	Doctor

Introduction to Start-up Drill

The Start-point in the project

17 January 2017

1

Regional Collaboration Drill

“One ASEAN One Response”

17 January 2017

2

Four Drills throughout the Project



17 January 2017

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Objectives of the Four Drills

1. Start-up Drill (SD)

- To identify different gaps between medical procedures provided at a hospital and in the field.
- To understand the regional coordination and collaboration tools in the health sector and to be in line with the existing mechanism / platform / tools such as the SASOP/ EAS toolkit/ WHO EMT standard.

2. Regional Collaboration Drill 1 (RCD1)

- To report the activities of each team to the MOH/EMTCC using common reporting formats.

3. Regional Collaboration Drill 2 (RCD2)

- To provide a referral between the teams using a common medical record form.

4. Regional Collaboration Drill 3 (RCD3)

- To assess the situations of affected communities using the common assessment tools.

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Participant Requisites

Each team must:

- Be an active member of the EMT.
- Have a comprehensive knowledge of the country response framework.
- Have a comprehensive knowledge of the emergency medical procedures.

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Target Audience

The individuals who participate in the drill will play the role as the EMT team leader, medical personnel including at least one medical doctor and one registered nurse (total four medical personnel).





- The team members should have a balanced level of response experience and understand the emergency medical procedures provided in a hospital and/or in a field.
- It is expected that the selected personnel become an instructor in their country.

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Identify your role

• Please put a sticker(s) on your name tag as follows;

- Team Leader Gold 
- Medical Doctor Red 
- Nurse Blue 
- Logistic Yellow 



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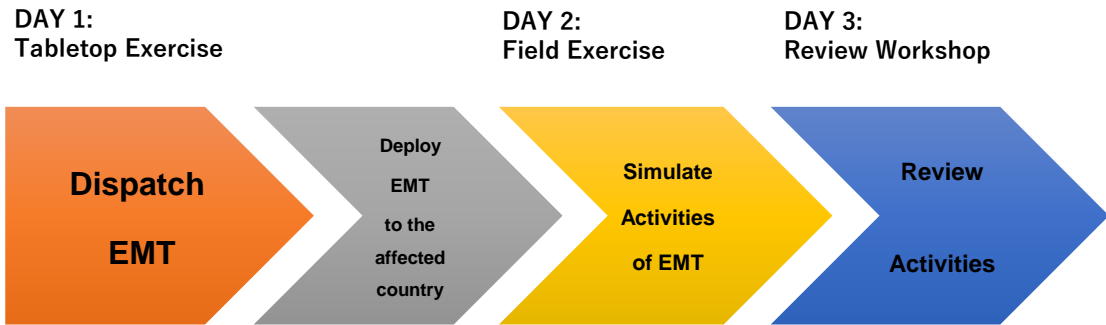
Start-up Drill

The Start-point in the project

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Drill Schedule



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DAY 1: Tabletop Exercise -Dispatch EMT

Objectives

To use the existing tools and identify gaps in each step:

1. Sharing request from the affected country
2. Decision-making on dispatching the EMT
3. Coordinating among the EMTs
4. Coordinating with the National Disaster Management Office of the affected country and the AHA Centre

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DAY 1: Tabletop Exercise –Dispatch EMT

continued

- Roles
 - One country (e.g. Thailand) will be affected by a disaster
 - Other ASEAN Member States will deploy their EMTs to Thailand
 - The AHA Centre will coordinate and facilitate with the affected country and other ASEAN Member States to dispatch EMTs
- Methods
 - Each country will discuss with each facilitators.
 - The AHA Centre will support their discussions if necessary.

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DAY 2: Field Exercises –EMT Activities

Objectives

1. Identify team management capacity
2. Identify training needs to improve medical care in treating patients and identify gaps between in a hospital and in the field on capacity of individuals/teams (how they work, treat/transfer patients, communicate with other teams/a coordinator, etc.)
3. Identify needs for developing coordination tools by referring patients and identifying gaps on coordination and coordination mechanism among teams/with the coordinator

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DAY 2: Five Stations in the Start-up Drill

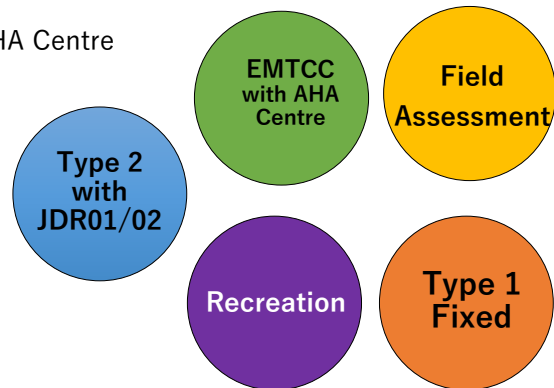
Station 1: EMTCC supported by AHA Centre

Station 2: Field Assessment

Station 3: Type 1 Fixed

Station R: Recreation

Station 4: Type 2 with Japan



17 January 2017

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Day 3: Review Workshop

Objectives

1. To identify challenges of the teams/individuals
 - Issues for minimum requirements
2. To identify challenges on team coordination and collaboration
 - Issues for strengthening regional collaboration (SASOP, AJDRP, EAS toolkit, needs for new tools/modifications, etc.)

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Methodology (A.M.)

- Participatory discussion
 - Identify the gaps among the teams/individuals
 - Clarify the challenges from the gaps and divide them into four (4) categories shown in the previous slide
 - By each country

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Team Capacity Building (Possible Topics for the AMS Trainings)	Team/Collaboration Capacity Building (ARCH Project Tools: SOP)
Personal Capacity Building (ARCH Project Tools: Minimum Requirements)	Collaboration Capacity Building (e.g. ASEAN SOPs/ WHO EMTCC Handbook)

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Methodology (P.M.)

continued

- Each county presents their opinions, recommendations etc..
- Comments from other related organizations such as AHA Centre, ASEC etc.
- Summarize the challenges
 - Topics for PWG1 (regional collaboration tools/minimum requirements)
 - Topics for PWG2 (trainings)
 - Topics for discussion with the AHA Centre and ASEC

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Learning Outcome

At the completion of this drill, the teams are expected to categorize and summarize their gaps and challenges to ensure that each country team:

- Understands gaps and challenges on an international deployment
- Understands needs of common tools for collaboration in the field
- Shares the issues in implementing regional coordination and collaboration activities

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Day1-3

Start-up Drill

Checkup Sheet

To identify the gaps among the teams/individuals

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Day1-3

Fill in the checkup sheet throughout the Start-up Drill

To identify the gaps among the teams/individuals

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Checkup Sheet

- How About X?
- What have you learned from X?
- What will you improve on the lessons learnt?

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Day1

Day 1 Table Top Exercise Checkup Sheet

To identify the gaps among the teams/individuals

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Day1

How About Table Top Exercise?

- Good points
- Points for improvements

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Day1

What have you learned from the Exercise?

- In-County Process
- International Deployment Process

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Day1

What will you improve on the lessons learnt?

Dispatching the EMT

- Sharing formal request from the affected country
- Decision-Making Process

Coordinating the EMTs

- Among the EMTs
- With the National Disaster Management Office of the affected country and the AHA Centre

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Day 2 Field Exercise Checkup Sheets

- Station 1
- Station 2
- Station 3
- Station 4

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Start-up Drill Day 3 Worksheet

Consolidate the results of Day 1 & 2:

”How About X ?” and Points for
Improvements on Lessons Learnt.

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Team Capacity Building (Possible Topics for the AMS Trainings)	Team/Collaboration Capacity Building (ARCH Project Tools: SOP)
Personal Capacity Building (ARCH Project Tools: Minimum Requirements)	Collaboration Capacity Building (e.g. ASEAN SOPs/ WHO EMTCC Handbook)

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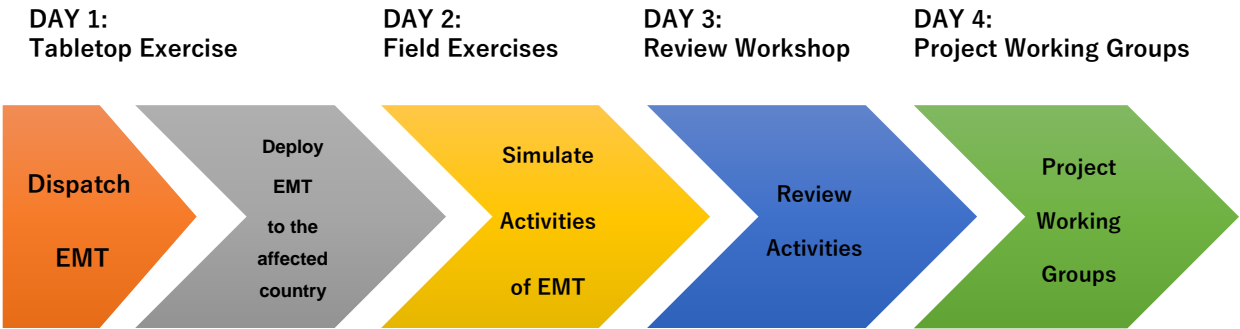
Important Point

- The Start-up Drill will initiate the discussion for PWG 1 and PWG 2. The discussion will continue in the three Regional Collaboration Drills.

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Schedule of Drill and PWG1&2



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The Project
will flourish
through the
four Drills



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SASOP

STANDARD OPERATING PROCEDURE FOR REGIONAL STANDBY ARRANGEMENT AND COORDINATION OF JOINT DISASTER RELIEF AND EMERGENCY RESPONSE OPERATIONS



One Vision, One Identity,
One Community



"One ASEAN, One Response"

ASEAN SASOP June 2015

AADMER REQUIRES THE PREPARATION ON EFFECTIVE STANDARD OPERATING PROCEDURE FOR REGIONAL STANDBY ARRANGEMENTS AND COORDINATION OF JOINT DISASTER RELIEF AND EMERGENCY RESPONSE OPERATION (SASOP)

1st Published in November 2009

Guides and templates to initiate the establishment of the ASEAN Standby Arrangements for Disaster Relief and Emergency Response

Procedures for **joint disaster relief and emergency response** operations

Procedures for the **facilitation and utilization of military and civilian assets and capacities**, (personnel, transportation and communication equipment, facilities, good and services, and the facilitation of their trans-boundary movement)



ASEAN SASOP June 2015



THE SASOP CONTAINS ESSENTIAL FORMS AND TEMPLATES THAT SERVE AS GUIDES.



Seven (7) forms as communication and information sharing protocols to include:

Situation updates, Request and Offers of Assurances, Contractual Arrangements, Status of Provisions and Final Report

Six (6) Templates containing information related to focal points and standby arrangements

Methodology for the periodic conduct of the ASEAN regional disaster emergency response simulation exercises (ARDEX) which shall test the effectiveness of this procedures

ASEAN SASOP June 2015



SASOP Updates and Recent Developments

SASOP Chapter 6

This SOP was developed by the ASEAN Defence Senior Officials Meeting (ADSOM) and endorsed by the 9th ASEAN Defence Ministers' Meeting (ADMM) on 16 March 2015 in Langkawi, Malaysia "as a constructive input for Chapter VI of SASOP in providing for a more systematic utilisation of militaries capacities in joint disaster relief operations".

SASOP Chapter 6 has been endorsed during the 29th ACDM Meeting on 11 October 2016 in Manado, Indonesia.



One ASEAN One Response

SASOP Chapter 6: Guiding Principles and Concepts

1. Respect for national sovereignty.
2. FMA remain under their own national command and control.
3. Militaries in HADR shall not carry arms or use vehicles, items and substances not compliant with laws of the Affected State.
4. Humanitarian principles should be followed.
5. Assisting States shall support purely immediate needs to avoid long term dependence on FMA.
6. Assisting States shall pave the way for civilian agencies to take over the initial critical phases of HADR.



One ASEAN One Response

The Six (6) TEMPLATES relates to the development of standby arrangements

TEMPLATE 1: Designation of National Focal Point and Competent Authorities

NATIONAL FOCAL POINT	
Name	
Designation	
Institution	
Address	
Phone/Fax	
Mobile Phone	
E-mail	



The Six (6) TEMPLATES relates to the development of standby arrangements

TEMPLATE 2: Emergency Response/Search and Rescue Directory

S/No	Key Agencies	Roles & Functions	Contact Details	Remarks



...Six (6) templates related to standby arrangements under SASOP (A Work in Progress)

VI. FACILITATION AND UTILISATION OF MILITARY ASSETS AND CAPACITIES

(being developed)

TEMPLATE 3: Military and Civilian Assets and Capacities

SNO	CATEGORY	DESCRIPTION OF ASSETS AND CAPABILITIES	QUANTITY	SPECIFICATION	RESPONSIBLE AGENCY	TERMS AND CONDITION FOR DEPLOYMENT
1	Water, Sanitation & Hygiene					
2	Shelter & Settlement					
3	Medical Equipment, Supplies & Services					
4	Transportation					
5	Communication					
6	Utilities					
7	Bulk Storage & Staging Facilities					
8	Others (please specify)					



...Six (6) templates related to standby arrangements under SASOP (A Work in Progress)

TEMPLATE 4: Emergency Stockpiles of Disaster Relief Items

S/NO	CATEGORY	DESCRIPTION OF RELIEF ITEMS	QUANTITY	SPECIFICATION	RESPONSIBLE AGENCY	TERMS AND CONDITION FOR DEPLOYMENT
A	EQUIPMENT / MATERIALS					
1	Water, Sanitation & Hygiene (water storage, purification devices, portable latrines)					
2	Shelter & Settlement (human, livestock)					
3	Medical Equipment, Supplies & Services (surgical equipment, mobile clinics, refrigerator, sterilisation)					
4	Transportation (land based vehicles)					
5	Communication (portable radio transmitters, cellular and satellite phones, radios)					
6	Utilities (power generation equipment and electrical device)					
7	Others (please specify)					
B	CONSUMABLE MATERIALS					
8	Water, Sanitation & Hygiene (drinking water, toilet supplies)					
9	Food and Nutrition (pre-packed meals, rice, sugar, milk powder)					



...Six (6) templates related to standby arrangements under SASOP (A Work in Progress)

TEMPLATE 5 : Disaster Management Expertise and Technologies

S/NO	TYPE OF EXPERTISE/ TECHNOLOGIES	CAPABILITY DESCRIPTION	RESPONSIBLE AGENCY	TERMS AND CONDITIONS FOR DEPLOYMENT
A	Disaster Management Expertise			
B	Disaster Management Technologies			



...Six (6) templates related to standby arrangements under SASOP (A Work in Progress)

TEMPLATE 6: Network of Pre-Designated Areas

DESIGNATED ENTRY POINT	OPERATIONAL FOCAL POINT
AT AIRPORT	
Airport Name:	Name:
Location/Address:	Designated:
	Address:
	Phoe/Fax:
	Mobile Phone:
	E-mail:

AT LAND CHECKPOINT	
Land checkpoint name:	Name:
Location/Address:	Designated:
	Address:
	Phoe/Fax:
	Mobile Phone:
	E-mail:

ASEAN SASOP June 2015



The SASOP Templates would be modified in line with The 8 Modules of ASEAN Joint Disaster Response Plan AJDRP

AJDRP

Speed, Scale, and Solidarity for a Collective ASEAN Response

Module 1.
Minimize loss of life,
injury and property
loss and damage

Module 2.
Access to quality
Water, Sanitation,
and Hygiene services

Module 3.
Health and
medical services

Module 4.
Provision of life-
saving food
assistance

Module 5.
Distribution of
essential Shelter and
Non Food Items

Module 6.
Early recovery and
critical infrastructure
restoration

Module 7.
Support for
Humanitarian
Operations and
Logistics

Module 8.
Mobilisation of
humanitarian
professional, with
specialised expertise



One ASEAN One Response

And.. the AHA Centre is also tasked to perform most of the aspects under SASOP

NOTIFICATION OF DISASTER

- **The AHA Centre** to analyse the initial report and notify other Party/Entity of the disaster
- **The AHA Centre** to analyse each Situation Report and immediately notify the other party /entity of the significant developments (a) periodically or (b) by 10:00 am (Jakarta time)

REQUEST FOR ASSISTANCE

- **The AHA Centre** to forward the request to other party/entity
- **The AHA Centre** will explore other possible assistance

OFFER OF ASSISTANCE

The AHA Centre to forward the offer to the receiving Party

DISASTER SITUATION UPDATE

The AHA Centre to receive report within 24 to 48 hours of arrival of assistance at disaster site

JOINT ASSESSMENT OF REQUIRED ASSISTANCE

- **The AHA Centre** to facilitate mobilisation of ERAT
- **The AHA Centre** to receive updates on any plans and findings of joint assessment
- **The AHA Centre** to receive copy of the Contractual Agreement for Assistance

MOBILISATION OF ASSETS AND CAPACITIES

The AHA Centre to facilitate the processing of exemption for provision of assistance and facilities , transit of personnel and equipment

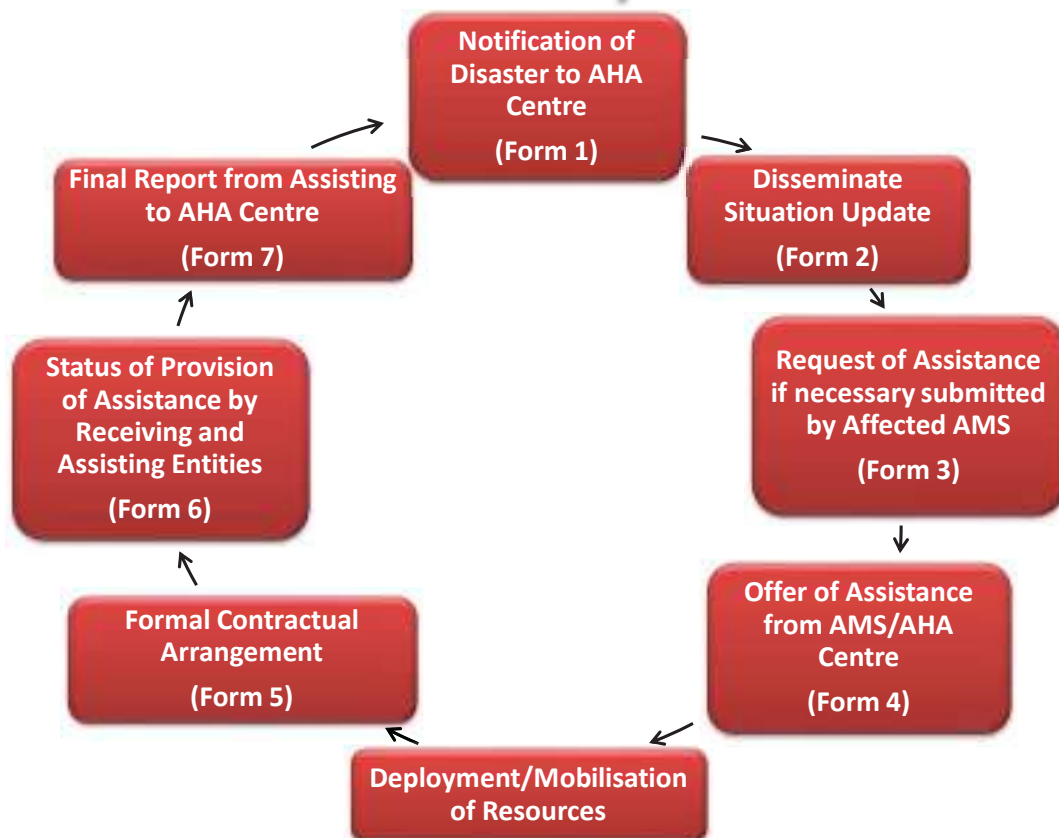
DEMOBILISATION OF ASSISTANCE AND REPORTING

The AHA Centre to receive and update of this development

The AHA Centre to be received within 2 weeks of departure from the affected country



SASOP Forms General Cycle



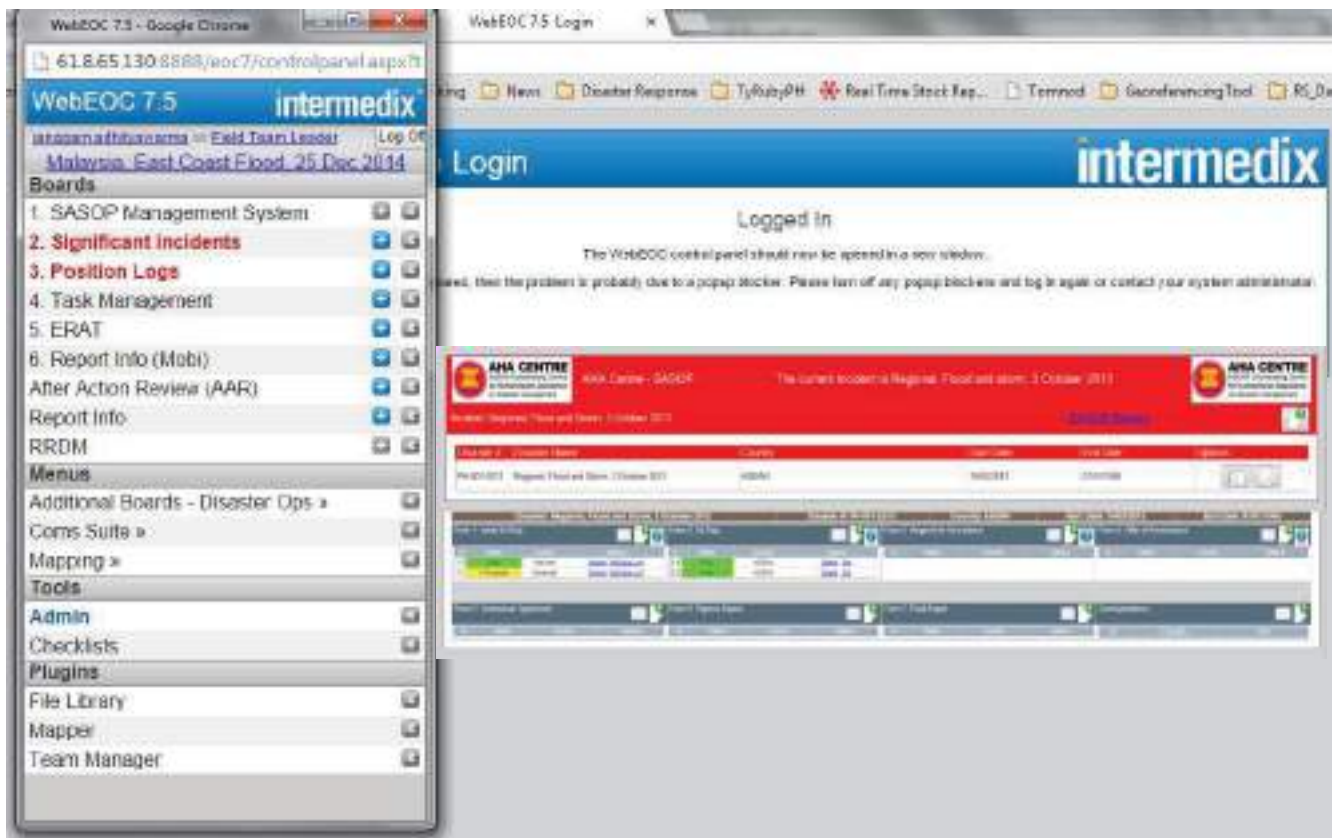
AHA Centre will share and disseminate information on disaster emergency situation upon receipt of information from Affected ASEAN Member States or proactively collect the information to National Disaster Management Offices (NDMOs) of ASEAN Member States

Using **SASOP Form 2**
By email and WebEOC



ASEAN SASOP June 2015

...SASOP Forms can be filled and accessed by ASEAN Member States through ASEAN WebEOC



ASEAN SASOP June 2015

...Situation updates from Affected ASEAN Member State were issued through SASOP Form 1 to AHA Centre

FORM 1
INITIAL REPORT / SITUATION UPDATE NO 1.
TO AHA CENTRE

1. General Information

Office Reference Number:
From: Vilayphone SISOMVANG, Director of National Disaster Management Office Lao PDR
To: AHA Centre
Day/Date/Time: June to August 2013
Disaster Event Name/Location(s): Flash Flood and Flooding in Oudomxay, Xayabouly, Bolikhamxay, Khammuan, Xiengkhuang and Vientiane Province

2. Submitting Authority

National Focal Point
Name: Vilayphone SISOMVANG
Designation: Director
Institution: National Disaster Management Office
Address: Panathong Road, P.O. BOX 347, Vientiane, Lao PDR
Phone/Fax: 8562185
Email: vilayphone@yahoo.com

3. General Description of Disaster Event (Please state briefly the type(s) of hazard, the specific location(s), date, time and duration of impact, and the factors or circumstances that triggered or brought about the disaster event.)

Due to the continuous heavy rainfall causes by the climate change during June to August and the influences of the JEBI storm and Madagascan storm that blown off Laos in early August, many provinces in the Northern and Central part of Laos (Oudomxay, Xayabouly, Bolikhamxay, Khammuan, Xiengkhuang and Vientiane Province) 369 villages, 26 Districts have been adversely affected by flooding.

ASEAN SASOP June 2015



...Situation updates were issued through SASOP Form 2 for Emergency Situation by AHA Centre to ASEAN Member States

FORM 2
SITUATION UPDATE NO. 22
OF AHA CENTRE TO THE NATIONAL FOCAL POINTS

1. General Information

Office Reference Number: P2022A/HA/PHL_2012-2013
From: AHA CENTRE
To: ACCM/FOCAL POINTS
Day/Date/Time: Thursday 27/12/2012 16:00, Jakarta Time
Disaster Event Name/Location(s): Tropical Cyclone (Typhoon) / Philippines

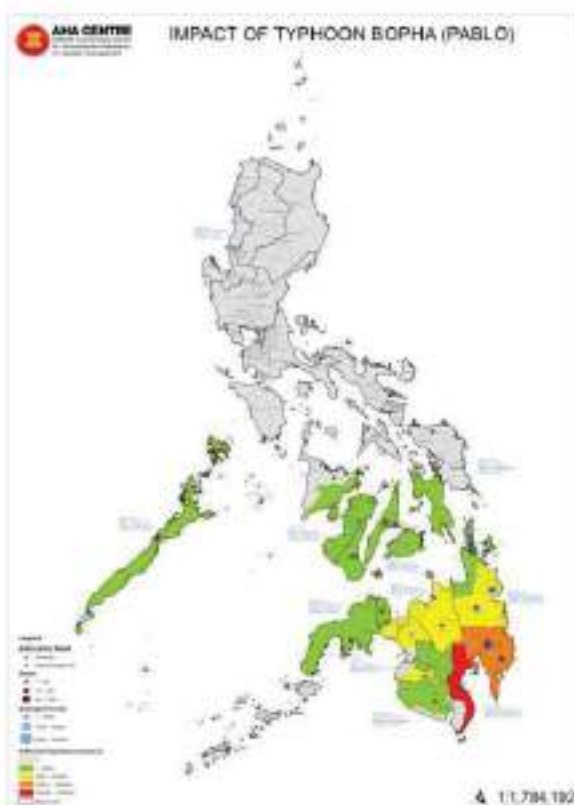
2. Summary of Disaster Event (Please state briefly the type(s) of hazard, the specific location(s), date, time and duration of impact, the factors or circumstances that triggered or brought about the disaster event, and the general extent of losses.)

The Typhoon Pablo (BOPHA), as expected, has entered the Philippines area on 5 December 2012. The Philippines Atmospheric, Geophysical and Astronomical Services Administration (PAGASA) in its weather bulletin no.3 issued at 5:00 AM, 5 December 2012, noted the position of the typhoon Pablo at 700 km Southeast of Iloilo, Siquido del Sur with a maximum sustained wind of 175 kph near the centre and gustiness of up to 210 kph. It was estimated to move outside the Philippine Area of Responsibility (PAGASA weather bulletin no.13, 5 December 2012). On 5 December, currently Typhoon Pablo has weakened into a Low Pressure Area.

Based on the National Disaster Risk Reduction and Management Council (NDRRMC) situation report no.38, the incident has affected 6,843,968 persons in 34 cities in 40 provinces of Region IV-B, V, VII, IX, X, XI, XII and CARAGA.

Death	Damaged Houses	Estimated Loss
1067	216,817	US\$ 899 million

4 1:1 794,192



ASEAN SASOP June 2015



2. Assessment of Disaster Impact

- 17 death.
- 2,178 families or 8,468 population were displaced at the evacuation centres in 4 different States namely: Pahang, Kelantan, Perak and Johor. Most of the displaced persons came from Pahang.
- It is estimated that 3,840 houses damaged.
- Most roads are accessible.



...Established formal *Contractual Arrangement* using *SASOP Form 5*



7. Funding Arrangements (Please describe funding arrangements for the assistance)

If needed, AHA Centre can support the transportation from the entry point to the designated storage space or to the distribution points at the affected sites determined by the MRSC

8. Others (Please include other details that do not fall into the above categories)

9. Contact Person (Please indicate Contact Person that will be in-charge of the overall operation as well as personnel, equipment and materials)

Receiving Party:	Assisting Entity:
Name: Ogo Salim bin Omar	Name: Said Faisal
Designation: Deputy Secretary	Designation: Executive Director
Institution: National Security Council (MRSC)	Institution: AHA Centre
Address: Prime Minister's Department, 2 Level, West Wing, Perdana Putra Bldg, 62502 Putrajaya, Malaysia	Address: BSBPT 1st Building, 17th Floor, J. MH Thamrin No 8, Jakarta 10340
Contact Number: (603) 888 8888	Office Phone: + 62 21 214 1540
Facsimile: (603) 888 8888	Facsimile: + 62 21 319 28188
Mobile Phone: (603) 888 8888	Mobile Phone: + 62 811 1394 734

Form 5 is signed by both Parties

ASEAN SASOP June 2015

THANK YOU

Janggam Adhityawarma
Janggam.adhityawarma@ahacentre.org
 +6281380248892





DRAFT of JOCCA Concept

JOCCA

Joint Operations and Coordination Centre of ASEAN



DRAFT of JOCCA Concept

Background

1. AHA Centre mandates based on AADMER
2. Tools to support On-site operations, SASOP Chapter V.
3. Lessons Learnt from Typhoon Haiyan: Enhancing the AHA Centre coordination role in facilitating collective response of ASEAN
4. To ensure the effective implementation of One ASEAN One response



ONE ASEAN  ONE RESPONSE

Concept

1. On-site coordination system to enhance ASEAN collective response during large scale disaster emergency
2. Provide direct coordination interface between ASEAN responders to with LEMA of the affected country.
3. In the spirit of solidarity and collective response, JOCCA is a functional symbol of the home of ASEAN on the ground.




ONE ASEAN  ONE RESPONSE

Objective

1. To support the NDMO/LEMA of the affected Member State to establish an on-site coordination system
2. To establish a physical space as a single point of service for state actors, civil society organisations, private sectors and other ASEAN responders
3. To establish coordination interface at the ground level with relevant United Nations and other international organisations including civil and military coordination.



ONE ASEAN  ONE RESPONSE



Principles

1. Pursuant to AADMER, JOCCA will be established based on the consent of the NDMO
2. JOCCA is to support NDMO and working under the leadership of NDMO.
3. Inclusive Coordination
4. JOCCA operations shall be dynamic and flexible allowing it to adapt to national or local mechanism and respecting existing mandates and structures
5. JOCCA is a living concept that can be updated based on lessons learnt from disaster experience or relevant exercise

ONE ASEAN  ONE RESPONSE

JOCCA Services

1. Situation update and maps
2. Briefing on the response priorities of the affected government (urgent needs and gaps)
3. Arrival and departure of ASEAN response teams and relief items
4. Who is doing what, where , when and how
5. Information on logistical aspects (entry points, flight arrivals and departures, transportations, accommodations, operational supports, etc.)
6. Emergency telecommunication
7. Information on safety and security aspects
8. Collaboration and coordination space



ONE ASEAN  ONE RESPONSE

JOCCA Activation

Whenever possible, the JOCCA should be co-located with the LEMA

JOCCA Activation

- Large scale disaster emergency in the ASEAN region, and
- With the consent from the National Disaster Management Office (NDMO) of the affected country

JOCCA De-activation

- JOCCA will be de-activated based on:
- Guidance from NDMO; or
- On-site coordination is no longer required

ONE ASEAN  ONE RESPONSE

JOCCA Operations

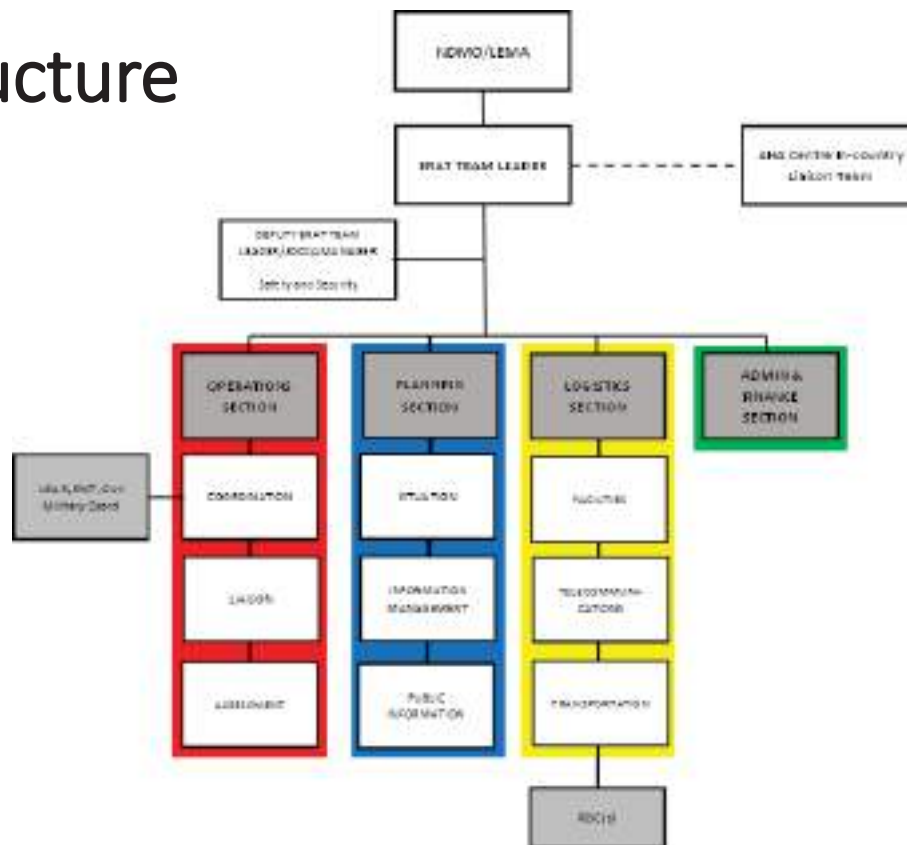
DRAFT of JOCCA Concept

1. ToR of JOCCA is developed in coordination between AHA Centre, ASEAN-ERAT Team Leader and the NDMO of the affected Member State
2. Reception and Departure Centre (RDC)
3. When the UN-OSOCC is established, JOCCA will link with the UN-OSOCC in providing coordination interface between ASEAN with the UN System and other relevant international organisations.
4. Liaise with the military coordination centre established by the government of the affected country to facilitate information exchange between civil-military response in producing a common operational picture to address challenge and gaps.



ONE ASEAN  ONE RESPONSE

Structure



ONE ASEAN  ONE RESPONSE

JOCCA Staffing

- ASEAN-ERAT,
- AHA Centre, and
- Surge capacity from ASEAN (State and Non-State)



ONE ASEAN  ONE RESPONSE

Facilities

Functional Space

1. Working space for JOCCA Staff
2. Meeting space for coordination, briefing and collaboration
3. Information display board for 3W information, situation map, etc.

Operational support module

1. Inflatable tents
2. Power generator
3. Information Communication Technology kits (office equipment, satellite based communication equipment)





WHO EMT Initiative and EMT Coordination Cell

Start-up Drill

Project for Strengthening the ASEAN Regional Capacity
on Disaster Health Management (ARCH Project)

Rick Brown
WHO Thailand

What this presentation will cover

- WHO EMT Initiative
- EMT CC
- Global Health Emergency Workforce



EMT Coordination Cell: Background

- *Steps / timeline of deployment for a disaster...*
 - Disaster strikes
 - Team is mobilised, packs and is deployed
 - Arrival
 - Location assigned
 - Move to location
 - Treatment of patients
 - Regular monitoring and reporting
 - Handing over
 - Departure...

EMT Coordination Cell

- Because early treatment is critical (especially for surgical cases presenting after a natural disaster), how can we ensure that a team will a.] match an identified need, and b.] arrive at it's destination and start working as soon as possible??

EMT Coordination Cell

- Aims to set up an EMT Coordination Cell within the Health Emergency Operations Centre and emergency management structure of an affected government
- Relatively new concept: built on OCHA mechanisms to coordinate search and rescue / other types of rapid response team that arrive within hours to a disaster zone
- Most important functions are to accept, register, quality assure and task EMTs

EMT Coordination: 3 Options

1. The government of an affected country has a mechanism in place for EMT coordination at their own Emergency Operations Centre
2. If the government of an affected country does not already have such a mechanism in place, it will be supported to create a Reception and Departure Centre and an EMT Coordination Cell with the support of WHO and the UN Office for the coordination of Humanitarian Affairs (OCHA) and partner agreements
3. EMTs are grouped in a sub-cluster under WHO coordination

Order of preference



Global Health Emergency Workforce

- Ministries of Health and governments need skilled managers and an emergency management system
- First priority is development of national capacity and deployment of national response teams with clinical and public health expertise
- They need to understand what is available from neighbours who might offer help, and from regional / global networks

Global Health Emergency Workforce

- Can include
 - EMTs & Public Health Rapid Response teams (Governmental and NGOs)
 - Staff and experts from WHO and the UN
 - Expert networks (clinical, IPC)
 - Experts from GOARN (epidemiologists, lab, communications, logisticians etc...)
- All these 'entities' make up the Global Health Emergency Workforce
- Countries need to understand what support is available and the mechanisms for deployment



Summary

- The EMT initiative provides clinical care during emergencies that has been structured, standardized and aligned with a set of overarching principles
- EMTs need to be trained to respond quickly when disasters and emergencies strike
- All parties need to know where EMTs are required and how quickly
- EMT deployment needs management and coordination
- National and regional focus of the initiative helps to build capacity and national / regional self-sufficiency
 - Responders acting domestically or regionally have a better understanding of local culture, context and language



Thank you!

Any questions..?

ARCH project

Table top exercise

Project for Strengthening the ASEAN Regional
Capacity on Disaster Health Management
(ARCH Project)

DAY 1: Tuesday, 17 January 2017

Tabletop Exercise

Venue: 4th Fl., Ballroom, Radisson Blu Plaza Bangkok

Moderators: Dr. Prasit and Dr. Nakajima

Time	Activity	Presenter
08:30 – 09:00	Registration	
09:00 – 09:10	Opening Remarks	NIEM
09:10 – 09:20	Group Photo	
09:20 – 09:40	Introduction to Start-up Drill: Concept, Purposes and Expected Outcomes	Dr. Nakajima
09:40 – 10:10	Coordination procedures for disaster response in ASEAN	AHA Centre
10:10 – 10:40	SASOP coordination (including ASEAN Joint Disaster Response Plan and EAS toolkit)	AHA Centre
10:40 – 10:50	Coffee Break	
10:50 – 11:20	Introduction of WHO EMT Initiative and EMT Coordination Cell	WHO Thailand Office
11:20 – 11:40	Introduction to table top exercise and baseline scenario and Thai domestic response. Announcement for level 4 disaster by DDPM	Dr. Prasit
11:40 – 12:30	Table-top Exercise (TTX)	Dr. Prasit
12:30 – 13:30	Lunch	
13:30 – 15:30	TTX (cont.) (incl. Coffee Break)	Dr. Prasit
15:30 – 16:00	Summary	Dr. Kai/ Dr. Koido
16:00 – 17:00	Introduction to the field exercise (DAY 2)	Dr. Nakajima Dr. Koido

Objectives

- Common understanding
- Standardization of SOP
- Friendship
- Gap identification and analysis

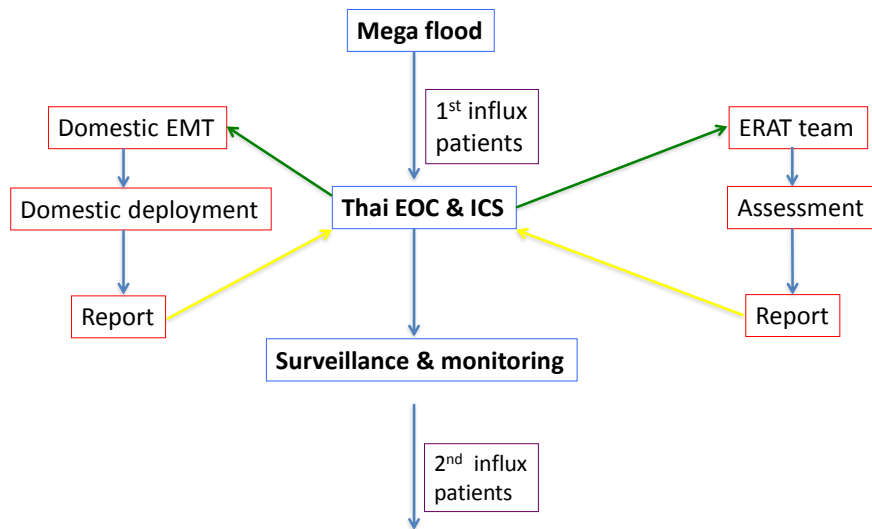
Scenario

Thailand Mega-flood

Scenario

- Flooding from March to 10 October, 2011
 - Level 2 → 3 disaster (DDPM)
 - Domestic EMTs deployment

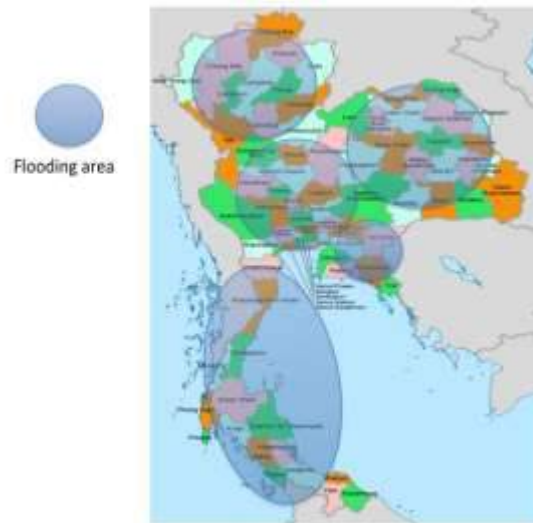


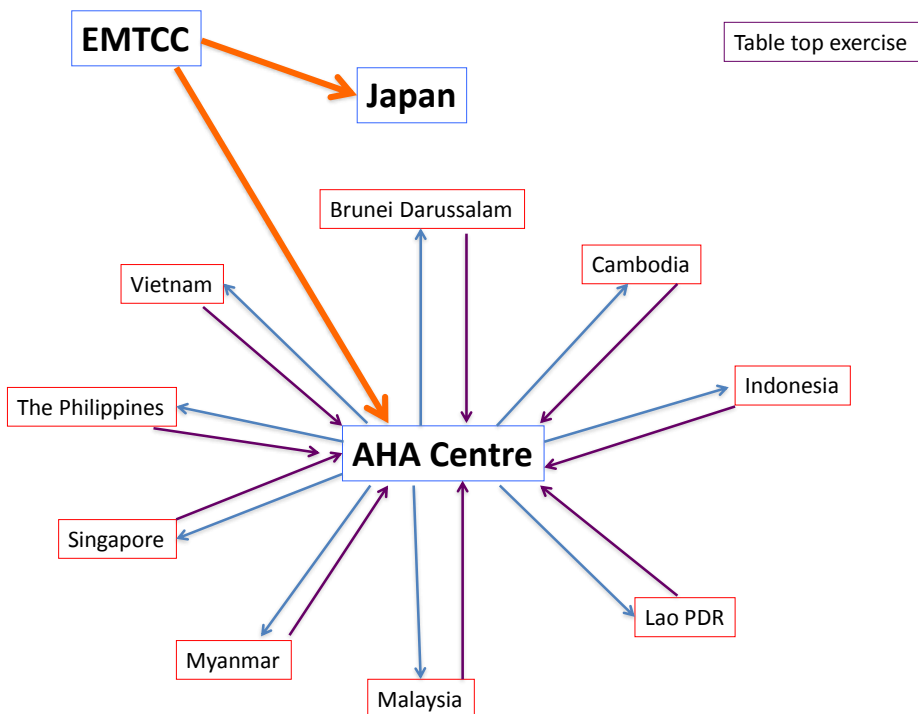
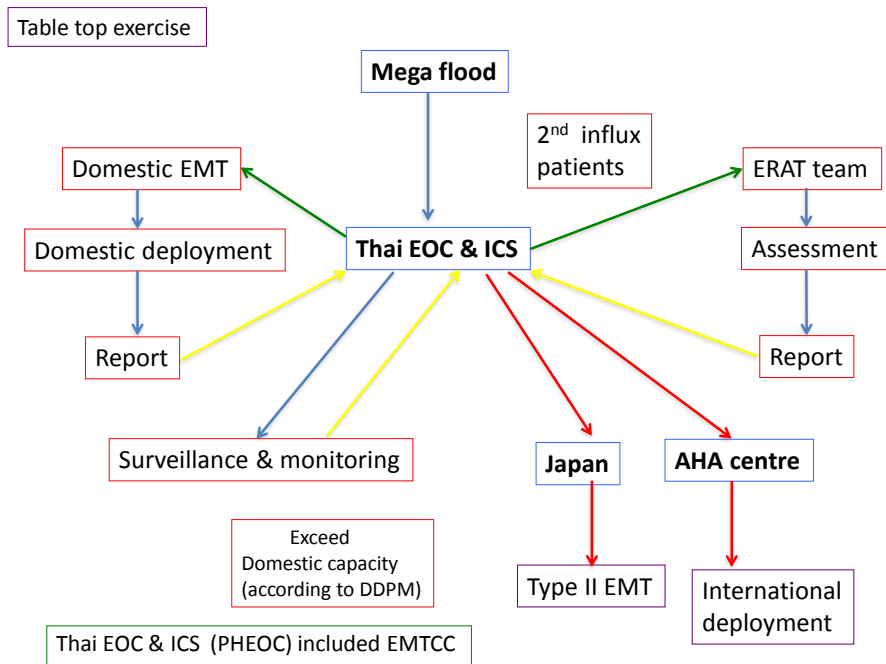


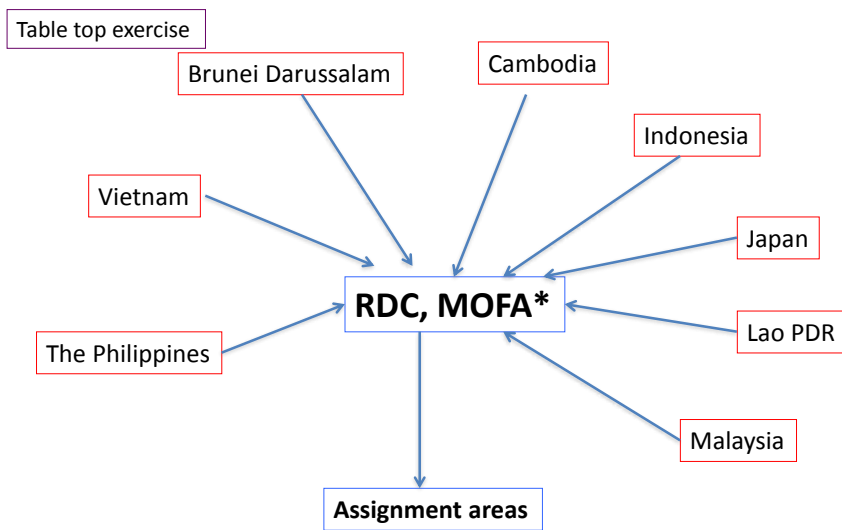
Thai preparation before the Start up drill

Scenario

- From 11 October 2011
 - Level 4 disaster (DDPM); effected >12 million, dead 815, 660 hospitals (42 needed to evacuated)
 - Requested for International EMTs via AHA centre and requested type II EMT from Japan

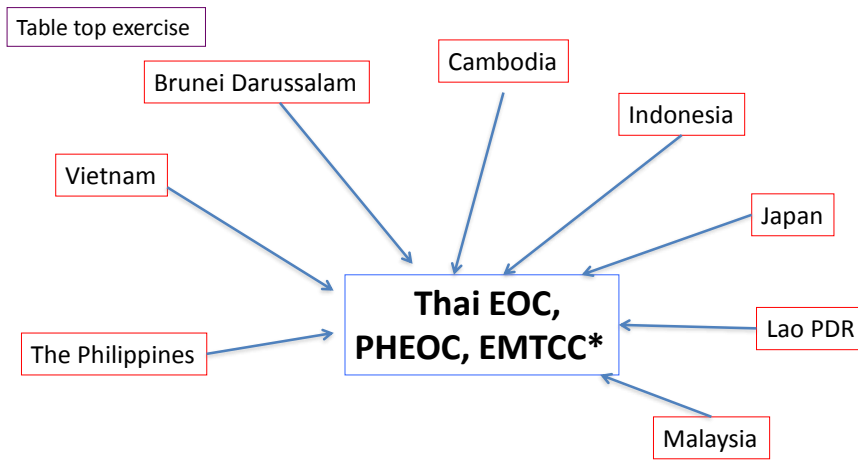




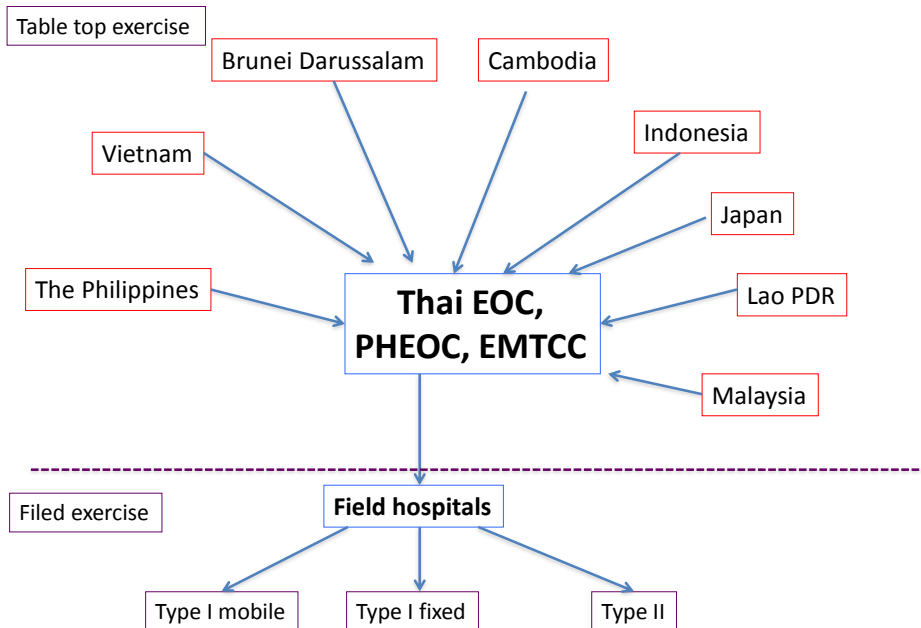


*Immigration processes and assignment





*Report and coordination



ANNEX I
FORM 3

REQUEST FOR ASSISTANCE

6. Contact Information

Office Telephone Number: 011 234 5678
Fax: 011 234 5678
E-mail: info@company.com
Day / Even: 9:00 - 5:00
Outside Area Name: Outside Area

7. Organizational Information

National Social Fund: 1234567890
Paper: 1234567890
Organization: 1234567890
Address: 1234567890
Phone/Fax: 1234567890
E-mail: 1234567890

8. General Description of Outside Area (Please include location, size, type, and other information that is relevant to the request for assistance.)

Outside Area Name: Outside Area
Address: 1234567890
Phone/Fax: 1234567890
E-mail: 1234567890

ANNEX I

4. Disaster Emergency Related Information

1. Disaster Event
2. Location(s)
3. Description :

4. Resources currently available/ action taken

5. Additional resources needed or required (please list according to priority)

— Special teams for at up field hospital
Level 2 = 2 teams (10 staff)

— Special vehicle for ~~extra~~ medical
transportation (an ambulance)
higher than GME (mil/br vehicle)

Start-up Drill

The Start-point in the project

17 January 2017

1

DAY 2: Field Exercises –EMT Activities

Objectives

1. Identify team management capacity
2. Identify training needs to improve medical care in treating patients and identify gaps between in a hospital and in the field on capacity of individuals/teams (how they work, treat/transfer patients, communicate with other teams/a coordinator, etc.)
3. Identify needs for developing coordination tools by referring patients and identifying gaps on coordination and coordination mechanism among teams/with the coordinator

17 January 2017

2

Start-up Drill

Checkup Sheet

To identify the gaps among the teams/individuals

17 January 2017

3

Day 2 Field Exercise Checkup Sheets

- Station 1
- Station 2
- Station 3
- Station 4

17 January 2017

4

Day 2 Field Exercise Checkup Sheets

- How About ST?
- What have you learned from ST?
- What will you improve on the lessons learnt?

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Standard Medical Treatment Procedure at the First-Aid Station in Disaster Site

Dr Koido
Japanese Advisory Committee
Chief Coordinator of Station 4

17 January 2017

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DAY 2: Five Stations in the Start-up Drill

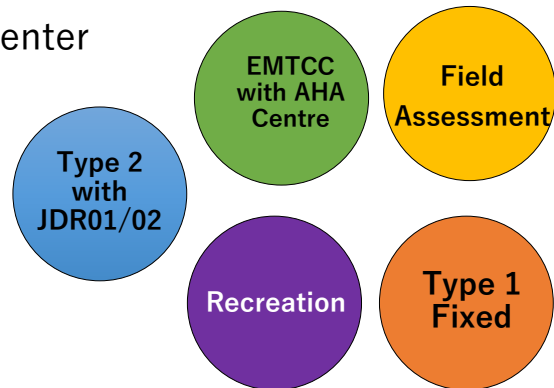
Station 1: EMTCC with AHA Center

Station 2: Field Assessment

Station 3: Type 1 Fixed

Station R: Recreation

Station 4: Type 2 with Japan



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In the field exercises,
disaster situation is not same as
today.

Please check a situation of each station presented by a station coordinator carefully.

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Location



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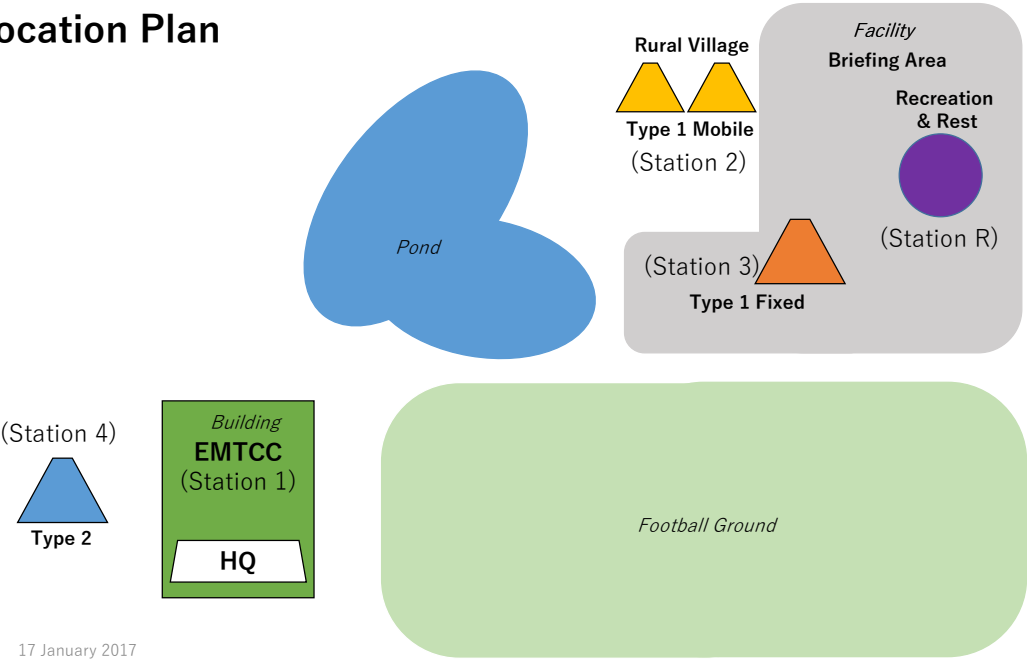
Location



17 January 2017

10

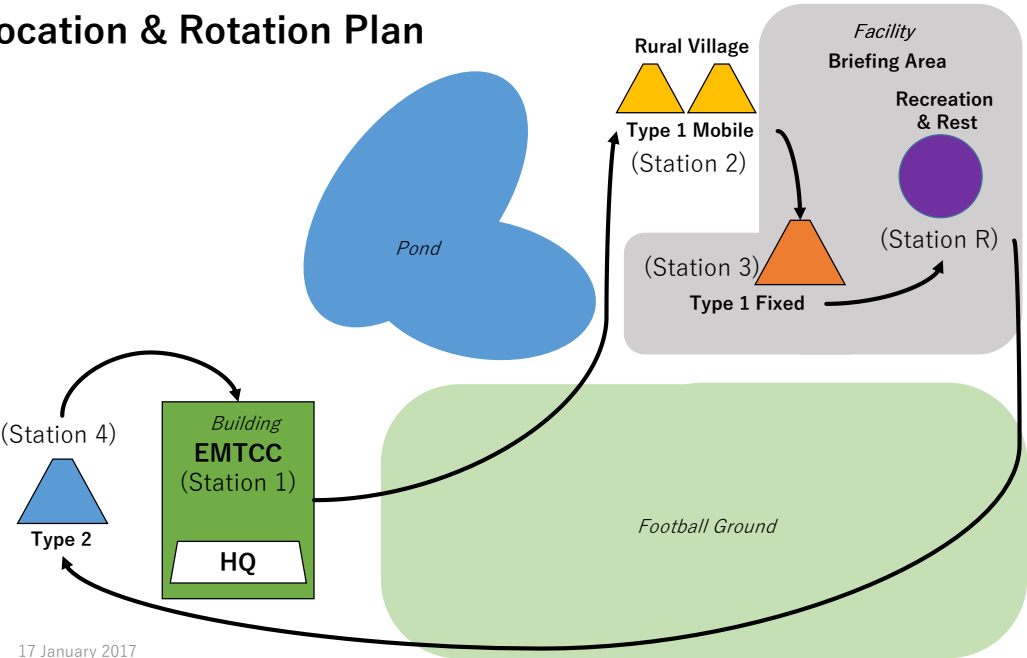
Location Plan



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Location & Rotation Plan



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Draw lots to decide 5 teams

One team is comprised of two country teams.
Each team has 2 Team Guides.

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Time Schedule of Day 2

Time	ST1 (EMTCC)	ST2 (Field Assessment)	ST3 (Type1 Fixed)	Special (Recreation)	ST4 (Type2)	ST4 (actor)
9:00~10:20	T1	T2	T3	T4	T5	JPN01
10:20~11:40	T5	T1	T2	T3	T4	JPN01
11:40~13:00	T4	T5	T1	T2	T3	JPN01
13:00~14:00	Lunch					
14:00~15:20	T3	T4	T5	T1	T2	JPN02
15:20~16:40	T2	T3	T4	T5	T1	JPN02

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Departure from the hotel at 06:30 AM

Please be on time.

17 January 2017

15

T Together
E **Everyone**
A **Achieve**
M More

**Please meet your team members
and make a team.**

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Standard medical treatment procedure in the First-aid station in disaster site

Primary survey at First Aid Station
in Disaster Site

The First Impression

Primary survey and CPR The First Impression

トリアージ・タグ

氏名 (Name)	年齢 (Age)
性別 (Gender)	電話 (Phone)
トリアージ実施日時・場所	トリアージ実施者氏名
月 日 時 分	氏名 (Name)
緊急度 (Priority)	トリアージ実施場所
0	トリアージ実施者
1	トリアージ実施者
2	トリアージ実施者
3	トリアージ実施者

Or



First Impression by JATEC

Category I (Red)
Emergency level high

Can you hear me? What's your name?
Decided A and B from response.
Observe breathing(B), also touch to
Forearm skin and pulse(C),
Confirm visual breathing (C)

Confirmation of triage tag

Primary survey

ABCDECr Approach

A

Primary survey and CPR at First Aid Station
in Disaster Site

A: Assessment of Airway



Assessment

If the victim can say some words, airway is all right
Observe chest movement, listen respiratory gas flow
and feel aspirated air.
If airway is not opened, need to keep airway !

Primary survey and CPR

Monitoring: ECG meter / SpO₂ meter



SpO₂ monitoring

If necessary, start to provide
oxygen.



ECG monitoring

Primary survey and CPR

ABCDECr Approach

B

Primary survey and CPR

B: Assessment of the respiratory status in the neck



Cervical structure : Airway (Laryngopharynx respiration) 、 Esophagus、 Major blood vessels, Cervical spine,Cervical spinal cord

(Observation and Assessment)

(1)Respiratory rate, SpO₂、 Confirm if forcing respiration and noisy inspiration exist.

(2)Confirm change of shape and swelling

(3)Indirect observation of Obliterative Shock

Tracheal deviation

Aerodermection

If carotid engorgement exist or not.



Primary survey and CPR

B:Assessment of respiratory condition in chest area



By ocular inspection

Assess chest movement and

Respiratory rate.

Assess difference between
Left and right side.

Injury on chest surface
(open wound)

Primary survey and CPR

B:Auscultation of chest area



Pay attention to weak
respiratory sound of
one side or no sound
because of
Pneumothorax and
massive Hemothorax.

Primary survey and CPR

B: Manipulation and percussion



Subcutaneous
emphysema

Fluctuation

Pain

Tympanitic &

Dull sound



Do not forget percussion.

Primary survey and CPR

ABCDECr Approach

C

Primary survey and CPR

C: Assessment of Circulation (1)

Identification of shock



Observation of skin,
Pulse, level of
consciousness

Judge comprehensively

**Recognition of shock
should not be judged
by only blood pressure.**

Disquiet and excitement is the sign of shock process.

Primary survey and CPR

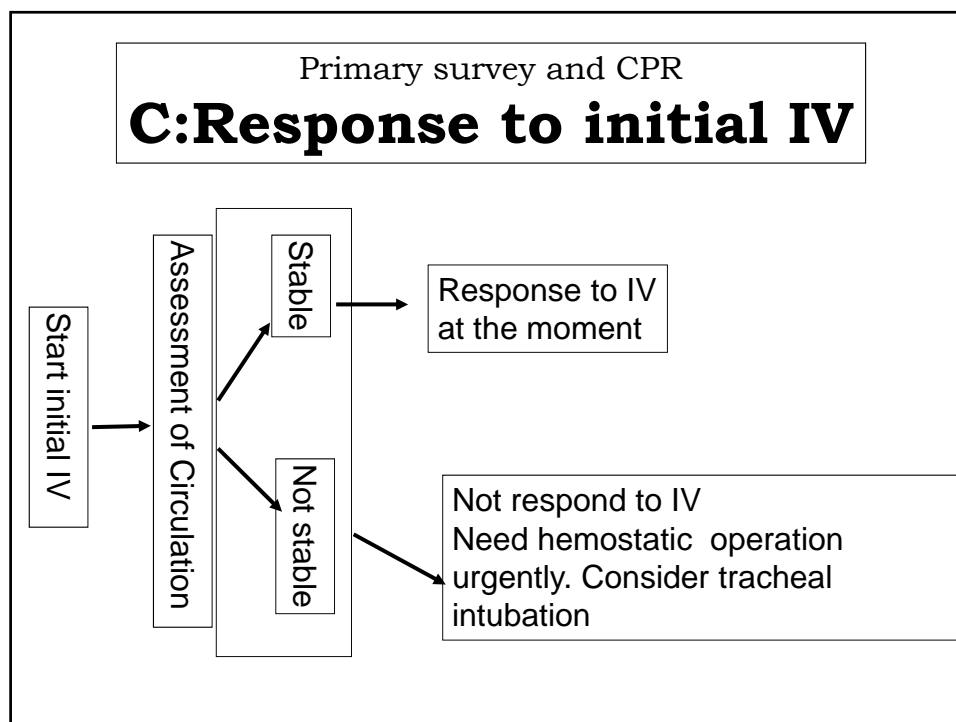
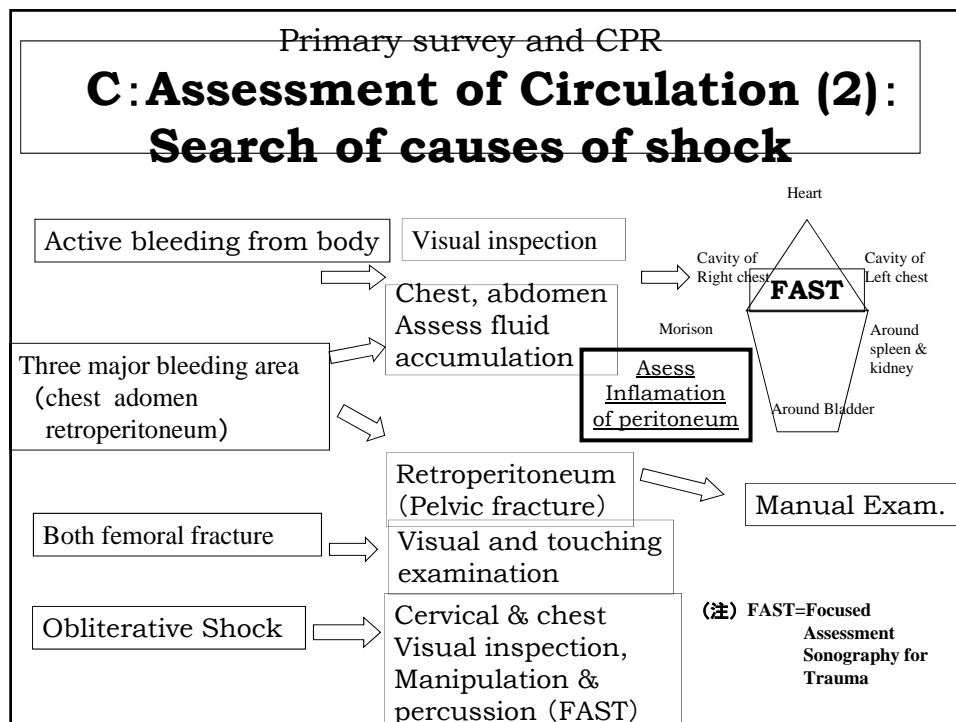
C: Circulatory recovery: :

Taking intravenous route, initial transfusion start



Initial IV

- Isosmotic electrolyte
(Lactic acid Ringel and so on)
- If the victim is in shock
condition, it needs 1~2L.



Primary survey and CPR

ABCDECr Approach

D

Primary survey and CPR

D: Assessment of central nervous system damage

Assessment of level of consciousness by GCS

Score	Eye	Verbal	Movement
6			Follow instruction.
5		Understand date, Place & persons	Touch painful area by hands
4	Own will	Confusion state	Escape position
3	By words	Speak unproper words	Abnormal body position
2	By pain	meaningless voice	Abnormally extended position
1	Doesn't open eyes	Doesn't speak.	Doesn't move



+

Pupillary light reflex
Examine paralysis



Critical head injury (Threatening D(JATEC)) \leq EVM total 8

Primary survey and CPR

D: Assessment of central nervous system damage and CPR

Critically low consciousness $GCS \leq 8$

→ Consider to keep exact airway.

Consider to provide oxygen to prevent the 2nd brain damage. Attention! Worsened condition of ABC might cause the 2nd brain damage.

Primary survey and CPR

ABCDECr Approach

E

Primary survey and CPR

E: Take off clothes and control body temperature.

Heat dissipation by the stripping.

Cooling by the open air.

Cooling with a large quantity of transfusion



Low body temperature



Damage of abnormal coagulation and compensatory mechanism



Keep warm !



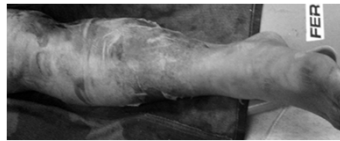
Primary survey and CPR

ABCDECr Approach

Cr

Cr: Early recognition of the crush syndrome

- Presence of pressure
- Pain of the diseased limb, muscle weakness

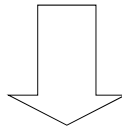


- Motor paralysis, Sensory paralysis
- Black – Port wine urine
- Tented T



Primary survey and CPR

Reconfirmation of ABCDECr



Secondary survey (Preparation for transfer)

Secondary survey at First Aid Station in Disaster Site

Search damaged points for caring for safety transfer.

Assessment : Cervical spine, existence of spinal cord injury,
Fracture of the extremity, Observation nerves of the extremity.



Treatment or packaging

- Judgment and implementation of various fixation
Cervical spine collar, All cervical spine fixing, Pelvic
temporal fixing, Immobilization with a splint
- Fixing various tubes
- Sedation, Pain relief

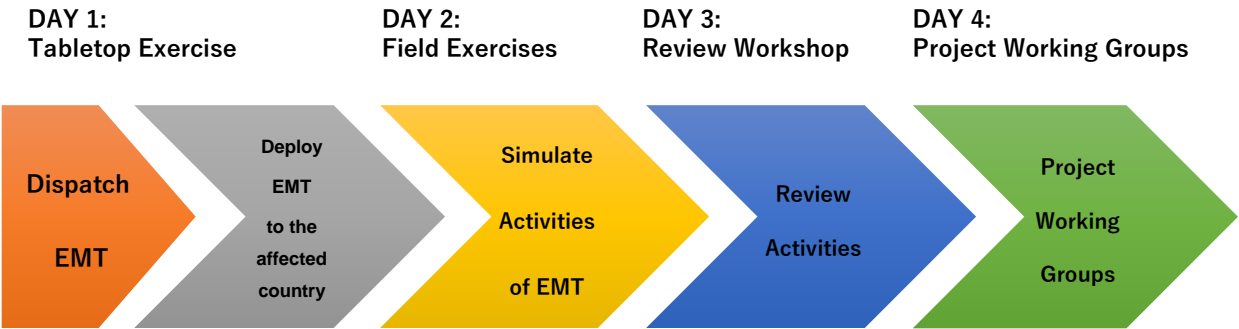
Start-up Drill

The Start-point in the project

17 January 2017

1

Schedule of Drill and PWG1&2



17 January 2017

2

Day 3: Review Workshop

Objectives

1. To identify challenges of the teams/individuals
 - Issues for minimum requirements
2. To identify challenges on team coordination and collaboration
 - Issues for strengthening regional collaboration (SASOP, AJDRP, EAS toolkit, needs for new tools/modifications, etc.)

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3

Methodology (A.M.)

- Participatory discussion
 - Identify the gaps among the teams/individuals
 - Clarify the challenges from the gaps and divide them into four (4) categories shown in the previous slide
 - By each country

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4

Day1-3

Start-up Drill

Checkup Sheet

To identify the gaps among the teams/individuals

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Day3

Consolidate the results of

Day 1 & 2: "How About X?"

You will present your opinions, recommendations etc. on Start-up Drill.

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6

Day3

How about Start-up Drill?

Good points

Points for Improvements

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7

Day3

Consolidate the results of Day 1 & 2: Improvements on Lessons Learnt

You will divide them into four (4) categories.
The results will be considered in PWG 1 & 2.

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8

Team Capacity Building (Possible Topics for the AMS Trainings)	Team/Collaboration Capacity Building (ARCH Project Tools: SOP)
Personal Capacity Building (ARCH Project Tools: Minimum Requirements)	Collaboration Capacity Building (e.g. ASEAN SOPs/ WHO EMTCC Handbook)

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9

After the Morning Session...

- **Please give your presentation data in the USB to the Project Team.**
 - **Good Points & Points for Improvement**
 - **The Matrix**
- **The Project Team will consolidate the Matrix.**
- **Each country will present the Good Points & Points for Improvement.**

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10

Methodology (P.M.)

- Each county presents a feedback(Good Points/Points for **Improvements**)to the project team in 5 minutes.
- Comments from other related organizations such as AHA Centre, ASEC etc.
 - How about Start-up Drill?

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Methodology (P.M.)

- Summarize the challenges by the project team
 - Topics for PWG1 (regional collaboration tools/minimum requirements)
 - Topics for PWG2 (trainings)
 - Topics for discussion with the AHA Centre and ASEC
- Conclusion by Dr. Wiwat and Dr. Kai

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Brunei

Brunei

How about Start-up Drill?

Good points

- Able to have a better understanding of the concept and processes in the coordination of EMT deployment (nationally)
- Availability of tools and guidelines
- Opportunity to meet and coordinate with other more experienced teams
- Allows us to identify our own gaps and limitations
- The Field exercise provided a clearer understanding of the overall process

Points for Improvements

- There are a few things to be clarified i.e. in completing forms (to avoid missing vital information)
- In the TTX – to have a short brief prior to start of TTX to be clear of what is expected from our side, and timeframe given

Cambodia

Start-up Drill the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management 17-19 January 2017, Bangkok, Thailand

Cambodia

17-19 January 2017

3

Opinion

Cambodia

- Practices on disaster management response
- Good learning experiences on disaster management response between AMS and our country
- Improve communication, collaboration and cooperation among AMS
- Future networking

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4

Cambodia

Recommendation

- Common standardize in AMS (guideline, SOP, TOR..) "One ASEAN, one response"
- Good instruction, communication before deploying of EMT in host country
- Conduct drill at least 1 per year or 1 time for 2 years and rotate country
- Capacity building should be providing to country with low capacity

9 January 2017

5

Cambodia

Thank you very much

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6

Indonesia

Indonesia

How about Start-up Drill?

Good points

- Overall drill ran very well, all problem solved and well explained by facilitators

Points for Improvements

- Various situation could be added for the drill related to problem in health sector or others sectors related to health situation

TERIMA KASIH

17-19 January 2017

9

Lao PDR

How about Start-up Drill?

Good points

- Good model from WHO, JICA and AHA Centre.
- Complex form
- Good facilitator
- Best exercise processing

Points for Improvements

- some point is not clear ex:
 - AHA Centre announcement not clear
 - Some form document to small letter.

Malaysia

Malaysia

How about Start-up Drill?

Good points

- Clear briefing on the drill
- Clear flow of response
- Assignment of teams done prior to drill
- Give standard format

Points for Improvements

- Need extra time for all team members to participate in each station and for them to practice their role (especially in field hospital)

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Philippines

Start-up Drill Check-up Sheet

To identify the gaps among the teams/individuals



How about Start-up drill?

- Good points

1. Use of realistic scenario in Thailand
2. Time management
3. Processing of the results with the team/briefing/debriefing
4. Availability of supplies and equipment (ST4)
5. Mentoring from the Japan team

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How about Start-up drill?

- Points for improvement

1. Synchronization of dates in the scenario (October 2011, January 2017) – Table Top Exercise
2. Include background of the areas as basis for the decision making/analysis
3. Facilitator acting various roles – Table Top Exercise
4. Actors to be familiar with the scenario, and act accordingly

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Philippines

How about Start-up rill?

• Points for improvement

6. More actors in the field for a somewhat “realistic” scenario (Station 2); “Smart actors” in Station 3
7. Inclusion of legend/simple notes on how to fill-up the forms including operational definition of some terms used
8. Availability of flowchart of referral system through the Operation Center (Station 4)
9. Provide the teams with the required logistics for each type of team

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Philippines

How about Start-up rill?

• Points for improvement

9. Sequential order of events during scenario build-up (Table Top Exercise)
10. Use of tarpaulin instead of A4 size pictures with information on the status
11. Directory in bigger fonts

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Thailand

Thailand

How about Start-up Drill?

Good points

- Well prepared
- Facilitates understanding concepts and objectives

Points for Improvements

- Specific details of information flow and management

Viet Nam

Viet Nam

How about Start-up Drill?

Good points

- Organization
- Guidance
- Professional program

Points for Improvements

Japan



Day3

How about Start-up Drill?

Good points

- Strong will all of participants and all countries of ASEAN.
- Knowing and Making friends each other.
- Understanding the difference between each country.
- Overviewing the each step. Team building, departure, entering the affected country, registration, working in the field, corporation and collaborate type 1 and type 2, and data management.
- Every task is combined with each other
- Each station was prepared very well.
- We could feel the real setting.

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How about Start-up Drill?

Points for Improvements

- Sharing the new findings of each group and gathering the good practice.
- It might be preferable if pre-learning tasks would be clear with same textbook
- The importance of pre-registration before entering the affected country should be emphasised
- The importance of using the same format of field assessment, medical record and reporting format should be also highlighted.

**OBSERVATIONS ON THE START-UP EXERCISE, THE ARCH PROJECT, 17-19
JANUARY 2017.
From ASEAN Secretariat and AHA Centre**

Key message

- During the World Humanitarian Summit in Turkey (May 2016), it was reiterated that emergency response should be nationally-led backed by a strong region and supported by international community if necessary.
- Efforts of the ARCH Project and ASEAN disaster health management shall contributed to the achievement of the One ASEAN One Response Declaration. This affirms AHA Centre as primary ASEAN regional coordinating agency on disaster management and emergency response (Point 3 of the Declaration)
- Disaster Health Management is one of the priorities identified by ASEAN Member States under the ASEAN Post-2015 Health Development Agenda and which the ARCH Project supports.
- Having said these, the following are put forward for consideration of the ARCH Project:
 - Ensure that scenarios are aligned and consistent with ASEAN mechanisms and processes, which can be addressed by engagement of AHA Centre and ASEAN Secretariat in drill planning.
 - Support deeper understanding of AMS teams on the EMT concept and its operationalization, as well as on ASEAN response system, processes and tools

Day 1 – Deployment

PROCESS

What went well?

- Activation of national EOC and collaboration with AHA Centre
- SASOP widely used

Challenges

- MOH focal points made more aware/familiar on ASEAN forms and reporting mechanisms
 - Contractual arrangements made between offering and receiving countries, AHA Centre facilitates
- Streamlining of SASOP and other forms i.e. Daily report (form 6) vs EMT daily report

Considerations for the future

- Understanding of the national DM mechanisms – offers of assistance: talk directly to MOH or through NEOC
- Relevance of timelines (particularly on Day 1) Inject simulation and actual time
- Use WebEOC in the future
- More time for the tabletop exercise

CONTENT

Challenges

- Insufficient awareness/understanding of Thailand national response mechanisms and roles of different players to ensure proper coordination, i.e. MOFA
- Processes in the coordination of EMT can be better reflected in the scenario

Areas for improvement

- Briefing/training on SASOP forms to ensure clarity and completeness
- Include roles of different players in the scenario

General recommendations

- Confusion/different interpretations in filling up/completing forms
 - Develop/provide user's guide on how to complete SASOP forms
- Roles of different players not tackled in scenario
 - Better define/clarify the relationships among relevant response platforms and mechanisms – JOCCA, National EOC, PHEOC, EMTCC, military, OSOCC, cluster and other platforms.

Day 2 – Field Exercise

Station 1 – EMTCC

Focused on information management role of EMT Coordination Cell, engaging teams to consolidate and analyse data from EMT in a specific region, consider data issues and actions based on available data.

What went well?

- Station exposed teams to data analysis in the context of EMTCC, but which is very applicable to IM at EMT level.
- Data/evidence presented very well. Sufficient hands-on analysis of data.
- Though it focused on health, the station also pointed out the response sectors which health can work closely together.

Considerations for the future

- Integration of data collected from EMT field assessment as these provide a better picture of the situation.
- First thought that this was a coordination exercise where an EMT will be engaged in a meeting with the PHEOC and other EMT providers. In future exercises –
 - A coordination station can be incorporated.
 - Brief guides before the exercise to allow the teams to prepare/level off expectations can be provided.

Station 2 – Field Assessment

What went well?

- Adequate social demographic data to enable teams to conduct assessment.

Considerations for the future

- Assessment form could have been provided to facilitate proper/systematic field assessment.
- Scenario could present a more realistic situation to consider the timeline and the role of EMT in field assessment.
- Skills related to field assessment such as conduct of interviews can be enhanced, also consider cultural and gender aspects.
- Brief guides before the exercise can be provided to allow the teams to prepare, such as on
 - Team tasking, organisation (will all members be doing the assessment? Who will do what?)
 - Key information needs, assessment methods to use, and how to do them?
 - Other considerations – gender, local culture

Station 3 – Type 1 Fixed

What went well?

- Sufficient hands-on on out-patient care and completion of multiple dataset sheet

Considerations for the future

- Incorporate patient flow, referral or crowd control in the scenario

Station 4 – Type 2 with Japan

- Well organised and executed. Focused on immediate emergency care in a disaster context, and included decision making challenges.

General recommendation

- More details on the overall scenario to better guide teams. Further, they can be provided with guidance per station on expected outputs and team tasks and bits of the scenario to allow them to prepare – i.e. coordination, field assessment.

<div>Team Capacity Building</div> <div>(Possible Topics for the AMS Trainings)</div>	
<div><ul style="list-style-type: none">• Under the common activity goal, development of training by common text, terms, medical information management and medical treatment method<ul style="list-style-type: none">• Training for EMT, EMTCC Team, Rapid Health Assessment Team, risk management and disaster management.• Leadership and teamwork• Surviving and self-safety and sanitation skills<ul style="list-style-type: none">• Learn to adapt in a disaster situation (working/living in disaster affected areas)• Equipment for survival/ medical operation• Logistics and supply management• Communication management (basic use of radio)• FDA-accreditation and referral system of each country</div>	Day3

17-19 January 2017

1

<div>Team/Collaboration Capacity Building</div> <div>(ARCH Project Tools: SOP)</div>	
<div><ul style="list-style-type: none">• SOP between EMTs (Type 1, 2, 3)• SOP among coordination organizations (EMT CC, EOC, AHA Centre, UN OCHA etc)• Using the same standard forms<ol style="list-style-type: none">1. Daily Report2. Registration form3. Rapid Health Assessment Form4. Medical Record Form5. Referral form6. Summary Reporting Form• Information management and sharing methods• Conflict resolutions</div>	Day3

17-19 January 2017

2

<div>Personal Capacity Building</div> <div>(ARCH Project Tools: Minimum Requirements)</div>	
<div>Skills comply with Standard protocols for</div> <ul style="list-style-type: none">• Health Emergencies Management (Focused on medical treatment)<ul style="list-style-type: none">• Basic skills needed for advance trauma life support for doctors and nurses• Public Health Emergencies Management• Risk assessment (Safety and survival skills)• Understandings of<ul style="list-style-type: none">• ICS concepts• International Standards about Quality and Accountability on Humanitarian Assistance (Sphere standard, Core Humanitarian Standard, Good enough guide etc)• Share the latest international trend and disaster response experience	

17-19 January 2017

3

<div>Collaboration Capacity Building</div> <div>(e.g. ASEAN SOPs/ WHO EMTCC Handbook)</div>	
<ul style="list-style-type: none">• ASEAN Collaboration SOP With WHO Region (Since AMS divided into 2 regional offices of WHO: SEARO and WPRO regional office)• Essential information package for international EMT of each country• Available SOPS and handbook are concise and informative• Plan is to adapt / modify for reference, acronyms and terms• Standardization in Assessment forms, Clinical Record forms and Daily Reporting forms in ASEAN Region. Must be compatible with existing international (WHO-MDS) and regional (AHA Centre) formats.• Balance between Standardization and Contextualization. Contextualization comes after standardization, but it still must be easily understandable by regional or international EMTs.• Collect and share good practice on EMT coordination	

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4

Issues for the future consideration

- Send report of this training to MOH .
- Dissemination this lessons learned to Health facility
- Meeting with MOH how to set up and develop EMSs and EMT
- To include all AMS to participate in the training
- To lengthen drill period
- Practical training by participating in teams from multiple countries
- Taking ongoing training as a registered volunteer of a given training course
- Good cooperation SOP with WHO, JDR, and AHA Centre
- Funding and support for EMT

ARCH Project

THE PROJECT FOR STRENGTHENING
THE ASEAN REGIONAL CAPACITY
ON DISASTER HEALTH MANAGEMENT

The First Project Working Group Meetings, Bangkok, Thailand, 20 January 2017

CONTENTS

1. Background
2. Outlines
3. Activities

BACKGROUND OF THE ARCH PROJECT

ARCH Project Team 3

BASIC SURVEY

(THE SURVEY ON THE CURRENT SITUATION OF DISASTER/EMERGENCY
MEDICINE SYSTEM IN THE ASEAN REGION)

1. Period: Nov. 2014 – Aug. 2015
2. Methodology
 - ① In-country survey in all AMS (Dec. 2014 – Mar. 2015)
 - Field visit for three to five days per country
 - Document review
 - ② Collection of relevant international trends (UN, WHO, ASEAN, etc.)
 - ③ Meetings
 - The First Regional Meeting (Phuket, December 2014)
 - The Second Regional Meeting (Tokyo, March 2015)
 - The Third Regional Meeting (Bangkok, July 2015)

ARCH Project Team 4

BASIC SURVEY: FINDINGS

- Every country has different situation; needs, priority, capacity, development plans, institutional arrangements, human resources, etc. (refer to "Summary of the Results of the In-country Survey")
- Needs for collaboration mechanism on disaster health management to exchange information in peacetime and emergency were pointed by many interviewees.
- Disaster health management should be well coordinated with other sectors, especially disaster management and emergency response.

ARCH Project Team 5

RATIONALE

- June 2014, the 4th ASEAN Plus Three SOMHD, in Thailand, identified Disaster Medicine as one of the priorities under the ASEAN Plus Three Cooperation.
- Ministers' Meeting (AHMM), in Hanoi, **Disaster Health Management** was endorsed as one of the 20 Health Priority Areas of the ASEAN Post-2015 Health Development Agenda.
- The ASEAN Health Cooperation on Disaster Health Management currently being implemented through the ASEAN-Japan Collaboration Programme on Disaster Medicine spearheaded by Thailand; NIEM, and Viet Nam.

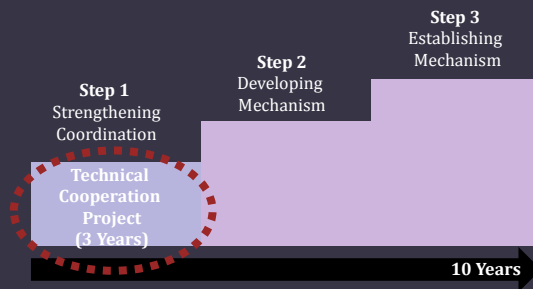
ARCH Project Team 6

OBJECTIVES OF THE ARCH PROJECT

ARCH Project Team 7

STEPS TO ASEAN COLLABORATION MECHANISM

(1) Steps



1st step aims at

- a) Strengthening the regional coordination
- b) Enhancing the capacity of each AMS

ARCH Project Team 8

SCOPE OF ARCH PROJECT

- The Project mainly focuses on:
 - Coordination among emergency medical teams and the recipient, and team management relevant to disaster response in the health sector implemented by emergency medical teams.
- Type and scale of disaster mainly supposed in the project are:
 - Acute stage of sudden on-set disaster which may be supposed natural disaster, not limited, and may require external emergency assistance.

ARCH Project Team 9

OVERVIEW OF ARCH PROJECT

- ▶ Period : from June 2016 to August 2019
- ▶ Executing Agency: National Institute for Emergency Medicine (NIEM), Thailand
- ▶ Major Concerned Agencies
 - ▶ Ministries of Health in ASEAN Member States
 - ▶ ASEAN Secretariat
(Health Division and Disaster Management and Humanitarian Assistance Division)
 - ▶ ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management
(AHA Centre)

ARCH Project Team 10

OBJECTIVES OF ARCH PROJECT

- ▶ Project Purpose

Regional coordination on disaster health management is strengthened in ASEAN.

- ▶ Outputs

Output 1: Coordination platform on disaster health management is set up.

Output 2: Framework of regional collaboration practices is developed.

Output 3: Tools for effective regional collaboration on disaster health management are developed.

Output 4: Academic network on disaster health management in AMS is enhanced.

Output 5: Capacity development activities for each AMS are implemented.

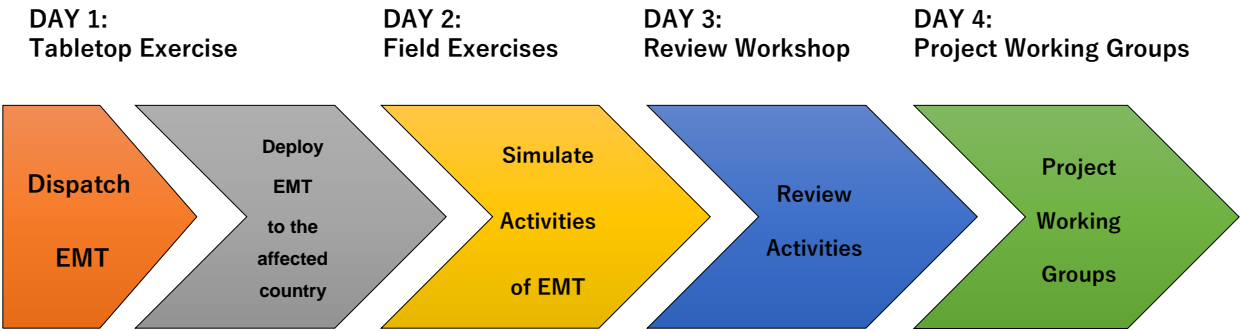
Start-up Drill Results

Summary of lessons learnt though the drill

20 January 2017

1

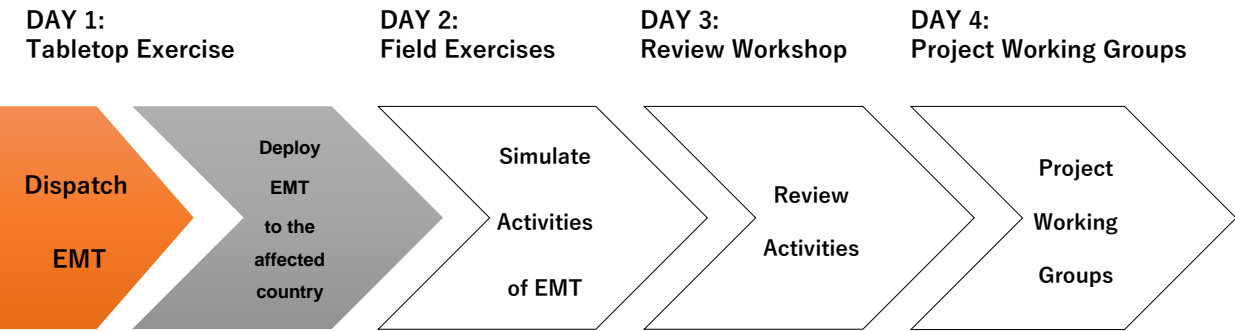
Schedule of Drill and PWG1&2



20 January 2017

2

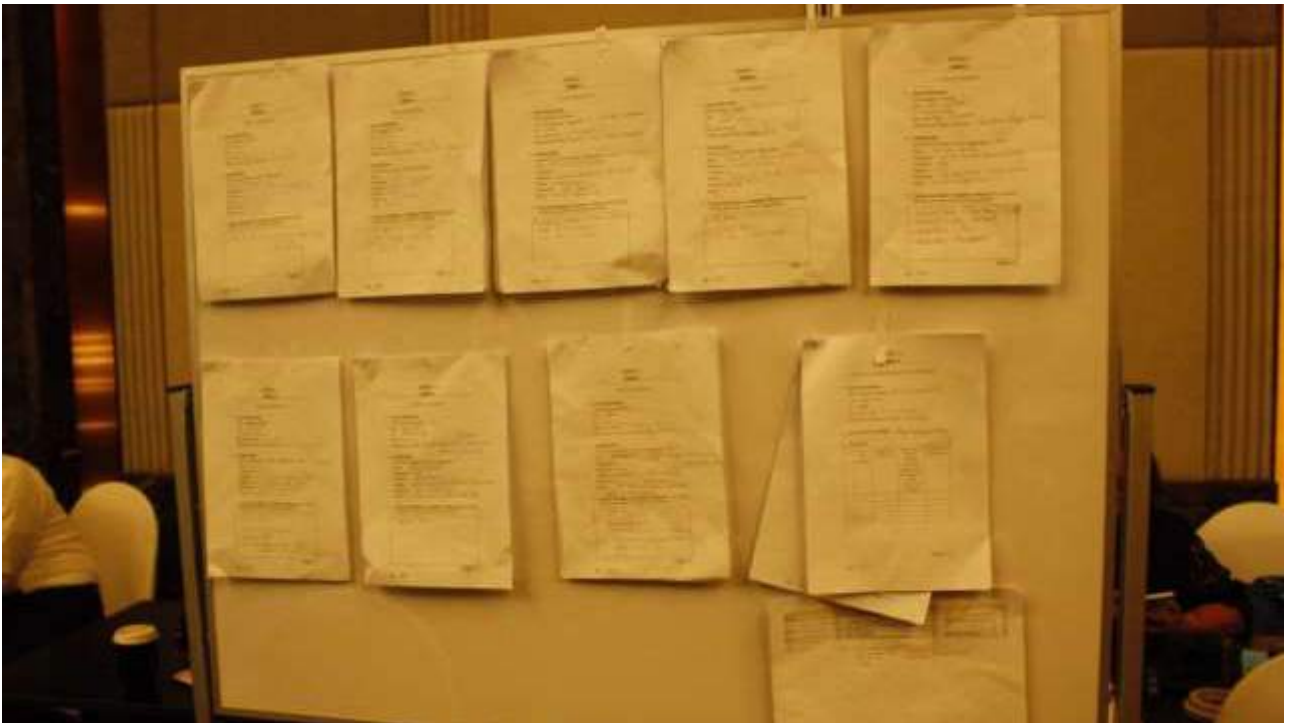
DAY 1: Tabletop Exercise



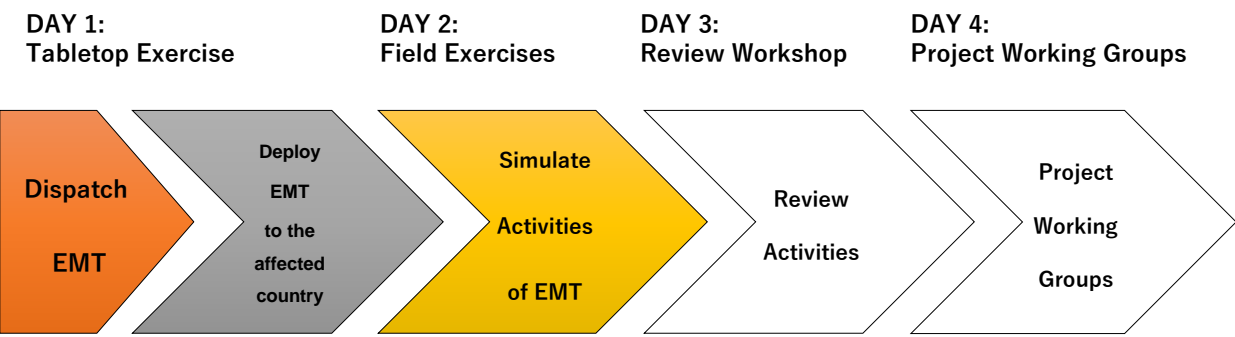
20 January 2017

3





DAY 2: Field Exercises



20 January 2017

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DAY 2: Five Stations in the Start-up Drill

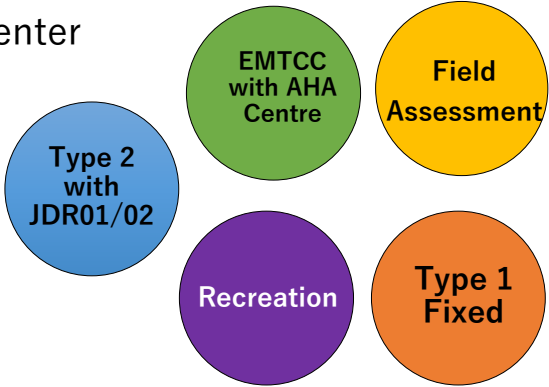
Station 1: EMTCC with AHA Center

Station 2: Field Assessment

Station 3: Type 1 Fixed

Station R: Recreation

Station 4: Type 2 with Japan



17 January 2017

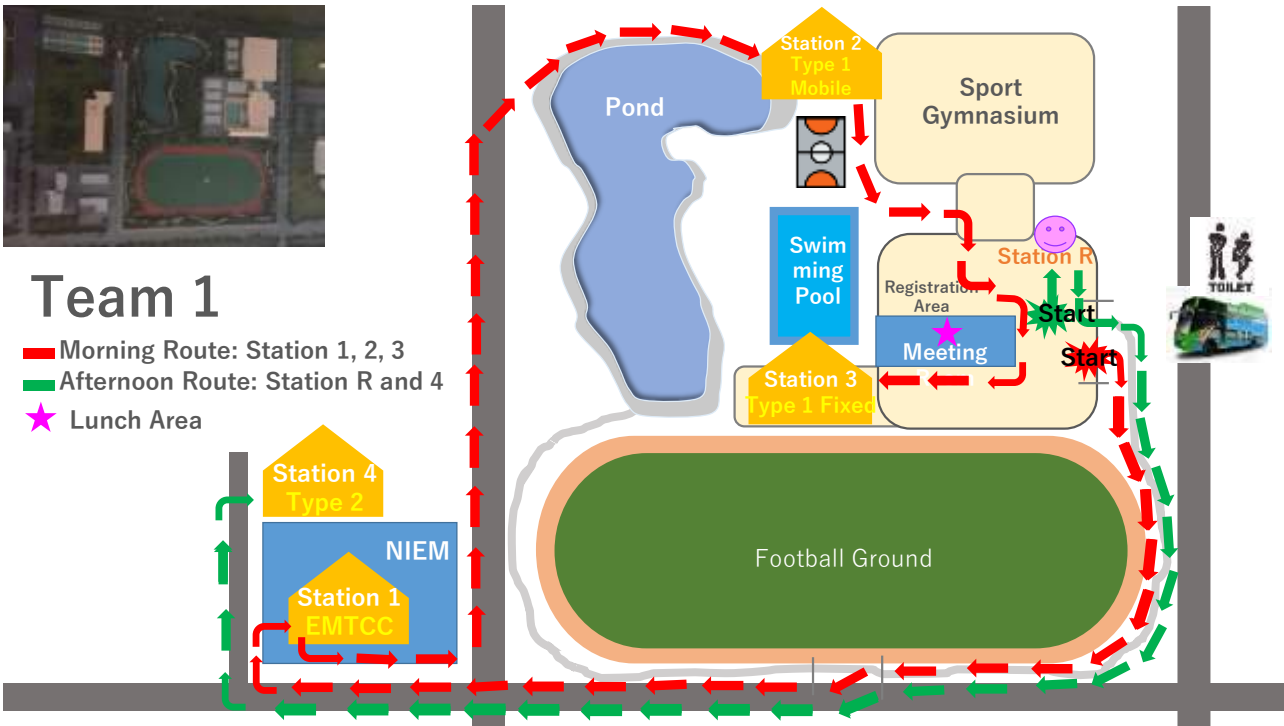
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Team 1

- Morning Route: Station 1, 2, 3
- Afternoon Route: Station R and 4
- ★ Lunch Area



Station 1

Information management in EMTCC with AHA Center





Station 2

Field Assessment by EMT Type 1 mobile





Station 3

**Writing Thai Medical Records and Making Daily Report on EMT Type 1
Fixed**



Station 4

Providing Disaster Life Support and referring patients on EMT type 2

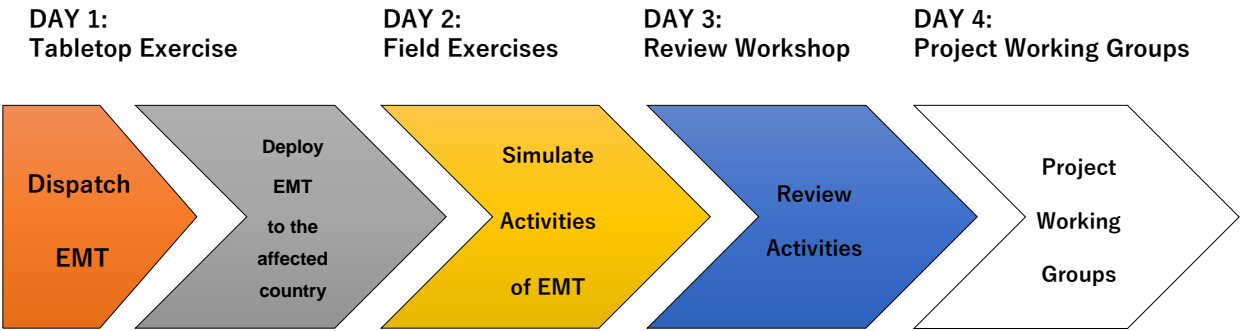
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Day 3: Review Workshop



Day 3: Review Workshop

Objectives

1. To identify challenges of the teams/individuals
 - Issues for minimum requirements
2. To identify challenges on team coordination and collaboration
 - Issues for strengthening regional collaboration (SASOP, AJDRP, EAS toolkit, needs for new tools/modifications, etc.)

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Day1-3

Start-up Drill Checkup Sheet

To identify the gaps among the teams/individuals

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Fill in the checkup sheet throughout the Start-up Drill

To identify the gaps among the teams/individuals

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Checkup Sheet

- How About X?
- What have you learned from X?
- What will you improve on the lessons learnt?

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Day1

Day 1 Table Top Exercise Checkup Sheet

To identify the gaps among the teams/individuals

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Day1

How About Table Top Exercise?

- Good points
- Points for improvements

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Day1

What have you learned from the Exercise?

- In-County Process
- International Deployment Process

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Day1

What will you improve on the lessons learnt?

Dispatching the EMT

- Sharing formal request from the affected country

- Decision-Making Process

Coordinating the EMTs

- Among the EMTs

- With the National Disaster Management Office of the affected country and the AHA Centre

17 January 2017

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Day 2 Field Exercise Checkup Sheets

- Station 1
- Station 2
- Station 3
- Station 4

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Day3

Consolidate the results of Day 1 & 2: "How About X?"

You will present your opinions, recommendations etc. on Start-up Drill.

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Consolidate the results of Day 1 & 2: Improvements on Lessons Learnt

You will divide them into four (4) categories.
The results will be considered in PWG 1 & 2.

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Team Capacity Building (Possible Topics for the AMS Trainings)	Team/Collaboration Capacity Building (ARCH Project Tools: SOP)
Personal Capacity Building (ARCH Project Tools: Minimum Requirements)	Collaboration Capacity Building (e.g. ASEAN SOPs/ WHO EMTCC Handbook)

20 January 2017

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Team Capacity Building

Day3

(Possible Topics for the AMS Trainings)

- Under the common activity goal, development of training by common text, terms, medical information management and medical treatment method
 - Training for EMT, EMTCC Team, Rapid Health Assessment Team, risk management and disaster management.
 - Leadership and teamwork
 - Surviving and self-safety and sanitation skills
 - Learn to adapt in a disaster situation (working/living in disaster affected areas)
 - Equipment for survival/ medical operation
 - Logistics and supply management
 - Communication management (basic use of radio)
- FDA-accreditation and referral system of each country

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Team/Collaboration Capacity Building

Day3

(ARCH Project Tools: SOP)

- SOP between EMTs (Type 1, 2, 3)
- SOP among coordination organizations (EMT CC, EOC, AHA Centre, UN OCHA etc)
- Using the same standard forms
 1. Daily Report
 2. Registration form
 3. Rapid Health Assessment Form
 4. Medical Record Form
 5. Referral form
 6. Summary Reporting Form
- Information management and sharing methods
- Conflict resolutions

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<div>Personal Capacity Building</div> <div>(ARCH Project Tools: Minimum Requirements)</div>	
<div>Skills comply with Standard protocols for</div> <ul style="list-style-type: none">• Health Emergencies Management (Focused on medical treatment)<ul style="list-style-type: none">• Basic skills needed for advance trauma life support for doctors and nurses• Public Health Emergencies Management• Risk assessment (Safety and survival skills)• Understandings of<ul style="list-style-type: none">• ICS concepts• International Standards about Quality and Accountability on Humanitarian Assistance (Sphere standard, Core Humanitarian Standard, Good enough guide etc)• Share the latest international trend and disaster response experience	

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<div>Collaboration Capacity Building</div> <div>(e.g. ASEAN SOPs/ WHO EMTCC Handbook)</div>	
<div></div> <ul style="list-style-type: none">• ASEAN Collaboration SOP With WHO Region (Since AMS divided into 2 regional offices of WHO: SEARO and WPRO regional office)• Essential information package for international EMT of each country• Available SOPs and handbook are concise and informative• Plan is to adapt / modify for reference, acronyms and terms• Standardization in Assessment forms, Clinical Record forms and Daily Reporting forms in ASEAN Region. Must be compatible with existing international (WHO-MDS) and regional (AHA Centre) formats.• Balance between Standardization and Contextualization. Contextualization comes after standardization, but it still must be easily understandable by regional or international EMTs.• Collect and share good practice on EMT coordination	

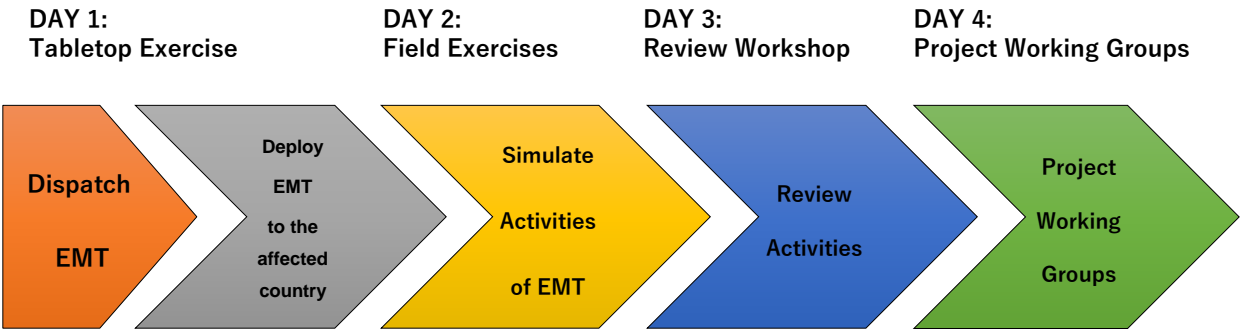
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Issues for the future consideration

- To include all AMS to participate in the training
- Send report of this training to MOH
- Dissemination this lessons learned to Health facility
- Meeting with MOH how to set up and develop EMSs and EMT
- To lengthen drill period
- Practical training by participating in teams from multiple countries
- Taking ongoing training as a registered volunteer of a given training course
- Good cooperation SOP with WHO, JDR, AHA Centre and other organizations
- Funding and support for EMT

Day 4: Project Working Groups



Overview of PWG1

Dr. Phumin Silapunt
Deputy Secretary-General
National Institute for Emergency Medicine
(NIEM)
JICA ARCH Project

2

Objectives of ARCH project

► Project Purpose

Regional coordination on disaster health management is strengthened in ASEAN.

► Outputs

- Output 1: Coordination platform on disaster health management is set up.
- Output 2: Framework of regional collaboration practices is developed.
- Output 3: Tools for effective regional collaboration on disaster health management are developed.
- Output 4: Academic network on disaster health management in AMS is enhanced.
- Output 5: Capacity development activities for each AMS are implemented.

3

Pwg1

Purpose

- The purpose of the Project Working Group (PWG) 1 of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH project) is to develop tools necessary for effective regional collaboration on disaster health management.

4

Scope of activities

1. Development of regional collaboration tools.
 2. Designing and planning of regional collaboration drills which are planned to be executed three (3) times during the project period.
- **The tools will be piloted, evaluated and improved through the regional collaboration drills.**

5

Expected outcomes

- A draft **SOP** for coordination in disaster health management;
- Draft **minimum requirements** for health professionals who participate in emergency medical teams;
- A draft **database** of emergency medical teams of AMS; and
- A draft **health needs assessment framework** at the time of disaster.

The four (4) final draft regional collaboration tools will be reviewed and approved by the Regional Coordination Committee (RCC). These will be submitted for endorsement to the ASEAN Health Cluster 2, and to the Senior Officials Meeting on Health Development (SOMHD) for final endorsement.

6

Membership

- PWG 1 is comprised of the following members:
- Two (2) members from each ASEAN Member State
 - One Regional Coordination Committee (RCC) member in charge of mobilization, dispatch, and management of emergency medical teams
 - One (1) person in charge of policy on coordination of international disaster assistance or in charge of disaster response operation at national level in the health sector
- One (1) member from the ASEAN Secretariat
- One (1) member from the AHA Centre
- Members from the Japanese Advisory Committee

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Chairperson

- A chairperson shall be selected from the RCC member of the host country of the meeting.

The chairperson will:

- preside over all the PWG 1 meeting and conduct the meeting in the traditional spirit of ASEAN solidarity and cordiality;
- summarize the salient points, decisions raised or agreed, and conclusion reached at the PWG 1 meeting; and
- submit the progress report of PWG 1 to RCC

8

Schedule

	Drill	Meeting
January 2017	Start-up drill	1 st PWG1 meeting
April 2017 (TBD)		2 nd PWG1 meeting
July 2017	1 st Regional collaboration drill	3 rd PWG1 meeting
November 2017		4 th PWG1 meeting
March 2018	2 nd Regional collaboration drill	5 th PWG1 meeting
June 2018		6 th PWG1 meeting
October 2018	3 rd Regional collaboration drill	7 th PWG1 meeting

Proposal

- PWG1 Meeting: 20-21 April 2017, Bangkok (one and half days)
(arrival in BKK on 19 April, PWG 1 meeting on 20-21 April, departure from BKK in the afternoon of 21 April)
 - Plan for 1st Regional Collaboration Drill in July 2017.
 - Draft regional collaboration tools

Program

11:00-12:00	Standard Operating Procedure (SOP)
12:00-13:00	Lunch
13:00-13:50	Minimum Requirements
13:50-14:40	Health Needs Assessment Framework
14:40-15:15	Database of Emergency Medical Teams (EMTs)
15:15-15:45	Wrap up and Way Forward
15:45-16:00	Coffee Break
16:00-	PWG 1 & 2 Joint Session

1

Objectives

1. To identify the inputs from the Start-up Drill.
2. To agree on the purpose, goal, targets, and work plan of each tool.

2

Project Working Group (PWG) 1

Regional Collaboration Tool Standard Operating Procedure (SOP)

1st Project Working Group (PWG) 1 Meeting

20 January 2017

Radisson Blu Plaza Bangkok, Thailand

JICA ARCH Project

3

TOR of PWG 1

By the end of the project period, PWG 1 will produce the following four (4) deliverables:

- a. A draft **Standard Operating Procedure (SOP)** for coordination in disaster health management;
- b. Draft **minimum requirements** for health professionals who participate in emergency medical teams;
- c. A draft **database** of emergency medical teams of AMS; and
- d. A draft **health needs assessment framework** at the time of disaster.

4

Definition and Terminology

A Standard Operating Procedure (SOP)

a document which describes the regularly recurring operations to ensure that the operations are carried out correctly (quality) and always in the same manner (consistency).

(FAO. Standard Operating Procedures. <http://www.fao.org/docrep/W7295E/w7295e04.htm>)

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Definition and Terminology (cont.)

Disaster health management

ARCH Project mainly focuses on:

- Coordination of **emergency medical teams (EMTs)** and the receiving country, and team management relevant to disaster response in the health sector implemented by EMTs.
- Acute phase of sudden on-set natural disaster which may require external emergency assistance.

6

Definition and Terminology (cont.)

Emergency Medical Teams (EMTs)

EMTs refer to groups of health professionals and supporting staff aiming to provide direct clinical care to populations affected by disaster or outbreaks and emergencies as surge capacity to support the local health system. They include governmental (both civilian and military) and non-governmental teams.

(WHO, Emergency Medical Team Coordination Cell (EMTCC) Coordination Handbook 2016, Draft Version 10, June 2016)

7

Rationale

The preliminary survey of ARCH project revealed that there is a need for developing a Standard Operating Procedure (SOP) for coordination of and collaboration among emergency medical teams (EMTs) for strengthening the health sector preparedness and response to disasters in the ASEAN region.

8

Purpose

A Standard Operating Procedure (SOP) for coordination of and collaboration among emergency medical teams (EMT) aims:

- ✓ to ensure the quality and consistency of EMT operations in the affected ASEAN Member State (AMS) in order to realize the vision "One ASEAN, One Response".
- ✓ to complement the operating procedures and tools already developed by the international community, the ASEAN and East Asia regions.

9

Scope

Draft Idea

- ✓ SOP is in line with SASOP and other relevant frameworks and protocols such as EAS Toolkit and WHO's EMTCC Handbook (draft).
- ✓ SOP includes coordination of and collaboration among EMTs in the field.
- ✓ SOP is intended for use by the Government and Ministry of Health (MoH) in the affected country, countries/organizations sending EMTs, EMTs deployed to the affected country and AHA Centre.

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**Inputs from
Start-up Drill****Team/Collaboration Capacity Building
(ARCH Project Tools: SOP)**

Day3

- SOP between EMTs (Type 1, 2, 3)
- SOP among coordination organizations (EMT CC, EOC, AHA Centre, UN OCHA etc)
- Using the same standard forms
 1. Daily Report
 2. Registration form
 3. Rapid Health Assessment Form
 4. Medical Record Form
 5. Referral form
 6. Summary Reporting Form
- Information management and sharing methods
- Conflict resolutions

17-19 January 2017

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**Inputs from
Start-up Drill****Collaboration Capacity Building
(e.g. ASEAN SOPs/ WHO EMTCC Handbook)**

Day3

- ASEAN Collaboration SOP With WHO Region (Since AMS divided into 2 regional offices of WHO: SEARO and WPRO regional office)
- Essential information package for international EMT of each country
- Available SOPs and handbook are concise and informative
- Plan is to adapt / modify for reference, acronyms and terms
- Standardization in Assessment forms, Clinical Record forms and Daily Reporting forms in ASEAN Region. Must be compatible with existing international (WHO-MDS) and regional (AHA Centre) formats.
- Balance between Standardization and Contextualization. Contextualization comes after standardization, but it still must be easily understandable by regional or international EMTs.
- Collect and share good practice on EMT coordination

17-19 January 2017

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Goal

A draft Standard Operating Procedure (SOP) for coordination of and collaboration among EMTs to be used by stakeholders (e.g. affected country's government, MoH, ASEAN Member States, EMTs, organizations deploying EMTs, AHA Centre) is developed to be approved by the Regional Coordination Committee (RCC) in March 2019.

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Target in Each Year

- | | |
|--|--|
| By Nov. 2017
<i>3rd PWG 1 Meeting</i> | Scope, contents and format of SOP are agreed and the first draft is created. |
| By Oct. 2018
<i>6th PWG 1 Meeting</i> | Draft SOP is piloted, evaluated and further developed through the 2nd and 3rd Regional Collaboration Drills. |
| In Mar. 2019 | A draft SOP is approved by RCC. |

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Work Plan

Start-up Drill 1st PWG 1 Meeting	Jan. 2017	<ul style="list-style-type: none"> Identify the inputs from Start-up Drill. Agree on the purpose, goal, targets, work plan etc.
Jan. to Apr. 2017		<ul style="list-style-type: none"> Draft SOP format and content. Plan development process.
PWG 1 Meeting (TBD)	Apr. 2017 (TBD)	<ul style="list-style-type: none"> Discuss and agree on SOP format, content and development process. Discuss the plan of the 1st Drill
June 2017		<ul style="list-style-type: none"> Draft Ver. 0
1st Regional Collaboration Drill 2nd PWG 1 Meeting 2nd RCC Meeting	July 2017	<ul style="list-style-type: none"> Identify the inputs from the 1st Drill. Review Ver. 0 and seek comments and opinions. Report the progress to RCC.
July to Oct. 2017		<ul style="list-style-type: none"> Incorporate the inputs/comments/opinions and draft Ver. 1.
3rd PWG 1 Meeting	Nov. 2017	<ul style="list-style-type: none"> Plan the 2nd drill in order to pilot and evaluate the draft SOP (Ver. 1)
Nov. 2017 to Feb. 2018		<ul style="list-style-type: none"> Preparation for the 2nd drill.

Work Plan (cont.)

2nd Regional Collaboration Drill 4th PWG 1 Meeting 3rd RCC Meeting	Mar. 2018	<ul style="list-style-type: none"> Identify inputs from the 2nd Drill. Review Ver. 1 and seek comments and opinions. Report the progress to RCC.
Mar. to June 2018		<ul style="list-style-type: none"> Incorporate the inputs/comments/opinions and draft Ver. 2.
5th PWG 1 Meeting	June 2018	<ul style="list-style-type: none"> Plan the 3rd drill in order to pilot and evaluate the draft SOP (Ver. 2)
June to Sept. 2018		<ul style="list-style-type: none"> Incorporate the inputs/comments/opinions and draft Ver. 3.
3rd Regional Collaboration Drill 6th PWG 1 Meeting 4th RCC Meeting	Oct. 2018	<ul style="list-style-type: none"> Identify inputs from the 3rd Drill. Review Ver. 3 and seek comments and opinions. Report the progress to RCC.
Oct. 2018 to Feb. 2019		<ul style="list-style-type: none"> Incorporate the inputs/comments/opinions and draft Ver. 4.
5th RCC Meeting	Mar. 2019	<ul style="list-style-type: none"> Ver. 4 will be presented to RCC for their review and approval. Revise if necessary and finalize the draft as Draft Final.

Timeline

	2017												2018												2019						
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
Regional Collaboration Drill	SU						①						②									③									
PWG 1 Meeting	①			●			②			③			④		⑤							⑥									
RCC Meeting							②						③									④				⑤					
Draft SOP							▲			▲					▲							▲				▲					
							Ver. 0			Ver. 1					Ver. 2							Ver. 3				Ver. 4/ Draft Final					

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Next Step

- By the end of Feb.

Project Team will draft SOP format and content, and plan development process.
- March to April

Draft SOP format and content, and plan of development process will be distributed to PWG 1 members for comments.
- Before PWG 1 Meeting

Project Team will incorporate the comments from PWG 1 members.
- April (TBD)

Discuss and agree on SOP format, content and development process at PWG 1 Meeting. Plan the 1st Drill.

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Project Working Group (PWG) 1

Regional Collaboration Tool Minimum Requirements

1st Project Working Group (PWG) 1 Meeting

20 January 2017

Radisson Blu Plaza Bangkok, Thailand

JICA ARCH Project

1

TOR of PWG 1

By the end of the project period, PWG 1 will produce the following four (4) deliverables:

- a. A draft **SOP** for coordination in disaster health management;
- b. Draft **minimum requirements** for health professionals who participate in emergency medical teams;
- c. A draft **database** of emergency medical teams of AMS; and
- d. A draft **health needs assessment framework** at the time of disaster.

2

Background

- Minimum standards for emergency medical teams (teams as a whole) have already been developed by WHO in "Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters (2013)" (a.k.a. blue book).
- However, minimum standards or requirements for individual members are not specifically defined.
- As of now, it is the organizations or agencies that establish the criteria for members to be on the roster of EMT.
- The needs for developing minimum requirements for individual team member were identified in the preliminary survey of ARCH Project.

3

Example: Standards by WHO regarding EMT members

- I. All staff are specialists in their field.
- II. Personnel are appropriately trained in either conflict or sudden onset disaster surgical injury management if relevant.
- III. Majority have training and experience in global health, disaster medicine and providing care in austere environments.
- IV. Acknowledged need to train and provide experience to new staff; scope for junior and inexperienced staff working under direct supervision of experienced colleagues (in the later phase of a disaster response).

Core Standard (h) (p.19) in WHO, Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters, 2013.
WHO, Global Emergency Medical Team Classification, Self-Assessment Minimum Standards Checklist Mentor Resource Guide, 2016.

4

Rationale

- Capacity of individual members is vital to ensure the quality of care provided by EMTs in addition to the capacity of the team as a whole.
- Clear and appropriate criteria or minimum requirements are needed to provide guidance to AMS in order to develop its EMT system and to strengthen human resources for EMT.

5

Definition and Terminology

Minimum requirements

The lowest level of acceptable education, training and experience needed to be enrolled as a member of emergency medical team (EMT) which can be deployed internationally.

6

Definition and Terminology (cont.)

Emergency Medical Teams (EMTs)

EMTs refer to groups of health professionals and supporting staff aiming to provide direct clinical care to populations affected by disaster or outbreaks and emergencies as surge capacity to support the local health system. They include governmental (both civilian and military) and non-governmental teams.

(WHO, Emergency Medical Team Coordination Cell (EMTCC) Coordination Handbook 2016, Draft Version 10, June 2016)

7

Definition and Terminology (cont.)

EMT members

In general, EMTs are composed of: 1) Medical Doctors/Physicians, 2) Nurses, 3) Allied Health Personnel, 4) Logistics and Operational Support Staff, and 5) Administrative and Other Staff .

(WHO, Emergency Medical Team Coordination Cell (EMTCC) Coordination Handbook 2016, Draft Version 10, June 2016)

EMT members include **health professionals** and **supporting staff**.

8

Definition and Terminology (cont.)

A (qualified) Health Professional

A formally trained clinical provider, such as a physician, nurse, clinical officer or medical assistant who has been recognized as such by a competent professional body.

(WHO, Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters, 2013)

Supporting Staff

Staff supporting EMT operations in areas such as logistics and administration.

9

Purpose

Minimum requirements for EMT members are to provide clear and appropriate eligibility standards for ASEAN Member States (AMS) to develop and strengthen their human resources for EMTs to be deployed internationally in order to realize the vision "One ASEAN, One Response".

10

Goal

Draft minimum requirements for EMT members including health professionals and support staff are developed to be approved by the Regional Coordination Committee (RCC) in March 2019.

11

Components of Minimum Requirements

Draft Idea

	a. Role-specific Requirements	b. Common Requirements
1. Professional competence and license to practice	e.g. a medical degree, a license to practice from specific professional body, relevant working experience in home country...	e.g. relevant experience in disaster and emergency response...
2. Adaptation of technical and non-technical professional capacities into low-resource and emergency context	[technical] clinical skills (surgery, wound care, pediatrics...), public health (disease prevention, health systems...), logistics (shelter, water...)	[non-technical] ethics, cultural awareness, leadership, understanding of the humanitarian structure...
3. Preparation for an effective team performance in the field	e.g. Pre-deployment courses specific to professional category/position.	e.g. Pre-deployment courses offered by EMT organization (organization's protocols, communication pathways, security guidelines...)

Adapted and modified from: Amat Camacho N, Hughes A, Burkle FM, Ingrassia PL, Ragazzoni L, Redmond A, Norton I, von Schreeb J. Education and Training of Emergency Medical Teams: Recommendations for a Global Operational Learning Framework. PLOS Currents Disasters. 2016 Oct 21. Edition 1. doi: 10.1371/currents.dis.292033689209611ad5e4a7a3e61520d0.

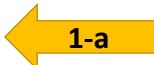
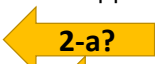
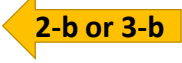
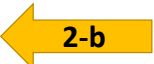
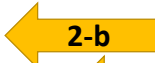

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Inputs from Start-up Drill**Personal Capacity Building**

Day3

(ARCH Project Tools: Minimum Requirements)

Skills comply with Standard protocols for

- Health Emergencies Management (Focused on medical treatment) 
- Basic skills needed for advance trauma life support for doctors and nurses
- Public Health Emergencies Management 
- Risk assessment (Safety and survival skills) 
- Understandings of
 - ICS concepts 
 - International Standards about Quality and Accountability on Humanitarian Assistance (Sphere standard, Core Humanitarian Standard, Good enough guide etc) 
- Share the latest international trend and disaster response experience 

17-19 January 2017

13

Work Process

	a. Role-specific Requirements	b. Common Requirements
1. Professional competence and license to practice	1-a	1-b
2. Adaptation to context	2-a	2-b
3. Team performance	3-a	3-b

Identify the inputs from SU drill.
Conduct a survey to understand the current requirements for EMT members in AMS



Identify and prioritize areas (from 1-a to 3-b) to work on and decide the development process



Develop minimum requirements by each area.
Identify the inputs from Regional Collaboration Drills and incorporate them into the draft.

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Target in Each Year

- By Nov. 2017
3rd PWG 1 Meeting

Current requirements for EMT members in AMS are clarified. Areas to focus on for development are identified. The first draft is completed (three (3) areas are covered).
- By Oct. 2018
6th PWG 1 Meeting

Six (6) areas are covered in the draft.
- In Mar. 2019

Draft minimum requirements for EMT members are approved by RCC.

15

Work Plan

Start-up Drill 1st PWG 1 Meeting	Jan. 2017	<ul style="list-style-type: none">Identify the inputs from Start-up Drill.Agree on the purpose, goal, targets, work plan etc.
Jan. to Apr. 2017		<ul style="list-style-type: none">Conduct a questionnaire survey to understand the current minimum requirements in AMS.
PWG 1 Meeting (TBD)	Apr. 2017 (TBD)	<ul style="list-style-type: none">Identify areas (from 1-a to 3-b) to work on and decide the development process.
June 2017		<ul style="list-style-type: none">Draft Ver. 0
1st Regional Collaboration Drill 2nd PWG 1 Meeting 2nd RCC Meeting	July 2017	<ul style="list-style-type: none">Identify the inputs from the 1st Drill.Review Ver. 0 and seek comments and opinions.Report the progress to RCC.
July to Oct. 2017		<ul style="list-style-type: none">Incorporate the inputs/comments/opinions into Ver. 0 and revise it to Ver. 1.
3rd PWG 1 Meeting	Nov. 2017	<ul style="list-style-type: none">Review Ver. 1 and seek comments and opinions.
Nov. 2017 to Feb. 2018		<ul style="list-style-type: none">Incorporate the inputs/comments/opinions into Ver. 1 and revise it to Ver. 2.

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Work Plan (cont.)

2nd Regional Collaboration Drill 4th PWG 1 Meeting 3rd RCC Meeting	Mar. 2018	<ul style="list-style-type: none">Identify inputs from the 2nd Drill.Review Ver. 2 and seek comments and opinions.Report the progress to RCC.
Mar. to June 2018		<ul style="list-style-type: none">Incorporate the inputs/comments/opinions into Ver. 2 and revise it to Ver. 3.
5th PWG 1 Meeting	June 2018	<ul style="list-style-type: none">Review Ver. 3 and seek comments and opinions from PWG 1 members.
June to Sept. 2018		<ul style="list-style-type: none">Incorporate the inputs/comments/opinions into Ver. 3 and revise it to Ver. 4.
3rd Regional Collaboration Drill 6th PWG 1 Meeting 4th RCC Meeting	Oct. 2018	<ul style="list-style-type: none">Identify inputs from the 2nd Drill.Review Ver. 4 and seek comments and opinions.Report the progress to RCC.
Oct. 2018 to Feb. 2019		<ul style="list-style-type: none">Incorporate the inputs/comments/opinions into Ver. 4 and revise it to Ver. 5.
5th RCC Meeting	Mar. 2019	<ul style="list-style-type: none">Ver. 5 will be presented to RCC for their review and approval. Revise if necessary and finalize the draft as Draft Final.

Timeline

	2017												2018												2019						
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
Regional Collaboration Drill	SU						①							②								③									
PWG 1 Meeting	①				●		②			③			④		⑤							⑥									
RCC Meeting							②							③								④				⑤					
Draft Minimum Requirements	← Questionnaire Survey →						▲ Ver. 0			▲ Ver.1			▲ Ver. 2		▲ Ver. 3							▲ Ver. 4				▲ (Ver. 5) Draft Final					

Next Step

- | | |
|----------------|---|
| 30 January | Project Team will distribute the questionnaire to PWG 1 members from AMS. |
| 24 March | Deadline for submission of the filled questionnaire. |
| April | Project Team will compile the survey results. |
| April
(TBD) | Identify areas (from 1-a to 3-b) to work on and decide the development process. |

Project Working Group (PWG) 1

Regional Collaboration Tool Health Needs Assessment (HNA) Framework

1st Project Working Group (PWG) 1 Meeting

20 January 2017

Radisson Blu Plaza Bangkok, Thailand

1

TOR of PWG 1

By the end of the project period, PWG 1 will produce the following four (4) deliverables:

- a. A draft **SOP** for coordination in disaster health management;
- b. Draft **minimum requirements** for health professionals who participate in emergency medical teams;
- c. A draft **database** of emergency medical teams of AMS; and
- d. A draft **health needs assessment framework** at the time of disaster.

2

Rationale

- HNA will be required to match the needs of the disaster affected population and available resources of the emergency assistance teams, especially Emergency Medical Teams (EMTs) - both national (N-EMTs) and international (I-EMTs).
- HNA fulfills the Guiding Principle b. (p18) in WHO's "Classification and Minimum Standards For Foreign Medical Teams in Sudden Onset Disasters" (2013) , i.e. *"The FMT offer a "needs based" response according to the context and type of SOD in the affected nation."*

3

Purpose

To provide a rapid overview of the emergency situation in order to identify the immediate impacts of the crisis, making initial estimates of the vital needs of the affected population and define the priorities for emergency health response by both N-EMTs and I-EMTs.

4

Roles of HNA

- Measure present and potential health impact
- Assess :
 - (i) the adequacy of existing response capacity
-infrastructure, facilities, human resources, drug supply, access to the available services, etc.-
 - (ii) the immediate needs of the affected population
- Recommend priority actions for immediate response by N-EMT and I-EMTs.
- Predict future needs

5

Process and methodologies of HNA

The following methodologies can be used, depending on the situation, to gather information required for emergency assistance by EMT.

- i. Secondary data review (pre-disaster and onset of the disaster)
- ii. Primary data collection: Community level assessment (direct observation, key informant interview, community group discussion etc.)
- iii. Conducting inter-sectoral analysis and determining strategic humanitarian actions
- iv. The information will be shared and disseminated through outputs such as electronic means and situational analysis report etc.

6

Definitions of Terminologies (1)

Health Needs Assessment Framework: A systematic process of collecting, analyzing, understanding and recording what is happening for planning and deploying of assistance and resources by identifying and addressing the health priorities of the affected populations.

Secondary data: the data that have been already collected by and readily available from other sources. There are pre-crisis secondary data and in-crisis secondary data. The secondary data provides more detailed information and a baseline with which to compare primary data.

7

Definitions of Terminologies (2)

Primary Data: The field data collected through community-level assessment. The main primary data collection techniques are follows:

- a. Direct Observation: Structured (looking for) and unstructured (looking at) observation (sounds, smells, visual impression, taste, touch etc.) of the impact and situation of the affected community and population.
- b. Key Informant Interview: An individual with prior knowledge of the affected community is questioned to gather key information on the impact of the disaster and on priority community needs.
- c. Community Group Discussion: Interview of a group of individual to obtain information on condition, situations, experience or perceptions through group interaction.

8

Goal

To develop a draft framework of HNA to be approved by the Regional Coordination Committee (RCC) in March 2019.

9

Target in Each Year

By Jul. 2017	Draft Version 0 of a better coordinated and clearly defined procedure of HNA in line with SASOP
By Mar. 2018	Draft Version 1
By Oct. 2018	Draft Version 2
By Mar. 2019	Final Draft Version

- NHA procedure includes common methodologies, common & standardized formats for assessment and reporting, and coordinated and systematic information sharing among EMTs and responsible authorities of the affected country.

10

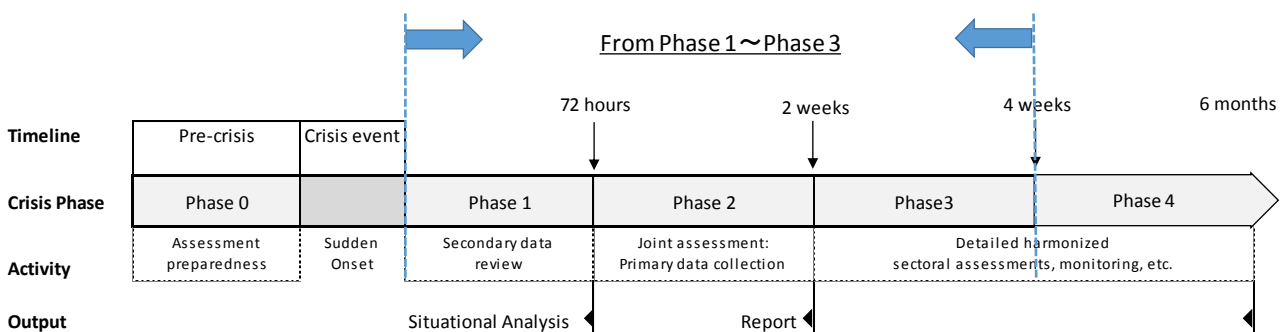
Operational Rules

- Review relevant resources in SASOP, ERAT and WHO, and other already available assessment tools
- Extract issues and lessons learned from the start-up and regional collaboration drills
- Gain inputs and recommendations from the AMS, AHA Centre, RCC and PWG 1 members etc.
- Identify the deficiencies and gaps in the current assessment framework as a effective regional collaboration tool
- Based on the recommendations and inputs above, develop a draft HNA framework which includes coordinated procedures and common tools to facilitate the regional collaboration among EMTs

11

Period of HNA to be covered

The Project covers the period of Phase 1 to Phase 3 (up to 4 weeks) of NHA after the onset of the disaster as shown below.



12

Types of HNA to be covered

NHA includes:

1. First, initial assessment and situation updates by local authorities, primarily the ministry of health of the affected country in order to request and mobilize emergency assistance teams, especially EMTs-both N-EMTs and I-EMTs., that is appropriate to the significance of the impact and consistent with the needs of the affected community
2. Second, the joint assessment on site by N-EMTs and I-EMTs in order to facilitate coordinated actions for the needs based emergency health response.

13

Recommendations from SUD

- Common and standardized tools
- Common and standardized checklists and forms
- Assessment instruction guide
- A standard set of equipment for field assessment
- ASEAN-ERAT formats will be useful

Work Plan

Start-up Drill 1 st PWG 1 Meeting	Jan. 2017	<ul style="list-style-type: none"> Inputs and recommendations from SUD Agree on the purpose, goal, targets, work plan etc.
PWG 1 Meeting	Apr. 2017 (TBD)	<ul style="list-style-type: none"> Discussion on Ver. 0
1 st Regional Collaboration Drill (RCD) 2 nd PWG 1 Meeting 2 nd RCC Meeting	Jul. 2017	<ul style="list-style-type: none"> Testing (?)/Inputs for Ver. 1 from RCD Discussion/finalization of Ver. 1 in PWG1 meeting Comments and approval on Ver.1 in RCC
3 rd PWG 1 Meeting	Nov. 2017	<ul style="list-style-type: none"> Discussion on Ver.2
2 nd RCD 4 th PWG 1 Meeting 3 rd RCC Meeting	Mar. 2018	<ul style="list-style-type: none"> Testing / inputs for Ver. 2 from RCD Discussion/finalization of Ver. 2 in PWG2 meeting Comments and approval on Ver.2 in RCC
5 th PWG 1 Meeting	Jun 2018	<ul style="list-style-type: none"> Discussion on Ver.3

15

Work Plan (cont.)

3 rd RCD 6 th PWG 1 Meeting 4 th RCC Meeting	Oct. 2018	<ul style="list-style-type: none"> Testing / inputs for Ver. 3 from RCD Discussion/finalization of Ver. 3 in PWG2 meeting Comments and approval on Ver.3 in RCC
5 th RCC Meeting	Mar. 2019	<ul style="list-style-type: none"> Comments and approval on Final Draft in RCC
6 th RCC Meeting (Final Seminar)	Aug. 2019	<ul style="list-style-type: none"> Presenting Final Draft

16

Timeline

	2017				2018				2019		
	1 2 3	4 5 6	7 8 9	10 11 12	1 2 3	4 5 6	7 8 9	10 11 12	1 2 3	4 5 6	7 8 9
Regional Collaboration Drill	SUD		①		②			③			
PWG 1 Meeting	①	② TBD	③	④	⑤	⑥		⑦			
RCC Meeting			②		③			④	⑤		○ Seminar
Draft Framework of HNA		▲ Ver. 0	▲ Ver. 1		▲ Ver. 2			▲ Ver. 3	▲ Final Draft		▲ Presenting Final Draft

Project Working Group (PWG) 1

Regional Collaboration Tool A Database of Emergency Medical Teams (EMTs)

1st Project Working Group (PWG) 1 Meeting

20 January 2017

Radisson Blu Plaza Bangkok, Thailand

JICA ARCH Project

1

TOR of PWG 1

By the end of the project period, PWG 1 will produce the following four (4) deliverables:

- a. A draft **SOP** for coordination in disaster health management;
- b. Draft **minimum requirements** for health professionals who participate in emergency medical teams;
- c. A draft **database of emergency medical teams of AMS**; and
- d. A draft **health needs assessment framework** at the time of disaster.

2

Rationale

There is a need to identify in advance the assets and capacities of Emergency Medical Teams (EMTs) of ASEAN Member States (AMS) in order to strengthen the regional disaster preparedness and response.



- ✓ **ASEAN Agreement on Disaster Management and Emergency Response (AADMER):** Article 9
- ✓ **Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP):** B. (i) Emergency Response/Search and Rescue Directory, Inventory of Earmarked Assets and Capacities.
- ✓ **ASEAN Joint Disaster Response Plan (AJDRP):** identifying assets and capacities regarding health and medical services (Module 3)

Purpose

A draft database of EMTs of AMS aims to

- ✓ strengthen the regional disaster preparedness and response by providing information on EMT assets and capacities available for deployment to the affected country.
- ✓ contribute to the operationalization of SASOP and the implementation of AJDRP in the spirit of AADMER.

Definition and Terminology

Emergency Medical Teams (EMTs)

EMTs refer to groups of health professionals and supporting staff aiming to provide direct clinical care to populations affected by disaster or outbreaks and emergencies as surge capacity to support the local health system. They include governmental (both civilian and military) and non-governmental teams.

(WHO, Emergency Medical Team Coordination Cell (EMTCC) Coordination Handbook 2016, Draft Version 10, June 2016)

5

Definition and Terminology (cont.)

Database

A structured set of data held in a computer. The EMT database of ARCH Project will target primarily government civilian EMTs which can be deployed internationally.

6

Goal

A draft database of EMTs of AMS is prepared with defined criteria and data categories to be approved by the Regional Coordination Committee (RCC) in March 2019.

7

Target in Each Year

By Nov. 2017 <i>3rd PWG 1 Meeting</i>	Data categories and criteria to be registered in the database are agreed. The current status of EMTs of AMS is clarified.
By Oct. 2018 <i>6th PWG 1 Meeting</i>	Data collection and reporting system is established (at least twice a year, in Jan. and July). Exit plan for Database Management is agreed by PWG 1 and RCC.
In Mar. 2019	A draft database of EMTs of AMS is approved by RCC.

8

Operational Rules

- i. The Project Team will create the EMT database in MS Excel considering its usability and compatibility in the future.
- ii. The database will be installed in a computer of the Project office in NIEM and will be managed by the Project Team.
- iii. PWG 1 members will provide data of EMTs to the Project Team in January and July, or whenever there are any significant changes.
- iv. The Project Team will input data and update the database.
- v. The data and information will be shared with PWG 1 members from AMS, the ASEAN Secretariat and the AHA Centre at each PWG 1 meeting and at the end of the project.
- vi. If modification needs arise, the Project Team will modify the database after PWG 1's agreement.

9

Work Plan

1st PWG 1 Meeting	Jan. 2017	<ul style="list-style-type: none">• Agree on the purpose, goal, targets, work plan and operational rules, the format of database etc.
Jan. to Apr. 2017		<ul style="list-style-type: none">• Collect data from each AMS and input the data into the database (Ver. 0)
PWG 1 Meeting (TBD)	Apr. 2017 (TBD)	<ul style="list-style-type: none">• Ver. 0 will be presented for review and approval. Modify the database if necessary after the meeting.
2nd PWG 1 Meeting 2nd RCC Meeting	July 2017	<ul style="list-style-type: none">• Confirm changes and progress of Ver. 0 at PWG 1 Meeting.• Ver. 0 will be presented to RCC for their review and approval. Modify if necessary and update to Ver. 1 after the meeting.
3rd PWG 1 Meeting	Nov. 2017	<ul style="list-style-type: none">• Ver. 1 will be shared.
Jan. 2018		<ul style="list-style-type: none">• Collect data from each AMS and input the data into the database (Ver. 1).
4th PWG 1 Meeting 3rd RCC Meeting	Mar. 2018	<ul style="list-style-type: none">• Confirm changes and progress at PWG 1 Meeting.• Ver. 1 will be presented to RCC for their review and approval. Modify if necessary and update to Ver. 2 after the meeting.

10

Work Plan (cont.)

5th PWG 1 Meeting	June 2018	<ul style="list-style-type: none"> Exit plan for database management will be discussed.
July 2018		<ul style="list-style-type: none"> Collect data from each AMS and input the data into the database (Ver. 3).
5th PWG 1 Meeting 4th RCC Meeting	Oct. 2018	<ul style="list-style-type: none"> Confirm changes and progress of at PWG 1 Meeting. Ver. 3 will be presented to RCC for their review and approval. Exit plan for database management will be agreed by PWG 1 and RCC members.
January 2019		<ul style="list-style-type: none"> Collect data from each AMS and input the data into the database (Ver. 4).
5th RCC Meeting	Mar. 2019	<ul style="list-style-type: none"> Ver. 4 will be presented to RCC for their review and approval. Modify if necessary and finalize the database as Draft Final.

11

Timeline

	2017												2018												2019								
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
PWG 1 Meeting	①			● TBD			②			③			④			⑤						⑥											
RCC Meeting							②						③									④						⑤					
A Draft Database	Data Collection			▲ Ver. 0			▲ Ver. 1						Data Collection			▲ Ver. 2						Data Collection			▲ Ver. 3			Data Collection			▲ Ver. 4/ Draft Final		

12

Format of Database

A format of EMT database can be used from “Matrix of Module for Standby Agreement” by AHA Centre as a base.

Specification	EMT Type 1				EMT Type 2				EMT Type 3			
Resource Information	Quantity	Unit	Contact Person / Details	Remarks	Quantity	Unit	Contact Person / Details	Remarks	Quantity	Unit	Contact Person / Details	Remarks
AMS												
Brunei Darussalam												
Cambodia												
Lao PDR												
Indonesia												
Malaysia												
Myanmar												
Philippine												
Singapore												
Thailand												
Vietnam												

13

Next Step

- 30 January

Project Team will distribute the data collection form to PWG 1 members from AMS.
- 24 March

Deadline for submission of the filled form.
- 07 April

Project Team will input data and create database Version 0.
- April (TBD)

Version 0 will be presented to PWG 1 Meeting.

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Project Working Group (PWG) 2 Meeting

January 20th , 2017

JICA ARCH Project

Today's Agenda

Time	Agenda
10:15 – 10:30	Introduction of PWG 2 members
10:30 – 10:50	Overview of PWG 2
10:50 – 11:10	Overview of Training Programs for AMS
11:10– 12:00	Plan of the 1st Training for AMS Theme: Human Resource Development - Selection of topic, methods and training resources
12:00 – 13:00	Lunch
13:00– 14:00	Plan of the 1st Training for AMS –cont'd- - Selection criteria for trainees - Preparation for the training, etc.
14:00– 15:15	Theme of 2nd, 3rd and 4th Training

Today's Agenda

Time	Agenda
15:15 – 15:45	Wrap-up and Way Forward
15:45 – 16:00	Coffee Break
16:00 – 16:10	Sharing of the Meeting Outputs (PWG 1 & 2 joint session)
16:10 – 16:20	Pre-requisites/conditions for hosting of the project events (PWG 1 & 2 joint session)
16:20 – 16:30	Closing Remarks (PWG 1 & 2 joint session)

Objectives of Today's Meeting

- ◆ To agree on overall training plan for AMS
- ◆ To discuss and agree on detailed plan for the 1st AMS training
- ◆ To share the schedule for conducting the 1st AMS training
- ◆ To discuss on the themes for 2nd, 3rd and 4th AMS training

Handouts

1. Presentation “Project Working Group (PWG) 2 Meeting ”
2. TOR of PWG 2 (ANNEX I)
3. Overview of 1st AMS Training (ANNEX II)

1. Overview of PWG 2

Pls. see the TOR for PWG 2

2. Overall training plan for AMS

Scope of Activities

Capacity Development Activities for ASEAN Member States (AMS)

Overall Goal

To strengthen the national capacity to fulfill the minimum requirements through the establishment of national disaster medical system, human resource development and improvement of operational capacity of the medical system.

7

Overall training plan for AMS

1) Training for AMS

- 1st training: May 2017
- 2nd training: November 2017
- 3rd training: May 2018
- 4th training: July 2018 → propose to make it in Nov.2018

2) Study tour in Japan for AMS

One (1) time during the Project period (to be scheduled in 2018)

- Details (e.g. theme, resources) will be discussed in the 2nd PWG 2 Meeting (July 2017).

Overall training plan for AMS



3. Detailed plan of the 1st Training for AMS

1st Training for AMS

1. Schedule	May 22 to 26, 2017 (5 days) (tentative)
2. Place	Bangkok, Thailand
3. Participants	Representatives from AMS <ul style="list-style-type: none">- In principle, 3 persons from each AMS for each course- resource persons from AMS ➡ A total of <u>38 persons</u>
4. Theme	Human Resource Development

11

1st Training for AMS

Theme: Human Resource Development

Objectives

- (1)To understand the current training system for human resource development in disaster health management and to identify the priority areas in each country (both pre-service training and continuous professional development (CPD)
- (2) To identify the issues and challenges of the current training system in each country
- (3) To share the best practices in capacity development and related training courses conducted by other countries and stakeholders (e.g. development of curriculum, certification system and skills standard for medical personnel)

12

1st Training for AMS

Theme: Human Resource Development

Objectives (Cont'd)

- (4) To identify the priority areas in each country for planning effective human resource development program to strengthening capacity of AMS on disaster health management including EMT to collaborate with other international EMTs
- (5) To understand how to set up the training system on disaster health management system.
- (6) To suggest to develop common minimum standards or requirement for disaster health management training including SASOP.

13

1st Training for AMS

Pls. see the **ANNEX for details.**

- Module, Learning Outcomes, Subjects
- Training resource
- Methodology, etc.

14

3. Selection Criteria

1st Training for AMS

■ Target

- The person in-charge of policy related to human resource development in disaster health management or emergency medical system
- The person in charge of developing curriculum or trainers of disaster health management or emergency medical system at an educational institution

Selection Criteria

■ **Current Duties:**

- practical work experience in disaster health management and emergency medical system.
- at least 3 years' experience in the current post

■ **Educational Background:** at least Bachelor's degree holder in health sector

■ **Language:** Good command of spoken and written English

■ **Attendance:** Must attend the entire 5-day-training program

■ **Age:** Under 55

■ Use for non-military purpose

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4. Preparation for the 1st AMS Training

Schedule of Preparation for the 1st AMS Training (tentative)

Time	Activities	Deadline	Focal Point
Jan.20	PWG 2 meeting - To agree on the detailed plan for the 1 st AMS training - To start nomination of participants and training resources for the training		All PWG 2 members
Jan – Feb	- To propose a name of training <u>resource person</u> (from which organization) for which topic from each AMS if any	Feb.10	All PWG 2 members
Jan - Feb	- To finalize the training plan and share the training plan with each member state	Feb. 17	Project
Feb	- To get the feedback/ comments from each member state	Mar. 3	All PWG2 members

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Schedule of Preparation for the 1st AMS Training - Cont'd-

Time	Activities	Deadline	Focal Point
Mar.	To send official invitation to each member state through ASEC - To request for nomination of participants/ training resources for the training	Mar.10	Project ASEC
Mar.	- To decide the participant/training resources - To provide the necessary support to dispatch the participants/training resources	Mar.31	Each state All PWG 2 members
April	Application Deadline for participants	April 14	Each Member state
Mar.-May	To make the necessary arrangements / Preparation for the training (e.g. training materials)		Project
May. 22-26, 2017	The 1 st AMS training		Project

5. Theme for the 2nd, 3rd, and 4th AMS Training

Proposed Themes for the following training programs

No.	Time	Theme
2 nd AMS Training	Nov. 2017	Capacity Development of Emergency Medical Team (e.g. team management, information management)
3 rd AMS Training	May. 2018	Capacity Development of Government (e.g. Policy and system)
4 th AMS Training	Nov. 2018	TBD

Q&A and Comments

Thank you

Plan of the 1st AMS Training

1) **Theme for the 1st AMS Training:** Human Resource Development

2) **Goals and Objectives**

Overall Goal for AMS Training	To strengthen the national capacity to fulfill the minimum requirements through the establishment of national disaster medical system, human resource development and improvement of operational capacity of the medical system.
Objectives for the 1 st AMS training	<ul style="list-style-type: none"> (1) To understand the current training system for human resource development in disaster health management in each country (both pre-service training and continuous professional development (CPD)) (2) To identify the issues and challenges of the current training system in each country (3) To share the best practices in capacity development and related training courses conducted by other countries and stakeholders (e.g. development of curriculum, certification system and skills standard for medical personnel, hospital emergency preparedness) (4) To identify the priority areas in each country for planning effective human resource development program to strengthening capacity of AMS on disaster health management including EMT to collaborate with other international EMTs (5) To understand how to set up the training system on disaster health management system. (6) To suggest to develop common minimum standards or requirement for disaster health management training including SASOP.

3) Training Topic

Module	Topic	Possible Resource
Day 1		
Opening	<ul style="list-style-type: none"> - Registration - Opening Remarks - Overview of AMS training and course objectives 	NIEM/JICA Project Team
Module 1: Current system or human resource development in disaster health management ¹ (both pre-service and CPD)	Each country makes a presentation on <ol style="list-style-type: none"> 1) Pre-service education (MD, Nurse, Paramedics) 2) CPD 3) Issues and challenges of the current training system 	Each AMS (1 presenter/country)
DAY 2		
(AM) Module 2: Best practices in <u>Pre-service Training</u>	Development of curriculum (MD, Nurse and paramedics) <ul style="list-style-type: none"> - Does it include any course related to disaster health management? - If yes, how the curriculum was developed? 	
(PM) Module 3: Best practices in continuous professional development (CPD)	Introduction of each training course and curriculum	
DAY 3		
(AM) Module 4: Certification system and skills standard for medical personnel in disaster health management	<ol style="list-style-type: none"> 1) Certification system Introduction of certification system and related course <ol style="list-style-type: none"> 2) Skills standard <ul style="list-style-type: none"> - Any program provided by medical association, nursing association 	

¹ Emergency medical services as a basis of disaster health management and public health management are included.

(PM) Module 5: Introduction of related training course provided by international organizations and NGOs.	<ul style="list-style-type: none"> - Public Health Emergency Management in Asia and the Pacific (PHEMAP) - Training system of relevant stakeholders (e.g Red Cross, NGO) 	
DAY 4		
Module 6: CPD in Thailand (site visit)	Site visit: training institute or hospital(s) which provide CPD on disaster health management	
DAY 5		
(8:30-10:30) Module 7: Making a recommendation	“Priority in human resource development in your country (e.g. sub-technical area, curriculum, lecturers, materials)”	Each AMS
(10:30-12:30) Module 8: Presenting a recommendation	Each country make a presentation - Each country has 10 minutes	Each AMS
(13:30-15:30) Module 9: Course Evaluation and Way forward for the 2 nd AMS Training	To get feedback from the training participants for further improvement of the next training course	
Closing	Closing Remarks	NIEM/JICA

Project Working Group (PWG) 1

Regional Collaboration Tool

Outputs from the 1st Meeting

1st Project Working Group (PWG) 1 Meeting

20 January 2017

Radisson Blu Plaza Bangkok, Thailand

JICA ARCH Project

1

Additional PWG 1 Meeting

The members agreed to hold an additional PWG 1 meeting from **8 to 9 May 2017** (*tentative*) to plan the first Regional Collaboration Drill and to discuss the draft regional collaboration tools.

2

Agreement on Purpose, Goal, Targets, and Work Plan

PWG 1 members agreed on the purpose, goal, targets and work plan of the following four (4) collaboration tools:

- a. A draft **Standard Operating Procedure (SOP)** for coordination in disaster health management;
- b. Draft **minimum requirements** for health professionals who participate in emergency medical teams;
- c. A draft **database** of emergency medical teams of AMS; and
- d. A draft **health needs assessment framework** at the time of disaster.

3

1. Standard Operating Procedure (SOP)

4

Goal

A draft Standard Operating Procedure (SOP) for coordination of and collaboration among EMTs to be used by stakeholders (e.g. affected country's government, MoH, ASEAN Member States, EMTs, organizations deploying EMTs, AHA Centre) is developed to be approved by the Regional Coordination Committee (RCC) in March 2019.

5

Target in Each Year

- | | |
|--|--|
| By Nov. 2017
<i>3rd PWG 1 Meeting</i> | Scope, contents and format of SOP are agreed and the first draft is created. |
| By Oct. 2018
<i>6th PWG 1 Meeting</i> | Draft SOP is piloted, evaluated and further developed through the 2nd and 3rd Regional Collaboration Drills. |
| In Mar. 2019 | A draft SOP is approved by RCC. |

6

2. Minimum Requirements

7

Goal

Draft minimum requirements for EMT members including health professionals and support staff are developed to be approved by the Regional Coordination Committee (RCC) in March 2019.

8

Target in Each Year

- By Nov. 2017 Current requirements for EMT members in AMS are clarified. Areas to focus on for development are identified. The first draft is completed.
- By Oct. 2018 The fourth draft is completed (with six (6) areas are covered).
- In Mar. 2019 Draft minimum requirements for EMT members are approved by RCC.

9

3. Health Needs Assessment (HNA) Framework

10

Goal

To develop a draft framework of HNA to be approved by the Regional Coordination Committee (RCC) in March 2019.

11

Target in Each Year

By Jul. 2017	Draft Version 0 of a better coordinated and clearly defined procedure of NHA in line with SASOP
By Mar. 2018	Draft Version 1
By Oct. 2018	Draft Version 2
By Mar. 2019	Final Draft Version

- NHA procedure includes common methodologies, common & standardized formats for assessment and reporting, and coordinated and systematic information sharing among EMTs and responsible authorities of the affected country.

12

4. A Database of Emergency Medical Teams (EMTs)

13

Goal

A draft database of EMTs of AMS is prepared with defined criteria and data categories to be approved by the Regional Coordination Committee (RCC) in March 2019.

14

Target in Each Year

- By Nov. 2017 Data categories and criteria to be registered in the database are agreed. The current status of EMTs of AMS is clarified.
- By Oct. 2018 Data collection and reporting system is established (at least twice a year, in Jan. and July). Exit plan for Database Management is agreed by PWG 1 and RCC.
- In Mar. 2019 A draft database of EMTs of AMS is approved by RCC.

15

Wrap-up

Outline of AMS training

Scope of Activities

Capacity Development Activities for ASEAN Member States (AMS)

Overall Goal

To strengthen the national capacity to fulfill the minimum requirements through the establishment of national disaster medical system, human resource development and improvement of operational capacity of the medical system.

Activities

- 1) 4 times Training for AMS
- 2) Study tour in Japan for AMS

Plan of 1st AMS training

- * Theme : Human Resource Development
- * Schedule : **May 22 to 26, 2017 (5 days)**
- * Place : Bangkok, Thailand
- * Participants : **3 persons** from each AMS
Total 38 persons including presenters
- * Resource persons from AMS, Japan, NGO, international organization etc

Schedule of Preparation for the 1st AMS Training (tentative)

Time	Activities	Deadline	Focal Point
Jan – Feb	- To propose a name of <u>training resource person</u> (from which organization) for which topic from each AMS if any	Feb.10	All PWG 2 members
Jan - Feb	- To finalize the training plan and share the training plan with each member state	Feb. 17	Project
Feb	- To get the feedback/ comments from each member state	Mar. 3	All PWG2 members
Mar.	To send official invitation to each member state through ASEC	Mar.10	Project ASEC
Mar.	- To decide the participant/training resources - To provide the necessary support to dispatch the participants/training resources	Mar.31	Each state All PWG 2 members
April	<u>Application Deadline</u> for participants	April 14	Each Member state

2nd, 3rd, and 4th AMS training

No.	Time	Theme
2 nd AMS Training	Nov. 2017	Capacity Development of Emergency Medical Team (e.g. team management, information management)
3 rd AMS Training	May. 2018	Capacity Development of Government (e.g. Policy and system)
4 th AMS Training	Nov. 2018	TBD according to progress of the Drill / PWG1

The schedule of 4th training was agreed that it change from July 2018 to Nov.2018

ARCH Project

Requirements for Hosting the Regional Collaboration Drill, Regional Coordination Meeting and Project Working Group Meetings

January 2017

1. Schedule and Approximate Number of Participants

To meet the objectives of the three-year ARCH Project (2016-2019), regional collaboration drills, regional coordination committee (RCC) meetings and project working group (PWG) meetings are planned and will be held according the schedule proposed below. ASEAN Member States which would like to host the regional collaboration drill (in March 2018 and October 2018) are expected to also host the RCC meeting and PWG meetings which are conducted immediately after the drill.

Sep 2017

	Approx. No. of Participants	Day 1
Project Working Group 1 Meetings	35	

March 2018

	Approx. No. of Participants	Day 1	Day 2	Day 3	Day 4	Day 5
Regional Collaboration Drill	70					
Project Working Group 1 Meetings	35					
Project Working Group 2 Meetings	35					
Regional Coordination Committee Meeting	35					

June 2018

	Approx. No. of Participants	Day 1
Project Working Group 1 Meetings	35	

October 2018

	Approx. No. of Participants	Day 1	Day 2	Day 3	Day 4	Day 5
Regional Collaboration Drill	70					
Project Working Group 1 Meetings	35					
Project Working Group 2 Meetings	35					
Regional Coordination Committee Meeting	35					

2. Venue and Accommodation

The venue for the drill and meetings, meals (coffee/tea and lunch), and accommodation (particularly for overseas participants) will be identified by the Host Country taking into consideration the drill and meeting requirements, and in consultation with the ARCH Project Team. These will be paid by the ARCH Project.

- The regional collaboration drill
 - Field: two days for rehearsal, one day for set-up and one day for the exercise (4 days in total, preferably approx. 7000 to 9000 m²)
 - Meeting room (BANQUET layout): one day for rehearsal of the table-top exercise, one day for the table-top exercise, and one day for the workshop (3 days in total)
- The RCC and PWG meetings: one day each with HOLLOW SQUARE layout, and able to accommodate the expected number of participants outlined above.
- Location
 - Easy to access from a major international airport by land transportation
 - Security and safety of the participants must be ensured.
 - Accommodation shall be within walking distance (less than 5 minutes) or easy to access by land transportation.

3. Equipment

The equipment needed for the drill and meetings will be provided and paid by the Host Country.

Depending on the scenario, the regional collaboration drill at the minimum will require the following equipment:

- Tents and medical kits for EMTs (at least four)
- Furniture for EMTs and EOC

When the drill scenario is developed, the Project Team will communicate with the Host Country on detailed requirements for necessary equipment. It may be a few months before the event.

4. Personnel

The personnel to needed to run and support the drill and meetings will be identified and made available by the Host Country. Allowance and transportation to and from the drill venue will be provided by the Host Country.

Depending on the scenario, the regional collaboration drill at the minimum will require the following personnel:

- Counterpart (PWG 1 members)
- Facilitator for each team
- Coordinator for each station
- Actors for each station
- Support staff

5. Responsibility of the Host Country

The Host Country shall be responsible for:

- Identifying the proposed venues (field and conference rooms) and accommodations;
- Developing joint action plan and organization chart in cooperation with the ARCH Project Team;
- Providing necessary assistance to develop the scenario and guidance in cooperation for the ARCH Project Team;
- Preparing and providing necessary equipment and personnel;
- Hosting a reception or dinner; and
- Providing necessary assistance to the ARCH Project Team on logistic arrangements.

6. Responsibility of the Project Team

The Project Team shall be responsible for:

- Making final decision on the venue and accommodation;
- Developing joint action plan and organization chart in cooperation with the Host Country;
- Making travel arrangements and providing international air ticket and per-diem allowance for overseas participants;
- Payment for the venue with meals, and accommodation for the participants from out of the country; and
- Developing the scenario and necessary guidance in cooperation with the host country.

7. Cost Sharing

Cost sharing between the Host Country and the ARCH Project Team mentioned in Items 2 to 6 above are summarized in the table below.

Item	Host Country	Project Team
a) International air-ticket*		✓
b) Airport transfer to/from the venue*		✓
c) Per-diem allowance*		✓
d) Accommodation*		✓
e) Transportation for the participants between the accommodation and the venue		✓
f) Venue (field and conference room) with lunch and refreshment for participants and personnel		✓
g) Equipment for the drill	✓	
h) Personnel (facilitator for each team, coordinator for each station, actors for each station, supporting staff) with allowance and transportation to and from the venue	✓	
i) Stationery		✓
j) Reception or Dinner	✓	

*Only for the participants from out of the country

8. Schedule

End of February 2017	AMS willing to host drills event submits a proposal as outlined in Section 9.
March 2017	Japanese expert team visits interested AMS for further clarifications and cost estimation.
April 2017	The ARCH Project Team has internal discussion and decision making.
May 2017	Names of potential Host Countries shared to AMS.
July 2017	The Host Country of upcoming events confirmed in RCC Meeting. The ARCH Project Team visits the Host Country to start preparations.

9. Proposal

AMS willing to host any of events are requested to submit a proposal that includes the following information:

- Background of the proposal;
- Relevant experiences in organizing emergency drills, and related meetings;
- Official letter to express willingness to host the event;
- Focal person and members of the team responsible for the regional collaboration drill and related meetings;
- Proposed venue (field and conference room) and accommodation with cost estimation^{*1};
- Conceptual design of the Regional Collaboration Drill for three days;
- Location and access to the venue from the major international airport, between the accommodation and the venue; and
- Methodology including key steps with timelines to prepare necessary equipment and personnel.

*1: Specifications of the venue for cost estimation

	Approx. No. of Participants	Venue	Quantity	Meals
Regional Collaboration Drill	70 (+30 staff)	Field	4 days	Lunch:
			2 days for rehearsal	30 x 2 days
			1 day for set-up	-
			1 day for exercise	100 x 1 day
		Conference room (BANQUET layout)	2 days	Morning tea, lunch and afternoon tea 70 x 2 days
Project Working Group 1 Meetings	35	Conference room (HOLLOW SQUARE layout)	1 day	Morning tea, lunch and afternoon tea 35 x 1 day
Project Working Group 2 Meetings	35	Conference room (HOLLOW SQUARE layout)	1 day	Morning tea, lunch and afternoon tea 35 x 1 day
Regional Coordination Committee Meeting	35	Conference room (HOLLOW SQUARE layout)	1 day	Morning tea, lunch and afternoon tea 35 x 1 day
Accommodation	-	Single room including breakfast	400 person-night	-

Any inquiries could be sent to the ARCH Project Team through the following contacts. Expressions of interest and proposal shall be submitted to the same contacts through e-mail by 28 February 2017.

Dr. Phumin Silapunt, Project Manager: puminsila@gmail.com

Ms. Keiko Nagai, Team Leader for Japanese Expert Team: nagai-kk@n-koei.jp

cc. Ms. Sansana Limpaporn, NIEM: sansana@mail.com

End

ARCH project on strengthening regional preparedness to health emergencies in ASEAN Member States

The 2nd Asian REMPAN Workshop
on Public Health Response to Radiation
Emergencies, Incheon, Korea
06 December 2016

Keiko Nagai, Team Leader, ARCH Project

1

Background

- In the ASEAN region, a total of 425,000 people were dead and 675,000 people were injured with an economic loss of US\$122 billion due to natural disasters from 1975 to 2015, which disturbed economic growth, human security and well-being.
- The ASEAN formulated the ASEAN on Disaster Management and Emergency Response (AADMER) in 2005 and the ASEAN Declaration on Enhancing Cooperation in Disaster Management in 2013.
- The ASEAN defined disaster health management as one of the priority issues in the health sector in **the ASEAN Post-2015 Health Agenda**.
- Basic survey on disaster medicine and emergency medical services in ASEAN was conducted from 2014 to 2015.
(Final Report: <http://libopac.jica.go.jp/images/report/12237384.pdf>)

2

ASEAN Post 2015 Health Development Agenda for 2016 to 2020

Cluster	Goal 2020	Health Priorities
1. Promoting health lifestyle	a) To achieve maximal health potential of ASEAN community through promoting health lifestyle b) To ensure health lives and promote well being for at all ages	I. Prevention and control of non-communicable diseases (NCDs) II. Reduction of tobacco consumption and harmful use of alcohol III. Prevention of injuries IV. Promotion of occupational health V. Promotion of mental health VI. Promotion of healthy and active aging VII. Promotion of good nutrition and healthy diet VIII. Prevention and control of communicable diseases, emerging infectious diseases and neglected tropical diseases IX. Strengthening laboratory capacity X. Combating antimicrobial resistance (AMR) XI. Environmental health and health impact assessment (HIA) XII. Disaster Health Management
2. Responding to all hazards and emerging threats	a) To promote resilient health system in response to communicable diseases, emerging infectious diseases, and neglected tropical diseases b) To respond environmental health threats, hazards and disaster, and to ensure effective preparedness for disaster health management in the region	
3. Strengthening health system and access to care	a) The ASEAN community has universal access to [essential] health care, safe and good quality medical products including traditional and complementary medicines b) To achieve the unfinished health related millennium development goals (MDGs), in light with sustainable development goal (SDG)	XIII. Traditional medicine XIV. Health related MDGs (4,5,6) XV. Universal Health Coverage (UHC) XVI. Migrants' health XVII. Pharmaceutical development XVIII. Human resources development XIX. Healthcare financing XX. Food safety
4. Ensuring food safety	a) To promote access to safe food, safe drinking water and sanitation	

3

Relevant Progress in ASEAN

- ARCH Project was endorsed through ad referendum at the level of SOMHD and Committee of Permanent Representatives to ASEAN by December 2015.
- The first Meeting of Health Cluster 2 in July 2016, as hosted and chaired by SOMHD Malaysia, included ARCH Project in its Work Plan for 2016 to 2020.
- Declaration on One ASEAN One Response was signed by ASEAN Summit Leaders on 6 Sept 2016 in Vientiane, Lao PDR.
- The second Meeting of Health Cluster 2 in 29-30 November 2016 will further refine the cluster-approved Work Plan.

4

Project Information

- **Project Title:**
The Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project)
- **Period:** July 2016 – August 2019
- **Type:** Technical Cooperation
(Japan International Cooperation Agency: JICA)
- **Target:** ASEAN Member States (Lead countries: Thailand and Viet Nam)
- **Executing Agency:**
National Institute for Emergency Medicine (NIEM), Thailand
- **Major Concerned Agencies:**
 - Ministries of Health in ASEAN Member States
 - ASEAN Secretariat (Health Division and Disaster Management and Humanitarian Assistance Division)
 - ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre)
- **Project Purpose:**
Regional coordination on disaster health management is strengthened in ASEAN.

5

Scope of ARCH Project

- Preparedness, especially;
 - **coordination** among emergency medical teams and the recipient, and
 - **team management** relevant to disaster response in the health sector implemented by emergency medical teams.
- Type and scale of disaster mainly supposed in ARCH project are:
 - **Acute stage of sudden on-set disaster** which may be supposed **natural disaster, not limited**, and may require external emergency assistance.

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Expected Outputs

1. **Coordination platform** on disaster health management is set up.
2. **Framework of regional collaboration** practices developed.
3. **Tools for effective regional collaboration** on disaster health management are developed.
4. **Academic network** on disaster health management in AMS is enhanced.
5. **Capacity development** activities for each AMS are implemented.

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Activities for Output 1: Coordination Platform

1. **Organizing Regional Coordination Committee Meeting**
 - Participated by 2 each from AMS and relevant stakeholders
 - Share the conceptual framework, outlines and work plan of the project;
 - Oversee and facilitate progress of project activities;
 - Exchange views and decide on any major issues that arise through the project activities, including the regional collaboration drills, development of regional collaboration tools and trainings;
 - Review, provide guidance and approve the draft regional collaboration tools;
 - Discuss and provide direction for relevant issues in order to promote regional coordination on disaster health management, especially disaster medicine; and
 - Make appropriate recommendations to ASEAN, through the Health Cluster 2 and Senior Officers' Meeting for Health Development (SOMHD), for the future collaboration mechanism on disaster health management.

8

Activities for Output 2: Regional Coordination Framework

1. Designing and implementing the regional collaboration drill
2. Compiling recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities

9

Activities for Output 3: Regional Collaboration Tools

1. Developing;
 - Draft regional SOP,
 - Draft minimum requirements of emergency medical team (EMT) members, and
 - Draft framework of health needs assessment in emergencies➡ to be submitted to ASEAN
2. Preparing databases of emergency medical teams of AMS

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Activities for Output 4: Academic Networking

1. Presenting progress/ outputs of ARCH Project in relevant academic conference
 - Asia Pacific Conference on Disaster Medicine (APCDM)
 - Japan Association for Disaster Medicine (JADM)
 - World Association for Disaster and Emergency Medicine (WADEM)

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Activities for Output 5: Human Resource Development

1. Designing and conducting training program on disaster health management and emergency medical system
2. Conducting monitoring survey in selected ASEAN Member States on effectiveness of the trainings and project activities
3. Conduct a study tour in Japan

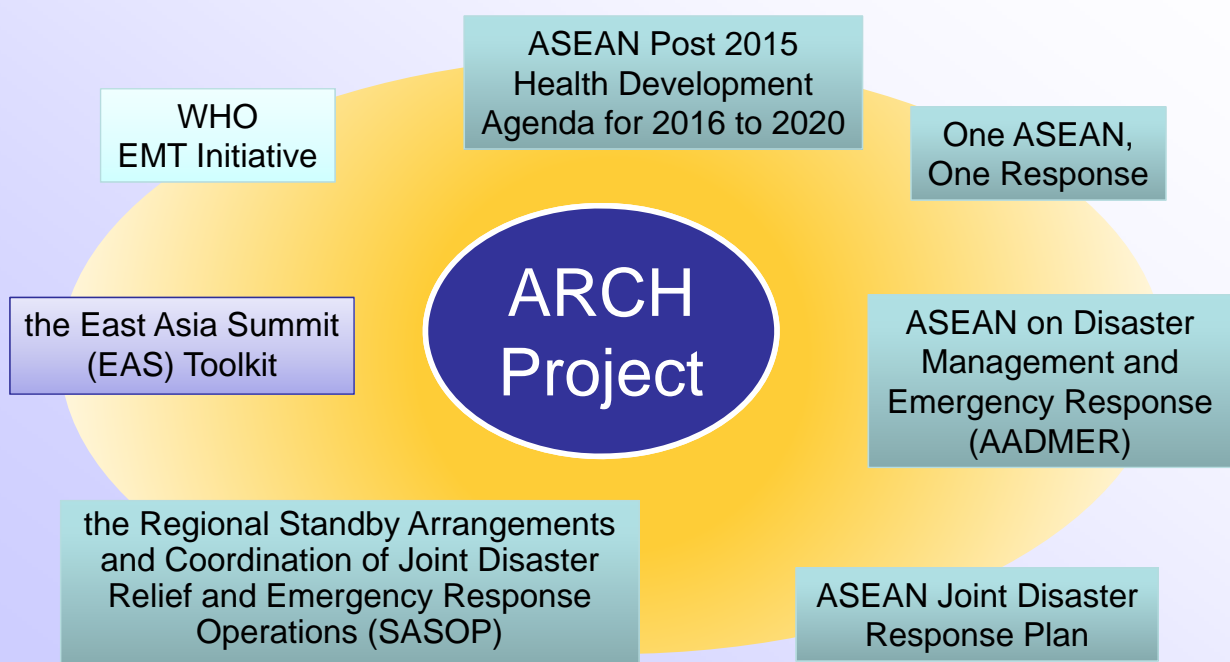
12

Progress of ARCH Project

- The first Regional Coordination Committee Meeting, 29-30 Sep. 2016
 - Final draft TOR for the Regional Coordination Committee, Project Working Group 1 & 2 were agreed.
- Presented the project outline in 13th APCDM, Bangkok, Thailand, 6-8 Nov. 2016
- The Start-up Drill and the first meetings of Project Working Group 1&2, 17-20 Jan. 2017

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ARCH Project references to ...



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Thank you!

Attachment 6

Presentations in International Conferences

- 1. APDCM**
- 2. REMPAN Workshop**
- 3. JADM**

ARCH Project

THE PROJECT FOR STRENGTHENING
THE ASEAN REGIONAL CAPACITY
ON DISASTER HEALTH MANAGEMENT

The 13th Asia Pacific Conference on Disaster Medicine
7 November 2016, Bangkok, Thailand

CONTENTS

1. Background
2. Outlines
3. Activities

BACKGROUND OF THE ARCH PROJECT

ARCH Project Team 3

BASIC SURVEY

(THE SURVEY ON THE CURRENT SITUATION OF DISASTER/EMERGENCY
MEDICINE SYSTEM IN THE ASEAN REGION)

1. Period: Nov. 2014 – Aug. 2015
2. Methodology
 - ① In-country survey in all AMS (Dec. 2014 – Mar. 2015)
 - Field visit for three to five days per country
 - Document review
 - ② Collection of relevant international trends (UN, WHO, ASEAN, etc.)
 - ③ Meetings
 - The First Regional Meeting (Phuket, December 2014)
 - The Second Regional Meeting (Tokyo, March 2015)
 - The Third Regional Meeting (Bangkok, July 2015)

ARCH Project Team 4

BASIC SURVEY: FINDINGS

- Every country has different situation; needs, priority, capacity, development plans, institutional arrangements, human resources, etc. (refer to “Summary of the Results of the In-country Survey”)
- Needs for collaboration mechanism on disaster health management to exchange information in peacetime and emergency were pointed by many interviewees.
- Disaster health management should be well coordinated with other sectors, especially disaster management and emergency response.

ARCH Project Team 5

BASIC SURVEY: RECOMMENDATIONS (1)

- To develop a regional collaboration mechanism in which regional EMTs are able to collectively respond to disasters occur in the region.



Source: the Final Report
ARCH Project Team 6

BASIC SURVEY: RECOMMENDATIONS (2)

- Future vision of regional collaboration and building blocks



*Note: It is understood that disaster health management includes disaster medicine (refer to Section 11.3.2(1)).

Source: the Final Report

ARCH Project Team 7

RATIONALE

- June 2014, the 4th ASEAN Plus Three SOMHD, in Thailand, identified Disaster Medicine as one of the priorities under the ASEAN Plus Three Cooperation.
- Ministers' Meeting (AHMM), in Hanoi, **Disaster Health Management** was endorsed as one of the 20 Health Priority Areas of the ASEAN Post-2015 Health Development Agenda.
- The ASEAN Health Cooperation on Disaster Health Management currently being implemented through the ASEAN-Japan Collaboration Programme on Disaster Medicine spearheaded by Thailand; NIEM, and Viet Nam.

ARCH Project Team 8

PROJECT FORMULATION

- July-August 2015, NIEM and JICA collaboratively propose The Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management
- September 2015, NIEM, as a representative of Thailand, proposed the said project to 10th SOMHD, Dalat, Vietnam, and the project was perfectly **endorsed**.
- February 19th, 2016, Secretary-General of NIEM and Chief Representative of JICA Thailand Office signed the Record of Discussion (R/D).

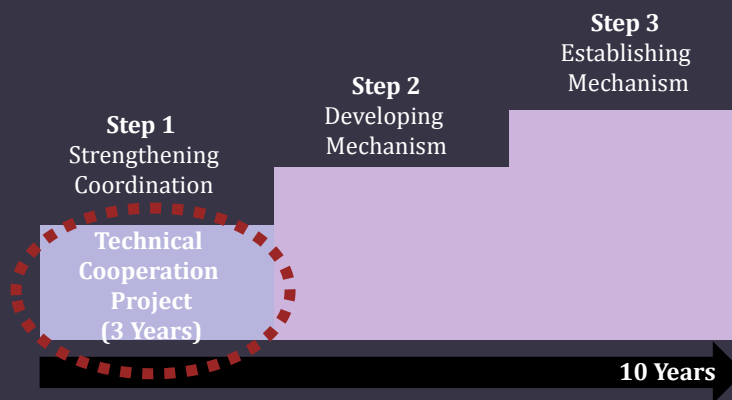
ARCH Project Team 9

OBJECTIVES OF THE ARCH PROJECT

ARCH Project Team 10

STEPS TO ASEAN COLLABORATION MECHANISM

(1) Steps



1st step aims at

- a) Strengthening the regional coordination
- b) Enhancing the capacity of each AMS

SCOPE OF ARCH PROJECT

- The Project mainly focuses on:
 - Coordination among emergency medical teams and the recipient, and team management relevant to disaster response in the health sector implemented by emergency medical teams.
- Type and scale of disaster mainly supposed in the project are:
 - Acute stage of sudden on-set disaster which may be supposed natural disaster, not limited, and may require external emergency assistance.

OVERVIEW OF ARCH PROJECT

- ▶ Period : from June 2016 to August 2019
- ▶ Executing Agency: National Institute for Emergency Medicine (NIEM), Thailand
- ▶ Major Concerned Agencies
 - ▶ Ministries of Health in ASEAN Member States
 - ▶ ASEAN Secretariat (Health Division and Disaster Management and Humanitarian Assistance Division)
 - ▶ ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre)

OBJECTIVES OF ARCH PROJECT

- ▶ Project Purpose
Regional coordination on disaster health management is strengthened in ASEAN.
- ▶ Outputs
 - Output 1: Coordination platform on disaster health management is set up.
 - Output 2: Framework of regional collaboration practices is developed.
 - Output 3: Tools for effective regional collaboration on disaster health management are developed.
 - Output 4: Academic network on disaster health management in AMS is enhanced.
 - Output 5: Capacity development activities for each AMS are implemented.

ACTIVITIES OF ARCH PROJECT

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ACTIVITIES OF ARCH PROJECT (1)

Major Activities	Outlines	Relevant outputs
Regional Coordination Committee (RCC) Meeting	<ul style="list-style-type: none"> • Overviewing project progress • Making recommendations on future coordination on disaster health management in ASEAN 	1 Coordination platform
Joint Regional Drill	<ul style="list-style-type: none"> • Identifying challenges and issues on coordination among EMTs and team management through joint exercise • Testing draft coordination tools 	2 Regional collaboration framework
PWG1 Meeting	<ul style="list-style-type: none"> • Developing draft coordination tools (SOP, minimum requirements, rapid health needs assessment, list of EMT personnel, etc.) 	

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ACTIVITIES OF ARCH PROJECT (2)

Major Activities	Outlines	Relevant outputs
PWG2 Meeting	<ul style="list-style-type: none"> Planning and conducting trainings for AMS on disaster health management 	5 Capacity development
Training for AMS	<ul style="list-style-type: none"> Five-days training on team management, policy, human resource development relevant to disaster health management 	
Study Tour in Japan	<ul style="list-style-type: none"> Five-days tour to observe inter-sectoral coordination on disaster medical response in Japan 	
Monitoring Survey	<ul style="list-style-type: none"> Two-weeks survey to visit selected AMS to monitor effectiveness of the project activities and future challenges by the project team 	
Academic Conference	<ul style="list-style-type: none"> Participation/Presentation in APCMD, JADM and WADEM by the representatives of the project team 	4 Network

ARCH Project Team 17

FIRST RCC MEETING

- Date:
29 and 30 September 2016
- Place:
Bangkok, Thailand
- Participants:
AMS, ASEAN Sec., AHA Centre, JICA
- Conclusions:
TOR of RCC and PWG were finalized.



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START-UP DRILL

- Date and place: 17 – 19 January 2016, Bangkok, Thailand

ARCH Project

THE PROJECT FOR STRENGTHENING
THE ASEAN REGIONAL CAPACITY
ON DISASTER HEALTH MANAGEMENT

The 22th Annual Meeting of Japanese Association for Disaster Medicine
14 January 2017, Nagoya, JAPAN

ARCH Project

ASEAN災害医療連携強化プロジェクト

The 22th Annual Meeting of Japanese Association for Disaster Medicine
14 January 2017, Nagoya, JAPAN

ONE ASEAN ONE RESPONSE

ASEAN Declaration on One ASEAN One Response: ASEAN Responding to Disasters as One in the Region and Outside the Region” at the 28th ASEAN Summit in Vientiane

2016年9月13日採択

2017/2/14

ARCH Project Team 3

本プロジェクトの背景

- ASEAN災害医療・救急医療に係る情報収集・確認調査
 - 期間：2014年11月～ 2015年8月
 - 方法
 - 1) ASEAN10カ国における国別現地調査（2014年12月－2015年3月）
 - 2) 上記の国別調査結果および国際潮流の分析から課題を抽出
 - 3) 3 回にわたって開催された地域会合における協議

2017/2/14

ARCH Project Team 4

『ASEAN災害医療・救急医療に係る 情報収集・確認調査』の成果

- 各国の多様な実情を共有
 - 災害医療のニーズ、優先順位、現有能力と強化計画、施設、人的資源等
 - 基本となる救急医療の整備状況や運用方法等
- 「保健における災害管理（disaster health management）」に関する連携の仕組み構築のために、平時の情報交換の必要性の確認
- 各国の災害対応体制下で、他セクターとの十分な調整が「保健における災害管理」の実効性を担保することの共通認識

2017/2/14

ARCH Project Team 5



START-UP DRILL 2017/1/17-19



▪ Video

2017/2/14

ARCH Project Team 7



2017/2/14

ARCH Project Team 8

プロジェクトの進め方

- 既存の仕組み/ 取り決め
(SASOP/ EAS toolkit/ WHO EMT standard 等)



シナリオの主眼

- 情報管理
- Disaster Life Support

現状の課題・問題点
の抽出と共有

2017/2/14

ARCH Project Team 9

チェックアップ・シートの活用

- 机上訓練/野外訓練はどうでしたか？
- 机上訓練/野外訓練から何を学びましたか？
- 学んだことを基にして何を改善しますか？

スタートアップドリルの成果

チームの能力強化

チーム間協力に
関する能力強化

隊員の能力強化

地域内での協力に
関する能力強化

チームの能力強化

- 共通した用語・医療情報管理・治療方法に基づく活動
 - 緊急医療チーム、緊急医療チームの調整チーム（EMTCC Team）、公衆衛生評価チーム、災害管理やリスクマネジメント等の訓練
 - リーダーシップやチームワークの涵養技術の習得
 - サバイバルや自己安全や飲料水確保の技術習得
 - 被災地に合わせた活動や生活方法の技術習得
- 生活および医療活動のための装備・資機材
- ロジスティックスの確保と在庫管理
- 情報共有の仕組み（無線の使用方法）
- 各国が所有する米国FDA承認認証を受けた医薬品・医療機器や患者搬送体制への配慮

隊員の能力強化

- 標準運用手順の準拠
 - Advance Trauma Life Support (ATLS) (医師および看護師)
 - 健康危機管理 (public health emergency management)
 - リスク評価と安全管理・サヴァイバル技術
- 共通理解すべき項目
 - ICS の考え方
 - 共通の行動規範に基づく活動の標準化
Sphere standard, Core Humanitarian Standard, Good enough guide 等
- 国際潮流と実災害対応の共有

チーム間協力に関する能力強化

- 共通書式の使用
 - 日報
 - チーム登録
 - 公衆衛生に関する評価結果
 - 診療録
 - 患者紹介
 - 報告のまとめ
- 標準運用手順の確立
 - 緊急医療チーム (Type 1, 2, 3)
 - 調整組織 (EMTCC, EOC, AHAセンター, UN OCHA 等.)
- 情報管理と共有の方法
- 競合や矛盾の解決 (Conflict resolutions)

地域内での協力に関する能力強化

- 2つのWHO地域事務所でASEAN10カ国が分割されている現状を踏まえた協力体制の標準運用手順
- 各国の国際派遣医療チームの情報共有
- 現行の標準運用手順やハンドブックの簡素化と周知
- 用語や略語の統一
- 国際標準（WHO-MDS）や地域基準に準拠したアセスメント様式、診療記録および日報の標準化
- 標準化された対応と臨機応変な対応のバランスの取り方
- 国際派遣緊急医療チーム間の協力に関する好事例の収集と共有

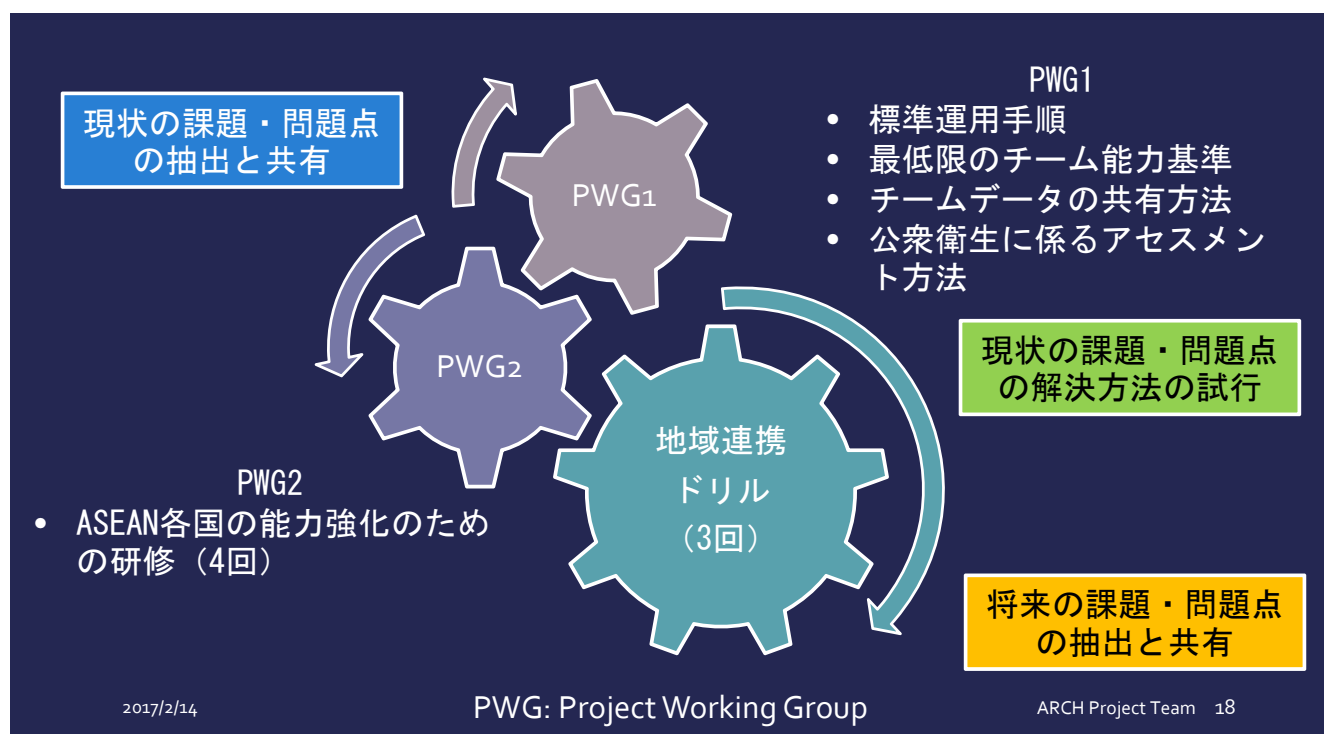
今後の検討課題

- 全ASEAN加盟国の参加（今回はミャンマーとシンガポールは不参加）
- ドリル期間の延長と毎年のドリル開催
- 各国混成チームによる実践訓練
- WHO, JDR, AHA Centre等の多機関の協力体制の標準運用手順の構築
- 各国の保健省へのドリル参加報告
- 国内の医療機関へのドリル経験の周知
- 国内での国際派遣医療チームの整備・発展
- 救急医療体制への支援
- 緊急時の医療対応への住民の参画

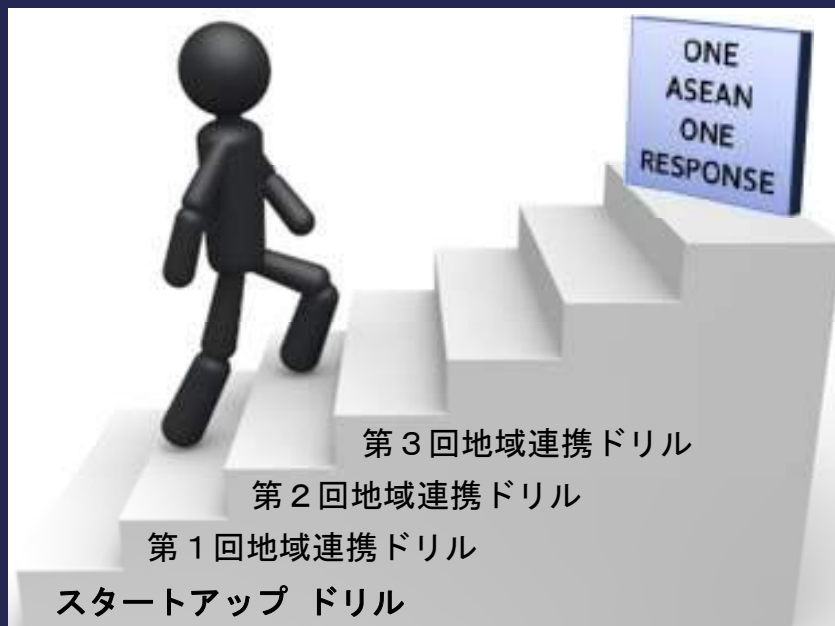
各ドリルにおける目的

スタートアップ ドリル	<ul style="list-style-type: none"> • 病院内と被災地での診療提供の方法の違いを明確化する • 既存の仕組み/ 取り決め（SASOP/ EAS toolkit/ WHO EMT standard 等）を理解し、それらに従った地域連携と協力を行う
第1回地域連携ドリル	<ul style="list-style-type: none"> • 共通した報告様式を用いて各緊急医療チームの活動を保健省や緊急医療チーム調整グループ(EMTCC)に報告する
第2回地域連携ドリル	<ul style="list-style-type: none"> • 共通した診療録を用いて緊急医療チーム間の患者転送を実施する
第3回地域連携ドリル	<ul style="list-style-type: none"> • 共通したアセスメント方法を用いて被災コミュニティの状況を評価する
2017/2/14	ARCH Project Team 17

プロジェクトの進め方



ARCH PROJECTは 4回のドリルを通じて成長していく



Attachment 7

Minutes of Meetings

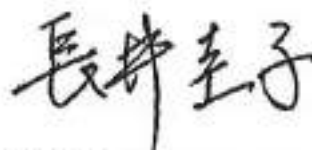
1. The First JCC Meeting

**MINUTES OF MEETING OF
THE FIRST JOINT COORDINATING COMMITTEE MEETING
FOR
THE PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON
DISASTER HEALTH MANAGEMENT**

04 August, 2016



Dr. Anuchar Sethasathien
Secretary General
National Institute for Emergency Medicine
(NIEM)



Ms. Keiko Nagai
Team Leader,
JICA Expert Team for
the Project for Strengthening the ASEAN
Regional Capacity on Disaster Health
Management

The first Joint Coordinating Committee (hereinafter "JCC") meeting on the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management was held as follows:

Date: 04 August 2016
Time: 09:00 – 11:30
Venue: Room 602, Fl. 6, National Institute for Emergency Medicine (NIEM)
Attendance: A list of attendants is presented in Annex 1.
Chaired by: Secretary General, NIEM

The meeting was conducted according to the following agenda:

1. Welcome by the Chair, Secretary General, NIEM
2. Opening Remarks
 - 2.1 Senior Representative, JICA Thailand
 - 2.2 Secretary General, NIEM
3. Introduction of the Attendants
4. Adoption of the Agenda of Joint Coordinating Committee
5. New Business
 - 5.1 Background of the Project
 - 5.2 Outline of the Inception Report (ICR)
 - 5.3 Major Activities to Initiate the Project
 - 5.4 Monitoring System of JICA Project
6. Next Meeting
7. Conclusion

Handouts (Presented in Annex 2):

- 5.1 Background of the Project
- 5.2 Overview of ARCH Project
- 5.3 Major Activities to Initiate the Project
- 5.4 Proposed revision of Project Design Matrix (PDM) and Plan of Operation(PO)
- 5.4 Project Monitoring Sheet (1) and (2)

Firstly, the Chair welcomed all the attendants. Then, Senior Representative, JICA Thailand and Secretary General, NHEM made opening remarks. Following to introduction of all the attendants, the agenda was agreed by all the participants. The Chair proceeded the meeting. The points of discussions are summarized as follows:

Points of discussions along with the agenda are summarized below.

Introduction

- Each participant introduced himself or herself.
- Mr. Yanagiuchi mentioned that Thailand and Japan has a long history of collaboration. JICA has been providing technical cooperation to reduce the gap among ASEAN member states (AMS) for the ASEAN economic integration. Based on such good relationship, this project could contribute to further development of priority areas in prevention and mitigation of disasters as one of the main issues among AMS.
- Through the project, the platform of regional collaboration on disaster health management will be developed by mobilizing rich resources accumulated in Thailand. In addition to contribution to ASEAN, the project will contribute the strengthening capacity of Thailand.

5.1 Background of the Project

Dr. Phemin explained the background of the project according to the handout. The Project is the first step to establish regional coordination mechanism in the next ten years. NHEM will invite experts from outside such as academic institutions and other agencies for successful implementation of the Project.

5.2 Outlines of the Inception Report

Ms. Nagai continued by explaining the overview of the project and outline of the Inception Report (IC/R) according to the handout, mentioning that this project is already under the ASEAN Health Cluster 2 work plan. Then, the discussions were made as follows:

- Dr. Phasin believed each of AMS has different level of development and capacity. We should not start from zero for all the countries because some AMS has high capacity in disaster health management.
- Ms. Nagai agreed and explained that the previous survey results clearly presented such differences in level of capacity among AMS. For example, Cambodia, Lao PDR, Myanmar, and Viet Nam seem to be at the starting point, while Singapore has excellent capacity. Brunei has well developed human resources and complete sets of disaster medicines, but the teams have less experiences in actual response. Indonesia and the Philippines have been accumulating experiences of actual responses. Malaysia seems to be accelerating capacity strengthening and it is developing emergency medical team similar to Disaster Medical Assistance Team (DMAT) of Japan. Therefore, the trainings to be

conducted in the Project will mainly target the first four countries (CLMV) to raise the level of these countries.

- Dr. Phusit explained that we could not use single approach to train every single country in ASEAN. We should understand the current/actual situation of each country and modify our project. Dr. Wiwar agreed with Dr. Phusit but as there are many gaps among AMS, so we would better move together with any shortcuts could be apply.
- Dr. Liviu Vedrasco congratulated all parties with the successful launch of the project. Dr. Vedrasco highlighted the potential for the project to have not only regional but also global impact by developing tools and successful models that can be replicated outside ASEAN. To realize this potential, the project needs to be fully in line with global frameworks and tools (WHO EMT registration, Health Cluster guidelines, SPHERE standards, the Bangkok Principles of implementing the Sendai DRR framework in the health sector). Meanwhile, Dr. Phusit said that if the goal is to strengthening capacity of ASEAN, we have to identify which AMS has higher risk in natural disaster so we could save more lives.
- Ms. Yamada stated that understanding of both common and individual challenges among AMS is essential to develop the regional collaboration tools and the training programs.
- Dr. Nazain pointed his view that the Project is to develop common language among emergency medical teams to strengthen collaboration in the affected areas.
- Ms. Nakajima mentioned JICA will provide another scheme of training for capacity development of individual countries targeting the four countries from 2017.
- Dr. Phusit has three questions as follow:
 - (1) What would be happen next after the ten years and how to make it sustainable?
 - (2) How to set the common standard and who will do the international deployment - we need coordination to receive the flow of deployment as even within the country such as the Philippines, the conflict between central and local government occurs regarding disaster management process.
 - (3) Results of the previous survey showed that some AMS has good capacity, but some are not. Could we categorize into groups and manage the training course for each state before the drill and PWC2, so all AMS could have the same standard of exercise
- Dr. Nakajima clarified we found many gaps in understanding and interpretation of the relevant concepts among stakeholders both in Thailand and Japan. Towards "One ASEAN One Response" we need more discussions among stakeholders, hence we could get the same language in the difficult time, correspondingly, thinking through learning, together.

5.3 Major Activities to Initiate the Project

- Dr. Phumit pointed that in addition to the JCC members designated in the Record of Discussion (R/D) signed in February 2016, the relevant organizations such as the Ministry of Foreign Affairs (MOFA), the Ministry of Interior (MOI), academic institutions and the World Health Organization (WHO) are to be invited by the chair upon necessity.
- Regarding the focal points to be involved in the Regional Coordination Meeting (RCM), Dr. Phumit and Dr. Anuchar concluded that one would be from MOPH and another from the Thai College of Emergency Physicians which was recently established.
- Dr. Phumit explained about the project implementing structure (which works also as the communication line among the regional concerned parties) at both Thailand side and ASEAN side, and all participants accepted it with no specific clarification or objection.
- Dr. Phumit presented that Thai expert team will be assigned to prepare necessary documents in addition to the official members of each project working group.
- Dr. Phumit suggested that for PWG1, two Thai representatives would be from MOPH and Academic side respectively. Ms. Nagai recommended that if possible, one of the members should be the same with members for RCM.
- Suggested by Dr. Anuchar, the Thai expert team (to prepare for the PWG1 meeting) would be 1) Dr. Wiwat Seetanamong, 2) Dr. Prasit Wuthisuthimethawee, and other two persons could be from NCHM to maintain regular communication.
- The PWG2 would also have two Thai representatives from both MOPH and the Thai College of Emergency Physicians. Thai expert team for PWG2 would be Dr. Narsin Choritsirirattand his colleague, the person from Prabhromarajchanok Institute for Health Workplace Development, and a person from the Thai College of Emergency Physicians.
- Dr. Anuchar concluded that the Thai side would confirm the names of representatives and inform the Japanese side as soon as possible.
- Dr. Liviu Vedrasco explained that WHO developed a curriculum framework for global disaster health management and this could serve as a reference for AMS training.

5.4 Monitoring System of JICA Project

Ms. Nagai explained the proposed modifications of PDM and PO according to the handouts. These are mainly on terminology and minor modifications in PDM. PO was modified in accordance with the actual schedule. All of those modifications were agreed. The revised PDM and PO are presented in Annex 3. Relevant questions and answers are summarized as follows:

- Dr. Phusit pointed that all the indicators are seemed to be the process indicators, we required the measurable output indicators. Moreover, we could put some tangible outcomes and challenges into the sheet.

- Ms. Nagai explained that JICA's monitoring system is rather process monitoring. In this project, it could be difficult to set quantitative indicators to measure the outcomes. Therefore, we can continue our discussion how to monitor and evaluate the effectiveness of the Project.

6. Next Meeting

Although it was not mentioned in the meeting, the next JCC meeting will be held before the second RCM in July 2017 according to the project work plan.

7. Conclusion

Dr. Anuchar concluded the discussion and the meeting was closed at 11.30am.

Annex 1: List of Participants

Name	Position	Organization
Dr. Suriya Wongkongkathet	Department for Development of Thai Traditional and Alternative Medicine	MOPH
Dr. Anuchat Suthasathien	Secretary General	NHEM
Dr. Wiwat Seetamanateit	Executive Advisor to Board of NHEM	NHEM
Dr. Hest Suddivananda	Advisor to the Minister, Medical Doctor Expert Level	MOPH
Dr. Phusit Puskongse	Bureau of International Health	MOPH
Mr. Sutar Kongkhetant	Public Health Technical Office, Bureau of Public Health in Emergency Response (BPHER)	MOPH
Dr. Narain Chotirosaframit	Board of NHEM	NHEM
Dr. Phumjai Silapunt	Deputy Secretary General	NHEM
Ms. Somsana Limpaporn	Secretary of Dr. Phumjai Silapunt	NHEM
Ms. Nawana Aintharak	Manager, Bureau of Emergency Medical Coordination and Airline Relation	NHEM
Ms. Kitiima Yudhasarnprugsiddhi	Section Chief, Bureau of Emergency Medical Coordination and Airline Relation	NHEM
Ms. Suvacha Kalandakaphan	Project Coordinator	NHEM
Ms. Pornthida Yampayana	Section Chief, Bureau of Academic Affairs and Quality Management	NHEM
Ms. Chidechanok Malayawong	Development Cooperation Officer, Chief of Japan/Korea Unit	TICA
Ms. Subhawee Suwaphichapai	Development Cooperation Officer	TICA
Mr. Masanori Yanagisuchi	Senior Representative	JICA Thailand Office
Mr. Masanori Tokuoka	Senior Program Officer	JICA Thailand Office
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Ms. Chalermdawarn Kudsawapitak	Dr. Bhijit's Assistant	ADPC
Ms. Junko Nakaji	Special Advisor Team 2, Urban and Regional Development Group	JICA Headquarters

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Ms. Masako Tani	Regional Collaboration Drill	JICA Expert Team
Mr. Takashi Senda	Capacity Development Planning	JICA Expert Team
Ms. Mami Wakabayashi	Project Coordinator	JICA Expert Team
Ms. Sukrita Tangkunapipat	Project Assistant	JICA Expert Team

Invited by the Chair

Name	Position	Organization
Dr. Liviu Vedrasco	Technical Officer	WHO Country Office for Thailand
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Ms. Chadchadawan Kedsawapitak	Dr. Bhijit's Assistant	ADPC
Ms. Junko Nakaji	Special Advisor Team 2, Urban and Regional Development Group	JICA Headquarters

Annex 2: Handouts

Annex 3: Revised PDM and PO

Project Design Matrix (PDM): PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT

Version 1
as of 04 Augst 2016

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal 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)	
Project Purpose 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.
Output			
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 collaboration drill is conducted. (basically, once a year) 2-2 Recommendations/lessons learned for the regional collaboration drills are concluded . 2-3 Mechanism of regional collaboration 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 Monitoring report	
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	5-1 and 5-3 Training report(s) 5-2 Monitoring/review survey report	
Activities	Inputs		
1-1 Regional coordination meetings are organized every year to share the progress and discuss the direction of the Project.	Japanese side	Thailand side	
2-1 Develop and prepare the program of the regional collaboration drill with project working group	【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 to in the regional collaboration drills 4.Conduct advisory survey 【Local cost】 1.Expense mutually agreed upon as necessary	【Counterpart Personnel】 1.Project Director 2.Project Manager 3.Officer(s) in charge 4.Secretary at the project office	
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).		【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	
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		【Available data and information related to project】	
3-4 Draft framework of health needs assessment in emergencies with the project working group		【Local cost】 1.Expense mutually agreed upon as necessary	
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			

Plan of Operation

Project Title : PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT

Overall Goal	ASEAN and Japan collaboration mechanism on disaster health management is developed.
Project Purpose	Regional coordination on disaster health management is strengthened in ASEAN.
Duration of the Project	3 years

Ver. 1
(04 August 2016)

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