



PROJECT FOR STRENGTHENING
THE ASEAN REGIONAL CAPACITY
ON DISASTER HEALTH MANAGEMENT

Proceedings of Meetings for
Joint Coordinating Committee (JCC),
Regional Coordination Committee (RCC), and
Project Working Groups (PWGs)

First Phase: July 2016 – July 2019

January 2021

Japan International Cooperation Agency (JICA)

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Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management

First Phase: July 2016 – July 2019

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Meetings Summary in the First Phase

Table 1: Official meetings summary in the First Phase (July 2016 - July 2019)

Meetings	Date	Venue
1 st JCC	4 August 2016	Bangkok, Thailand
1 st RCC	29 – 30 September 2016	Bangkok, Thailand
Start-Up Drill and First Joint PWG 1 & 2	17 – 20 January 2017	Bangkok, Thailand
1 st PWG 1	20 January 2017	Bangkok, Thailand
1 st PWG 2	20 January 2017	Bangkok, Thailand
2 nd PWG 1	8 – 9 May 2017	Bangkok, Thailand
3 rd PWG 1	20 July 2017	Bangkok, Thailand
2 nd PWG 2	20 July 2017	Phuket, Thailand
2 nd RCC	21 July 2017	Phuket, Thailand
2 nd JCC	28 August 2017	Bangkok, Thailand
3 rd PWG 2	9 November 2017	Bangkok, Thailand
4 th PWG 1	28 - 29 November 2017	Bangkok, Thailand
5 th PWG 1	29 March 2018	Da Nang, Viet Nam
4 th PWG 2	29 March 2018	Da Nang, Viet Nam
3 rd RCC	30 March 2018	Da Nang, Viet Nam
6 th PWG 1	5 – 6 July 2018	Bangkok, Thailand
3 rd JCC	31 October 2018	Bangkok, Thailand
Joint Meeting of PWG 1 & 2	6 December 2018	Manila, Philippines
7 th PWG 1	6 December 2018	Manila, Philippines
5 th PWG 2	6 December 2018	Manila, Philippines
4 th RCC	7 December 2018	Manila, Philippines
5 th RCC	4 March 2019	Bangkok, Thailand

Joint Coordinating Committee (JCC)

EVENT	DATE	PLACE	PARTICIPANTS	AGENDA
1 st JCC	4 August 2016	Bangkok, Thailand	(37) MOPH, NIEM, Thai Red Cross, MoI, ACMM, TICA, MoFA, Prince of Songkhla University, JICA Thailand, JICA Headquarters, EOG, Japanese Expert	1) Background of the Project 2) Outlines of the Inception Report 3) Major Activities to Initiate the Project 4) Monitoring System of JICA Project
2 nd JCC	28 August 2017	Bangkok, Thailand	(27) NIEM, MOPH, TICA, Thai College of Emergency Physician, Prince of Songkhla University, JICA Expert Team, MoFA, DDPM, ACMM, Thai Red Cross, JICA Thailand, JICA Headquarter	1) Progress of the Project in the First Year 2) First and Second Monitoring Sheets Submitted to JICA 3) Progress of the Annual Plan of the Second Year 4) Up-coming Events for the Second Year 5) Annual Plan for the Second Year
3 rd JCC	20 November 2018	Bangkok, Thailand	NIEM, MOPH, JICA Headquarter, JICA Thailand, ARCH Project Team, Japan Embassy, MoFA, DDPM, ACMM, Thailand College of Emergency Physician, Chulabhorn International College of Medicine	1) Project Framework, Progress, and Up-coming Events 2) Progress on Disaster Health Management in ASEAN 3) Project Evaluation and Recommendation 4) Discussion on the Remaining Period and Future Cooperation

1st Joint Coordinating Committee (JCC)

**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 I.
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 (IC/R)
 - 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, NIEM 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. Phumin 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. NIEM 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. Phusit 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 (DMA) 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. Wiwat 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. Narain pointed his view that the Project is to develop common language among emergency medical teams to strengthen collaboration in the affected areas.
- Ms. Nakaji mentioned JICA will provide another scheme of training for capacity development of individual countries targeting the four countries from 2017.
- Dr. Prasit has three questions as followed:
 - (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 PWG2, so all AMS could have the same standard of exercise.
- Dr. Nakajima clarified we found many gaps in understanding and interpretation of the relevant consents 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. Phumin 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. Phumin and Dr. Anuchar concluded that one would be from MOPH and another from the Thai College of Emergency Physicians which was recently established.
- Dr. Phumin 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. Phumin presented that Thai expert team will be assigned to prepare necessary documents in addition to the official members of each project working group.
- Dr. Phumin 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 Seetanantach, 2)Dr. Prasit Wutthisuthimethawee, and other two persons could be from NIEM 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. Narain Chotirosniramit and his colleague, the person from Prabromarajchanok 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. Those 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.

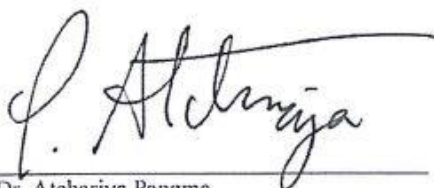
7. Conclusion

Dr. Anuchar concluded the discussion and the meeting was closed at 11:30am.

2nd Joint Coordinating Committee (JCC)

MINUTES OF MEETING OF
THE SECOND JOINT COORDINATING COMMITTEE MEETING
FOR
THE PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON
DISASTER HEALTH MANAGEMENT

28 August, 2017



Dr. Atchariya Pangma
Project Director/
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 second Joint Coordinating Committee (hereinafter “JCC”) meeting on the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management was held as follows:

Date: 28 August 2016
Time: 13:30 – 15:30
Venue: Room 601, Fl. 6, National Institute for Emergency Medicine (NIEM)
Attendance: A list of attendants is presented in Annex I.
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 Secretary General, NIEM
 - 2.2 Senior Representative, JICA Thailand
3. Introduction of the Attendants
4. Follow-up of the First JCC Meeting
 - 4.1 Progress of the Project in the first year
 - 4.2 First and second monitoring sheets submitted to JICA
 - 4.3 Progress of the annual plan of the first year
5. New Business
 - 5.1 Up-coming events for the second years
 - 5.2 Annual plan for the second year
6. Next Meeting
7. Conclusion

Handouts (Presented in Annex 2):

- 4.1 Progress of the Project
- 4.2 Monitoring sheets for first and second terms
- 4.3 Progress of the annual plan
- 5.1 Up-coming events for the second year
- 5.2 Annual plan for the second year

Firstly, the Chair welcomed all the attendants. Then, Secretary General from NIEM and Senior Representative from JICA Thailand 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.

4.1 Progress of the Project in the first year

- Mr. Surachai Silawan presented the overview of the Project including project purpose, five expected outputs, and implementing structure. Then, progress of the Project was presented along with the five outputs.
- Dr. Jirot pointed that some of the activities are currently behind the schedule in the initial plan because the Project has to consider consistency and coordination with other relevant activities at ASEAN and global levels. To obtain more inputs from AMS, we can give them more time to consider and consult with stakeholders in their countries. Ms. Nagai replied that because the Project aims to develop four draft tools; Standard Operating Procedure for Coordination of Emergency Medical Teams (EMTs) in ASEAN (SOP), Minimum Requirements and Qualifications for Members of EMT (Minimum Requirements), Database of EMT in ASEAN (Database), and Health Needs Assessment Framework for EMT during three years, the schedule in the initial plan was enough tight. Considering the current situation, the Project could adjust the schedule. Also, it could be suggested to make PWG1 meeting more participatory. Dr. Phumin agreed with taking any measurement to encourage the participants in PWG1 to make more inputs because the last meeting seemed to be dominated by some participants. Whereas, PWG2 meeting seemed to involve most of all the participants actively. Dr. Prasit added that most of the tools are nearly finished, we just need more comments and suggestion from AMS, and inputs from RCD.
- Dr. Jirot commented that in most of PWG 1 participants kept silent because it was more complicated compared to PWG 2 which participants are mainly from academic institutions. Because participants of PWG1 have to consult with many units internally before making any comments, they cannot explain or show their opinion in the meeting. Therefore, next time we can compile and set the deadline around 4 weeks before bringing the comments to the venue.
- Mr. Gajaseni from TICA inquired regarding the draft version zero, Ms. Nagai responded that version zero is the preparation contents from Project Team but version one includes the comments from AMS in order to compile and bring to Health Cluster II for the endorsement. Dr. Prasit added that version zero can be modified and not finalized by every AMS yet.
- Dr. Anupong seriously recommend the Project to have the focal points designated/ nominated by the agency of the AMS, in particular the focal point of PWG1, which involve the policy, guidance and decision making in some extent.

- Everyone agreed with Dr Bhijit that Training is an important key for the capacity development, so it should be more strict and intense in the second year of the Project. He advised to include the area management or medical rescue for the trainings. However, even there are differences among the AMS, the training can increase the capacity building for them properly.
- Regarding the SOP, Dr. Bhijit pointed that it is better to identify more about the SOP on the business side such as an international coordination among the AMS, also with AHA Centre. And when we understand all elements, we can create a master diagram how the Project is demanding along with the tier so other countries understand easily.
- Ms. Nagai added that for the Training, our project is implemented by the framework for emergency medical team in AMS countries. For SOP- focusing on the management of EMT on site and how to collaborate others as we already have SASOP – our SOP can be related linked to the SASOP – it can be the attachment but we consider the consistency of the SASOP as well. Good idea to encourage the commitment of each country. Dr. Bhijit said that AHA centre is revising the SASOP – so it's the good time to consider the SASOP in the local area.
- Dr. Phumin added that when we look at SASOP – it is not enough details for Disaster Health Management, which we aim to establish specific SOP but it has to be in the same line with SASOP, for example, mostly we start the process from the airport as we follow SASOP to avoid the confusion.
- Dr. Boriboon added that regarding the PWG 2 activities; there were differences even within the same team, therefore, we need common language for effective training.

4.2 First and second monitoring sheets submitted to JICA

- Ms. Nagai presented that we have already submitted two monitoring sheets, which consisted of summary sheet and achievement of progress; the video of the Start-Up Drill and the first Regional Collaboration Drill were presented as well.
- The next Project monitoring sheet will be submitted in December 2017.

4.3 Progress of the annual plan of the first year

- Ms. Nagai presented the accomplishments of the first year target along with the handout.

5.1 Up-coming events for the second year

- Mr. Surachai presented the upcoming events for the second year of the Project along with the handout. Ms. Nagai added that the Project Team already visited Da Nang for venue inspection regarding the second Regional Collaboration Drill in March 2018. The Viet Nam side still considers the detailed tasking and budget sharing internally. The Project Team will have several meetings with Viet Nam so the technical group discussion will be finalized before PWG 1 meeting in this November.
- Ms. Sato clarified that regarding the next C/P Training in February 2018; it depends on Thai side for the personnel who would join the Training. If participants will be same as the 1st C/P Training, the course will be an advanced course; while it will be a basic course if new participants attend the training.

5.2 Annual plan for the second year

- Ms. Nagai presented the annual target for the second year along with the handout.
- Dr. Bhichit suggested considering the capacity building and increasing more topics of the training issues. Ms. Sato responded that there are four Trainings for AMS, each training has its own theme, which had been decided according to the previous study. When the Project Team finds out new needs based on the outcomes and lessons learned from other ARCH activities such as drill and tool development, we will modify and adapt with the decided topics appropriately.
- Dr. Bhichit added that we should consider regarding the differences in capacity and experience among each AMS, as we can bring common weakness of some countries. Ms. Sato agreed and responded that JICA has another scheme, which is apart from ARCH Project and focuses on the capacity building of Cambodia, Myanmar, Viet Nam, and Laos in emergency medicine as they have more needs.
- Dr. Bhichit recommended having the same direction for each AMS in order to enhance the capacity development in the region.

6. Next Meeting

The next JCC meeting will be held tentatively around August or September next year according to the Project work plan. Dr. Atchariya informed that the next JCC would be consisted of three main parties, which are MOPH, NIEM, and JICA according to the new MOU, which will be signed soon.

7. Conclusion

Dr. Atchariya concluded the discussion and the meeting was closed at 15.30.

3rd Joint Coordinating Committee (JCC)

MINUTES OF MEETING OF
THE THIRD JOINT COORDINATING COMMITTEE MEETING
FOR
THE PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON
DISASTER HEALTH MANAGEMENT

20 November, 2018



Dr. Atchariya Pangma
Secretary-General,
National Institute for Emergency Medicine
Project Director,
Project for Strengthening the ASEAN
Regional Capacity on Disaster Health
Management

SUMMARY OF PROCEEDINGS

THE THIRD JOINT COORDINATION COMMITTEE (3rd JCC) MEETING ON THE PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT (ARCH)

31 October 2018

National Institute of Emergency Medicine, Ministry of Public Health, Thailand

I. INTRODUCTION

1. The 3rd Joint Coordination Committee (JCC) Meeting was held on the 31st October 2018 at the National Institute for Emergency Medicine (NIEM) as an annual meeting for the Joint Coordination Committee, constituted in The Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project). The meeting was chaired by Dr. Atchariya Pangma, NIEM Secretary General, with the objective to keep JCC members informed about the ARCH project's amendments, progresses and the up-coming workplans. This JCC meeting was consecutively held after the 1st JCC meeting in 2016, 2nd meeting in 2017. The ARCH project was designed and developed to foster a platform of coordination in Disaster Health Management and Emergency Medicine within ASEAN member states. After its commencement in 2016, several key elements have been achieved such as the Regional Collaboration Tools developed, the ASEAN Leaders' Declaration on Disaster Health Management endorsed, Regional Collaboration Drill conducted and others. Details of project's progress were discussed within this meeting and thus stated in later sections. Please see 3rd JCC Meeting agenda in ANNEX I.
2. In the occasion of event's opening, remarks were delivered by the Director of the Division of Public Health Emergency Management, representing Thailand's Ministry of Public Health, and Senior Representative of JICA representing, JICA Thailand's Office. The frequent occurrences of disastrous incidents such as dam collapse, typhoon, tsunami and flood in this past year are evidence of the importance of advance ASEAN collaboration in Disaster Health Management and the roles ARCH project can play in enhancing coordination for safe and resilient ASEAN community. Gratitude were well expressed to the key players in ARCH project including JICA, the Project Team, NIEM team, MOPH and other organisations contributing to the on-going success of the project.
3. The 3rd JCC meeting was attended by delegates who act as the Joint Coordination Committee members. Delegates included JICA Head Quarter, JICA Thailand Office, ARCH Project Team, Japan Embassy, Ministry of Foreign Affairs, Department of Disaster Prevention and Mitigation, ASEAN Center of Military Medicine (ACMM), Thailand College of Emergency Physician, Chulabhorn International College of Medicine and others. Please see the Lists of Participant in ANNEX II.
4. In the 3rd JCC meeting, the JCC members had reviewed and approved the contents, agreements and amendments of the 2nd JCC meeting held in November 2017.

II. PROJECT FRAMEWORK, PROGRESS, AND UP-COMING EVENTS

4. Representative of JICA Thailand explained on the amendment for the Record of Discussions (R/D) signed on August 30, 2017 mainly including MOPH as one of the main counterparts and other associating conditions. The summarised contents of amendment are;
 - a. Implementation Structure: to include MOPH as (a) Co-Project Director (b) Counter Personnel (c) Co-Project Manager and (d) Other Organisation (to be added when necessary)
 - b. Proposed member of Joint Coordination Committee (JCC): to include Permanent Secretary, Ministry of Public Health as Co-Director and to include 9 more members to the Thai side and 1 member to the Japanese side.

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- c. Input by JICA: to add input "Dispatch of long-term expert for ASEAN Coordination in DHM to Division of Public Health Emergency Management"
- d. Input by Thai side: to add output (3) MOPH will take measure to provide at its own expense the counterpart personnel, suitable office space for long-term expert, and expenses to implement the project limited to only MOPH personnel.
- e. PDM: change to PDM version 2.0

Please refer to **ANNEX III**. For the Minutes of Meeting for the amendment between JICA and NIEM/MOPH

5. The project team leader had outlined the project's framework, mechanism, progresses and the up-coming events. Within the ARCH project's duration: June 2017-August 2019 (phase 1), 5 outputs and their activities are expected to be accomplished to serve project purposes and the overall goal during this duration. The ARCH project 1st phase was the premier portion within the grand design consisting of 3 phases with the expected duration of 10 years. Phase 1 goal is designed to establish and strengthen mechanism within the ASEAN Member States. While phase 2 goal is to develop, implement and validate the mechanism and final Phase; 3 is meant to finalize the sustainable collaboration mechanism in ASEAN country. Please see the presentation on Framework, Progress and Up-coming event in **ANNEX IV**.
6. As stated above, the ARCH Project 1st Phase has 5 outputs to materialize within the timeframe. Outputs as well as their progresses are summarised below.
 - Output 1:** Coordination platform is setup. The indicators for this output are; 1) the host of regional coordination meeting, 2) the clarification of the focal point for each AMS and 3) the setup of the coordination platform on Disaster Health Medicine in ASEAN.
 - Output 2:** Framework for Regional Collaboration Practices is developed. The Indicators for this output are; 1) 2 Regional Collaboration Drills were held (1st drill in Phuket, Thailand, 2nd drill in Danang Vietnam, and 3rd (up-coming) Metro Manila, The Philippines); 2) recommendations and lesson learned are collected and consolidated in activities and tools; and 3) the mechanism of regional collaboration among EMT is clarified.
 - Output 3:** Tools for Effective Regional Collaboration on Disaster Health Management are developed. Indicators for this output are; 1) Standard of Practice (SOP); 2) Minimum Requirement; 3) Health Needs Assessment; and 4) EMT Database. Lessons learned and recommendations received from drills and other activities are consolidated back in tools.
 - Output 4:** Academic conference on Disaster Health Medicine. The indicator for this output is the number of academic conferences participated to present progresses of the project. ARCH project had just participated in the APCDM conference in Kobe, Japan during 16-17 October 2018.
 - Output 5:** Capacity development activities for each AMS are implemented. Indicators for this output are the number of training (anticipating: 4 AMS trainings), participant (anticipating: 150 people). Three out of four AMS trainings were already conducted with selected training themes being 1) Human resource development and enhancing individual competency, 2) Capacity development of EMT, 3) International EMT, and 4) EMTCC (to be conducted).
7. The up-coming key events in 2018 include 1) the Regional Collaboration Drill to be conducted in Metro Manila, The Philippines during 3-5 December, 2) Project Working group 1 and 2 and the RCC meeting to be held during 6-7 December (held after the RCD in same venue), 3) 4th AMS training on EMTCC to be conducted in February 2019, and 4) The final RCC meeting (date and venue to be confirmed). All events are essential for the successful implementation of the ARCH project Phase 1 in maintaining key deliveries before the completion of the project in Aug 2019.

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III. PROGRESS ON DISASTER HEALTH MANAGEMENT IN ASEAN

8. Dr. Phumin delivered the updates on ASEAN Health Sector meetings within Post 2015 Health Development Agenda, four groups of health clusters can be categorized, and Disaster Health Management belongs to cluster 2, specifically priority 12. ARCH project has been officially recognized as an output for the priority 12 workplan. The ASEAN Leaders' Declaration on Disaster Health Management as one of ARCH projects numerous outputs, has already been adopted during the ASEAN submit in November 2017. In addition, other key activities delivered by the ARCH project including the Regional Collaboration Drill, ASEAN Member State capacity training and Regional Collaboration Tools, are in the on-going process and are due to be completed soon.
9. The presentation also was drawn upon the ASEAN Disaster Health Management situation after the implementation of the ARCH project. As a result of Regional Collaboration Tools development, Standards Operation Procedures, Minimum Requirement, Health Needs Assessment and EMT Database as well as the Medical Record Form are in the process of revision and finalization. After completion, the tools will be passed forward for consideration, endorsement to circulate within the ASEAN Health Sector Mechanism and SASOP. After 3 AMS trainings already conducted, more than 100 health personnel in ASEAN participated in the training which add valuable skill sets not only on technical practices but also to the coordination mechanism to their own countries. Moreover, 3 Regional Collaboration Drills are in the implementation plan which have already or will be conducted in Phuket, Danang and Manila consecutively. The drills are the opportunities for the developed tool to be tested and revised based on comments received. The host countries of the drill gain useful benefits to their home countries in terms of human resource capacity building especially on EMTCC, experiencing and recognizing regional mechanism for emergency assistances, testing of the existing National Disaster Response plan and others.
10. During ARCH project, Thailand had much benefited from organizing 2 drills; one start-up drill (Bangkok) and one Regional collaboration drill (Phuket). Through the course of ARCH project, Thai medical personnel' capacities and skills are built. Some are technical-related skills, many were equipped with the experience in organising the regional drill. Details of the benefits to Thai personnel through ARCH project are the following:
 - a. Thai MOPH and NIEM acknowledged by 10 AMS, AHA Centre and ASEC
 - b. Modify EMTCC training by WHO representative to 4 provincial health offices, 6 certified personnel for EMTCC Standard training course by WHO.
 - c. 21 medical personnel get experience and knowledge and technical support by Japanese experts through counterpart training session in Japan
 - d. 100 medical personnel get experience for participating or organizing in the regional drill
 - e. Strong united team of MOPH, Universities and Thai Red Cross is built
 - f. Knowledge sharing and dissemination resulting in organised knowledge sharing events such as Drill in Chiang Rai, Drill in Health Region 1, workshop at Rejvithi hospital, Navamindhthiraj university and others
11. The ARCH project original objectives of each Phases (Phase 1,2 and 3) were revised to appropriately suit the change of certain circumstances, from strengthening collaboration in Phase 1, Develop Mechanism Phase 2, and Establish mechanism in Phase 3. Fortunately, The ASEAN Leaders' Declaration on Disaster Health Management has already been endorsed which was an intended objective in Phase 2 and thus, *there are shifts in the Phases' objectives*. The intended Phase 3 objective "Mechanism Establishment" can be commenced in 2019 in order to become effective mechanism by 2025. Consequently, Extension Phase 1 is proposed to comply with the ASEAN workplan and allow the regional collaboration mechanism establishment objective to be enhanced.

12. The ARCH project had also identified the ASEAN suitable definition of I-EMT. While World Health Organisation (WHO) defines I-EMT as absolute self-sufficient and considered unachievable in the ASEAN context, the ASEAN I-EMT however, compromises logistic support between the host country and the I-EMT upon prior agreement. In this case, if national SOP are developed in the future course of the ARCH project, AMS should have written procedure on the logistic support practices for I-EMT.
13. In the capacity building related support, the setup of the disaster health training centers network with ASEAN Institute for Disaster Health Management (AIDHM) which was proposed based on the POA is planned to be carried out as a part of Extension Phase.
14. After the endorsement of the ASEAN Leaders' Declaration, the Plan of Action (POA) was drafted as guidelines of implementation of the declaration. The goal for the POA is to install disaster resilience health system in ASEAN community by 2025, two targets comprising the regional collaboration mechanism and the national capacity target are to be met. In order to meet the target; 2 mechanisms are being finalized including; 1) the Regional Coordination Committee for Disaster Health Management and; 2) ASEAN Institute for Disaster Health Management. The host countries of the 2 mechanisms are expected to be identified at the Health Cluster 2 meeting in July 2019. However, the POA for the declaration is in the process to be reviewed and endorsed by Health Cluster 2 by Feb 2019 and SOMHD on April 2019.
15. The ARCH project Phase 1 is expected to end in 2019, while the Extension Phase 1 will follow on until the end of 2020 (21 months). By 2021 ARCH project Phase 2, the mechanism establishment phase will commence along side the next round of ASEAN work plan which should well complement each other. Please refer to the presentation on Progress on DHM in ASEAN in ANNEX V.

IV. PROJECT EVALUATION AND RECOMMENDATION

16. Mr. Ikeda, JICA Chief Advisor explained on the Project Evaluation and Recommendation. Evaluation is a crucial procedure within JICA's projects' implementation to foster lesson learned and improvement in the future. Similarly, the ARCH project's outputs were also reviewed through the questionnaire survey for the participants of the Study Tour in Japan from AMS member. Regarding the Project Purpose, four (4) targets were set as verifiable indicators. Present achievement is as follows

Indicator1 "Coordination meetings on disaster health management in ASEAN are held at regular basis"; **Expected to be achieved.**

Indicator2 "Activities needed for regional collaboration are clarified and approved in the coordination meeting"; **Achieved.**

Indicator3 "Recommendations for developing regional collaboration mechanism in disaster health management is proposed to SOMHD."; **Expected to be achieved.** The text of ALD and the POA drafted through the discussion in the RCC and the PWG were submitted to the Health Cluster 2 meetings and the SOMHD. The ALD was already adopted in the ASEAN Summit on Nov. 2107.

Indicator4 "Regional collaboration tools are developed and approved in the coordination meeting"; **Expected to be achieved.** The Regional Collaboration tools developed will be submitted to the SOMHD in next April.

Although the overall goals are expected to be achieved a few years after the project end, some of the targets are achieved early such as the endorsement of the ASEAN's Leader Declaration on DHM and the Plan of Action for the declaration, and thus, ensures successful achievement of the project.

17. The overall ARCH project implementation was also evaluated based on the JICA evaluation standards indicators on "Relevance", "Effectiveness", "Efficiency", "Impact", and "Sustainability". The evaluation results are the following:

Relevance: Relevance was evaluated "**High**" because political priority for Disaster Health Management could be risen in this region.

Effectiveness: Effectiveness was evaluated "**Relatively High**" The reason with "Relatively" is because of EMTs of AMS difficulties in meeting some elements of WHO I-EMT minimum standards and their capabilities are not enough for self-sufficient international deployment.

Efficiency: Efficiency was evaluated "**Medium**" due to an unclear organizational commitment from Thai MOPH for the ARCH project as well as the frequent changes of the RCC and PWG participants.

Impact: Impact was evaluated "**High**" mainly because of the ASEAN Leader's Declaration on DHM, Plan of Action and MDS as they made significant contribution to and beyond ASEAN region.

Sustainability: Sustainability was evaluated "**High**" because of the adoption of the ALD. In addition, official adoption of the POA and regional tools to be integrated into the SASOP, will be ensured the sustainability.

All in all, the overall project activities and outputs have almost been as planned. It has made efforts towards the overall goals which aim to be achieved several years after termination. The ASEAN Collective Approach is planned to be the way forward. Furthermore, if the POA is approved in the near future and the RCC and AIDHM are operationalized, the impact and sustainability through ARCH project will further be ensured.

18. As the result of the evaluation, recommendations were provided which included the followings;

Recommendation 1: The ARCH Project should extend the cooperation period (21 months) until the POA is approved and the main mechanism of the POA (RCC & AIDHM) can start in order to implement activities on track and thus, ensure the impact and sustainability.

Recommendation 2: The project should continue testing the regional tools as well as study on the capacity development on each AMS. Consequently, the regional approach to complement the capabilities of ASEAN-EMT can continue discussion during the extension period.

19. During the Extension Phase, the followings are planned activities.

- 1) Dissemination of the Outputs of ARCH for relevant ASEAN sectoral bodies
- 2) Drafting the Work Plan on the POA of ALD (relating to Output 1 of present PDM)
- 3) Conducting the Regional Coordination Drills (RCD) (relating to Output 2)
- 4) Collection & Sharing of Lessons Learned from responses for actual disasters in ASEAN
- 5) Study on possibilities of ASEAN Collective Approach for ASEAN-EMT (Output 3)
- 6) Strengthening Academic network on DHM (relating to Output 4)
- 7) Study on needs and potential of Capacity Development for DHM in AMS (Output 5)

20. The steps for 4 ASEAN Collective Approach were proposed steps during the extension period to further enhance ASEAN actions towards the achievement of ASEAN DHM collaboration. The steps are as follows.

- 1) Set-up Sub-Working Group (SWG) under the PWG1 on June, 2019
- 2) Four issues will be discussed; 1) Customs compliance; 2) Sanitation & Waste Management, 3) Indemnity & Malpractice 4) Other Logistical Support
- 3) Sub-Working Group (SWG) meetings are held
- 4) Results of the discussion by SWG should be documented as recommendation on ASEAN collective approach and be reported to the RCC and SOMHD.

21. The expected targets during the Extension Phase include;

- 1) All developed Regional Collaboration Tools are endorsed by ASEAN.

- 2) Draft Work Plan for Plan of Action on Disaster Health Management
 - 3) Regional Collaboration Drills: More than One time, Feedback on the tools and i-SPEED from the drills
 - 4) Information Sheet Format for Lessons Learned from Disaster Response, Lessons Learned from an actual case if any
 - 5) ASEAN regional standards or methods on some necessary issues for deployment of ASEAN-EMT
 - 6) Study Report on Collaboration Drill on DHM in AMS -Identifying needs for capacity development and potential core training institutes on DHM
 - 7) Academic International Seminar (One time)
 - 8) Academic and/or training center network on DHM in ASEAN is developed
21. As for the tentative schedule planned for the Extension Phase, after the approval for the Project Evaluation and the Extension in the RCC in December 2018, the R/D will be signed by March 2019 with details to be discussed. The detail plans are to be approved by the next JCC meeting and, hence, the Extension Phase will commence in July 2019 and carried out until March 2021.

Please refer to the presentation on ARCH project evaluation and recommendation in **ANNEX VI**, and the tentative draft on the Extension Phase 1 Plan in **ANNEX VII**.

V. DISCUSSION ON THE REMAINING PERIOD AND FUTURE COOPERATION

22. On the One ASEAN One Response mission, the ARCH project has contributed in terms of synergizing collaboration mechanisms in ASEAN. However, it is recommended that the core value, objectives, approach and positioning in which the ARCH project introduce into ASEAN Disaster Health Management are reevaluated from time to time to optimize the project's impact to ASEAN community, taking into account other health mechanisms, supporting organisation within and outside ASEAN. However, in the ASEAN context specifically, AHA Centre is the key organisation responsible for Disaster Management. Therefore, the operation under ARCH project should compliment the role of AHA Centre and work in line with the overall ASEAN overarching structures.
23. It is further commented that opportunities to participate in actual disastrous events such as some which occurs in the past year e.g. flood in Japan, Tsunami in Indonesia, dam collapse in Laos, are good opportunities to extract lesson learned which could be consolidated into the tools. In the occasion of ASEAN Regional Disaster Emergency Response Simulation Exercise (ARDEX), Thai Department of Disaster Prevention and Mitigation will dispatch team of the Thai Red Cross and the Military to join this simulation exercise using the Sulawesi Tsunami as a based-line scenario. While, ASEAN Center of Military Medicine (ACMM) reported that they have well-equipped and skilled team who are well connected with other countries in ASEAN.
24. A suggested emphasis was placed to the dissemination of the established mechanism to disaster related agencies around ASEAN in order to be informed and effectively utilize the mechanism. In addition to information dissemination, mechanism for collaboration can be facilitated and maintained using online technology. More importantly, to build a strong regional DHM institution, academic network is important in the way that it foster well-trained and skilled health personnel to operationalize within their countries. Resources should be allocated for domestic capacity building as well as fellowships from the Thai College of Emergency Physician has strategize its outputs. In the Extension Phase, networks of health personnel, academics and experts from AMS could be emphasized as a start of institutional building. Lastly, the current EMT initiative, Thailand has been working on with the support of WHO and JICA, is an activity parallel to the ARCH project mechanism development, it is encouraged for EMT initiative to be carried out in other ASEAN countries alongside Thailand so EMT works are streamlined.

LA

VI. Closing Remarks

25. The main notification and agreement in the 3rd Joint Coordination Committee (3rd JCC) meeting were the acknowledgment of the progress, achievement and up-coming events, progress within the ASEAN framework, the ARCH project Phase 1 evaluation and recommendations including the agreement in the Extension Phase for the course of 21 months from (2019-2020). The agreement on the Extension Phase will be informed to the Regional Collaboration Committee in the Philippines in December 2018. Details of workplan including budgets and other arrangements are objects for further discussion to steer the phase into proper direction as intended. This had reached the end of points of discussion. The chair then declared the 3rd Joint Coordination Committee meeting successfully closed.

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Regional Coordination Committee (RCC)

EVENT	DATE	PLACE	PARTICIPANTS	AGENDA
1 st RCC	29 – 30 September 2016	Bangkok, Thailand	(62) ASEAN Member States, ASEAN Secretariat, AHA Centre, and JICA	1) Presentation on Outlines of ARCH Project 2) ASEAN Health Cooperation on Disaster Health Management 3) Orientation on the draft ASEAN Joint Disaster Response Plan (AJDRP) 4) Discussion on TOR of the Regional Coordination Meeting (RCM) 5) Discussion on TOR of the PWG 1 and 2
2 nd RCC	21 July 2017	Phuket, Thailand	(52) ASEAN Member States, ASEAN Secretariat, AHA Centre, and JICA	1) Overall Progress of ARCH Project 2) Report on the Start-Up Drill and First RCD 3) Report on Progress and Outputs from PWG 1 4) Report on Progress and Outputs from PWG 2 5) ASEAN Leaders' Declaration on Disaster Health Management 6) Hosting of Upcoming RCD, and Related Meetings 7) Relevant events in ASEAN (ARDEX) 8) Communication channel of the Project, and other related issues on Disaster Health Management
3 rd RCC	30 March 2018	Da Nang, Viet Nam	ASEAN Member States, ASEAN Secretariat, JDR, JAC, Project Team	1) Report on the Progress and Outputs from PWG 1 and Planning of the 3rd RCD 2) Report on the Progress and Outputs from PWG 2 and Planning of the 3rd and 4th AMS Training, Study Tour in Japan 3) Implementation of ASEAN Leader Declaration on Disaster Health Management
4 th RCC	7 December 2018	Manila, Philippines	(57) ASEAN Member States, ASEAN Secretariat, AHA Centre, and JICA	1) Report on PWG 1 and PWG 2 Meetings 2) Update on the Development of POA of ALD on DHM 3) Priorities for the Remaining Period of ARCH Project, Phase 1 4) Potential Priorities in Disaster Health Management (Post ARCH Project Phase 1)
5 th RCC	4 March 2019	Bangkok, Thailand	(42) ASEAN Member States, ASEAN Secretariat, AHA Centre, and JICA	1) Overall Progress of ARCH Project (3rd RCD, EMTCC-training) 2) Overview of ASEAN DHM & ARCH 3) Update on the POA of ALD on DHM 4) Update on the integration of the SOP into the SASOP 5) RCD in Indonesia 6) Plan for the Extension Phase

1st Regional Coordination Committee (RCC)

**Conclusions
of the first Regional Coordination Committee Meeting on
the Project for Strengthening the ASEAN Regional Capacity on Disaster Health
Management
(ARCH Project)**

29 – 30 September 2016, Bangkok, Thailand

This meeting was attended by delegates 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 National Institute of Emergency Medicine (NIEM) of Thailand and Japanese expert team, as well as representatives of Thai International Cooperation Agency (TICA), Department of Disaster Prevention and Mitigation (DDPM) of Thailand, ASEAN Secretariat, AHA Centre, World Health Organization (WHO), Japanese Advisory Committee, and Japan International Cooperation Agency (JICA).

The meeting shared background, objectives, expected outputs and tentative work plan of the ARCH project, as well as updates on Disaster Health Management under the ASEAN Post 2015 Health Development Agenda and outlines of the draft ASEAN Joint Disaster Response Plan (AJDRP). Also, the TOR for the Regional Coordination Committee (RCC), the Project Working Group (PWG) 1 and 2 are discussed. Then, outlines of the Start-up Drill to be held in January 2017 was shared.

The meeting agreed on the following:

1. Summary of Proceedings and Final Version of the TOR on 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 acknowledgement.
3. Final Version of the TOR on 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 consideration for 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 the Philippines volunteered to host the RCC Meeting in July 2017.

2nd Regional Coordination Committee (RCC)

I. OPENING REMARKS

1. 4. Dr. Jiroth Sinhvananda, greeted and express appreciation to AMS, ASEAN Secretariat, JICA, and the Project Team. RCC is the coordinating body which oversees the implementation of ARCH Project. In the second RCC, the committee member gathered to acknowledge progress of the past nine months since the first meeting of RCC, as well as to exchange views on the on-going project activities and the ASEAN Declaration on Disaster Health Management. The meeting had paved the way forward to achieve the outcome of ARCH Project as well as the recognise on the initiative of One ASEAN, One Response.

II. OVERALL PROGRESS OF ARCH PROJECT

2. Ms. Keiko Nagai outlined the framework of ARCH Project and reported progresses along with the five expected outcomes as follows:

Output 1 Coordination Platform: The first and second RCC meetings were conducted. TOR of RCC was endorsed in the second ASEAN Health Cluster 2 Meeting on November 2016.

Output 2 Regional Collaboration Framework: The Start-up Drill was conducted to develop a prototype of RCD (January 2017). The first RCD was designed and conducted under strong initiative of Thai Project Team (July 2017). Some AMS have presented their interest to host the second and third RCD.

Output 3 Regional Collaboration Tools: The draft version 0 of SOP, Minimum Requirement, and Health Needs Assessment have been prepared and shared with PWG 1 members. The content and management of database for EMT are under discussion.

Output 4 Academic Networking: The project outline was to be presented in the 13th Asia-Pacific Conference on Disaster Medicine (APCDM) in Bangkok, of Radiation Emergency Medical Preparedness and Assistance Network (REMPAN) in South Korean, Japanese Association for Disaster Medicine (JADM) in Japan, and World Association for Disaster and Emergency Medicine (WADEM) in Canada.

Output 5 Capacity Development: The first AMS training was held focusing on human resource development for emergency medical team by the planning of PWG 2 members. The second AMS training in November 2017 has been under preparation.

3. Ms. Nagai also mentioned that the major upcoming activities in November 2017 are the fourth PWG1 meeting, the third PWG2 meeting (newly proposed), and the second AMS Training. PWG 2 proposed to have two additional meetings to ensure the completion of training content. Proposed period of the additional PWG 2 meeting are November 2017 and after March 2018 (tentative).

4. During the second RCC meeting, discussions and acknowledgement would like to be met on the following topics: communication approach among AMS; official focal points of ARCH project in each AMS; and future vision of the regional coordination platform on Disaster Health Management. The presentation document for this section can be referred in **ANNEX XXIII**.
5. ASEAN Secretariat mentioned that the progress and outputs of ARCH Project and the draft ASEAN Declaration on Disaster Health Management have been recognised and updated to ASEAN Joint Task Force on Humanitarian Assistance and Disaster Response (HADR).

III. REPORT ON THE START-UP DRILL AND THE FIRST RCD

6. Based on the inputs provided by AMS, Dr. Yasushi Nagajima presented the modification of the four-layered pyramid model of ARCH Project which reflected targeted capacities and tools necessary for AMS to achieve. The modifications were made in the previous model as follows. The presentation document can be referred to in **ANNEX XXIV**.

The first level: Five items were adjusted to include; 1) intercultural skill, 2) compliance with quality accountability standard, 3) coordination conflict resolution skill, 4) language skill, and 5) IT communication skill.

The second level: Three items were adjusted to include; 1) Information management including IT, 2) Austere critical care and field medicine, and 3) Reporting with MDS

The third level: Two items were adjusted to include; 1) Common SOP and minimum requirement for EMT and 2) EOC EMTCC system

7. The modified pyramid model of ARCH Project demonstrates complex relationships with vertical and horizontal relevance which present linkage among all the project activities. It will be modified according to the latest discussions and experiences throughout of ARHC Project.
8. The discussions following this section are summarized below;
 - A proposal was raised regarding radio as a mean of communication especially for the referral system. For that purpose, radio operation skills should be provided for EMT members; for example, basic operation, international radio language, and frequency given to each AMS.
 - A concern was raised toward a necessary skill of EMT members to adopt themselves to natural and manmade environment in the field which may include unexpected situation. A stress management kit may be one of the possible solutions.
 - Life support skills could include; Basic Life Support (BLS), Advanced Life Support (ALS), Advanced Trauma Life Support (ALTS), Disaster Life Support (DLS), and Mental Health and Psychosocial Support (MHPSS).

- ASEAN Secretariat commented that it will be appreciated for all the stakeholders to be able to study relationship among items in the pyramid model through a brief document. Then, the Project Team will prepare and share it.
- An item on evaluation and research can be included in the third layer. The consolidation of lesson learned and feedbacks are necessary for policy review and enhance further development process.
- An item on logistic and management skills may be included as logistic team is essential either provided by central PHEOC or within EMT.

IV. PROGRESS AND OUTPUTS OF PWG 1

9. Dr. Jirot Sindhvananda, Chair of PWG 1, presented progress and outputs of PWG 1. Regarding draft regional collaboration tools, version 0 of SOP for Coordination of EMT in ASEAN and Minimum Requirements have been developed. PWG 1 members will provide feedback on these drafts by 11 August 2017 and the revised drafts will be circulated in October 2017. The draft Health Needs Assessment Framework will be revised and circulated with draft instructions and guidelines by 11 August 2017 for feedback from the members by 8 September 2017. As for Database of EMT in ASEAN, PWG 1 members will propose categories and inclusion criteria in the database by 11 August 2017. The Project Team will propose the data collection form by 15 September 2017 and start data collection in October 2017. The presentation document for this section can be referred in **ANNEX XXV**.

V. PROGRESS AND OUTPUTS OF PWG2

10. Dr. Navin Surapakdee, made a presentation on progress and outputs of PWG 2. And two additional meetings were proposed because the existing plan cannot accommodate the content of the work to meet the set timeline. The presentation document for this section can be referred in **ANNEX XXVI**.
11. RCC did not have objections towards the proposal, therefore two additional meetings of PWG 2 were granted by the meeting.
12. Discussion points following the session are summarized below;
 - Regarding the 5th PWG 2 meeting, it shall be held together with the fourth AMS training (November, 2018) to save time and resources. The date shall be finalised with participants but should be within the decided month to align with other activities set within the project timeline.
 - Any plans regarding the training shall not be held during the first and second week of June 2018 as it would be inconvenient for Muslim participants.
 - Cambodian delegates cannot attend if the dates are decided later than the first week of June 2018 as officials are not allow to exit the country due to the general election.
 - The training period shall be later decided after the confirmation from AMS. However, AMS can arrange their personals to fit their appropriate time, for example, some can attend the training while other attends the PWG 2 meeting.

- AHA Centre suggested that the second AMS training may include logistic coordination using Incident Command System (ICS).
- The training will reflect elements according to the ARCH pyramid model. Certain training should be responding to the objectives and covered by the end of the training programme. The trained personals in ARCH Project should be equipped with adequate skills for EMT deployment as well as capable of training their team members.

VI. ASEAN LEADERS' DECLARATION ON DISASTER HEALTH MANAGEMENT

13. Dr. Phumin Silapunt presented the progress of the ASEAN Leaders' Declaration on Disaster Health Management which draft version 0 was presented in during the second PWG1 meeting in May 2017. It is currently under the process of consolidating comments.
14. The declaration needs a few steps to be taken. In June 2017, inputs were provided by ASEAN Health Cluster 2 via referendum. In July 2017, inputs were received by Senior Officials Meeting on Health Development (SOMHD). Then, it will be submitted for endorsement by Senior Officials Meeting for the ASEAN Socio-Cultural Community (ASCC) (SOCA) in September 2017. The declaration is expected to be adopted in the 31st ASEAN Summit in November 2017.
15. The chair encouraged AMS delegates to facilitate the internal process for in-country representative to submit the third referendum to Health Cluster 2 to endorse the declaration by the end of July 2017. After the adoption, the declaration will be operationalized by a plan which will be developed under SOMHD in consultation with other sectors and ASEAN partners including Japan, the ministries of foreign affairs, and military medicine sector. The presentation and documents for this section can be referred in **ANNEX XXVII.**

VII. HOSTING OF THE UPCOMING REGIONAL COLLABORATION DRILLS

16. Ms. Nagai updates of the relevant situation to host countries of the project events. During the first meetings of PWG1 and 2 in January 2017, the Project Team invited AMS to submit a proposal to host upcoming RCD. The Philippines submitted a proposal to host the third RCD and later Viet Nam showed an interest to host the second RCD. Both AMS were invited to observe the preparation of the first RCD in Thailand while informal discussions were made. After the review of Philippine's proposal, the Project Team had acknowledged the capacity to host the third RCD, whereas Viet Nam was required to submit proposal by middle of August 2017. Philippine and Viet Nam were invited to make presentation on their proposals or conceptual plan. The presentations document for this section can be referred in **ANNEX XXVIII.**
17. According to the proposal of the Philippines, the proposed RCD will not only be useful for AMS for the EMT deployment preparation under ARCH Project, but will also be beneficial for Metro Manila to be prepared for high impact of the possible West Valley Fault earthquake. The proposed venue is at the Armed Force facility of the Philippine Grand Stand, Metro Manila. Tentative duration is

within the second to third week of October 2018. The Project Team will visit Philippines in later September 2017 for initial preparation.

18. Viet Nam is interested in hosting of the second RCD and therefore, was invited to observe the planning of the first RCD. Viet Nam has learned a lot from Thailand and glad to host the next RCD. Ministry of Health of Viet Nam and People's Committee of Danang City granted approval for the hosting of the second RCD. The next step will be an approval of the Prime Minister's Office. The second RCD objective will be defined along the development process through discussion with the Project Team. Viet Nam believe that the drill will raise awareness and preparation of concerned personals including police, fire department, local authority and others on disaster health management issue.
19. RCC members endorsed the Philippines to host the third RCD as they have adequate capacity and willingness. As regards the proposal from Viet Nam for hosting the second RCD, the referendum will be conducted through online basis by September 2017, once official reviews by the Project Team finish.

VIII. RELEVANT EVENTS IN ASEAN

20. AHA Centre provided the overview of the ASEAN Disaster Emergency Response Simulation Exercise (ARDEX). The presentation document for this section can be referred in ANNEX XXIX.
21. As for the next ARDEX in November 2018 in Indonesia, AMS health sector will be invited to Jakarta for the preparatory meeting. Although the timing between ARDEX and third RCD may not match, the gap between both exercises should be more than four weeks so that AMS attend both exercises to learn and improve from one another.

IX. COMMUNICATION CHANNEL OF ARCH PROJECT, AND OTHER RELATED ISSUES ON DISASTER HEALTH MANAGEMENT

22. Dr. Phumin Silapunt invited discussions regarding the method for communication under ARCH Project. The Project Team proposed a parallel information communication channel; formal flow via ASEAN Secretariat, and informal one to exchange technical information and resource persons, as well as facilitate the application process. The presentation document for this section can be referred in ANNEX XXX.
23. ASEAN Secretariat will communicate to ASEAN Health Cluster 2 Country Coordinators for the designation of contact points for ARCH Project activities. And the Project Team can communicate with identified resource persons based on agreements with/endorsement by relevant PWG. ASEAN Secretariat may be copied for information or potential follow up. When these focal points will take roles as national focal points for Disaster Health Management, terms of reference should be reviewed.

X. WRAP UP AND WAY FORWARD

24. The second RCC meeting had summarised and demonstrated the progression of the ARCH project activities during nine months after the first RCC meeting in September 2016. The activities are namely the start-up and the regional collaboration drills, AMS training, PWG1 and 2 meetings, development of regional collaboration tools.
25. Highlighted proposals and agreements included two additional meetings requested by PWG 2 to be held in November 2017 and 2018.
26. The ASEAN Declaration on Disaster Health Management is in the process of endorsement by AMS Health Cluster 2 which will be acknowledged and enforced at the 31st ASEAN Summit in November 2017. AMS delegate shall facilitate the in-country process for endorsement.
27. The RCC meeting had approved the proposal of the Philippines to host the third RCD in October 2018, while the approval of Viet Nam to host the second RCD will be requested through online basis.
28. The agreement regarding communication channel of ARCH Project was that the project focal point would formally be designated by facilitation of ASEAN Secretariat. The next RCC meeting will be held in Danang City, Viet Nam, after the second RCD. Key Discussions and Action Points can be referred in **ANNEX XXX.**

XI. CLOSING REMARKS

29. Dr. Achariya Pangma, expressed gratitude for JICA for facilitating ARCH Project in close collaboration with NIEM. In this event, the first RCC as well as RCD were planned and executed very well with kind advice from Japan. Delegates from AMS have so far contributed in the drafting process of SOP, Minimum Requirement, HNA and database to complement SASOP. The ASEAN Leader Declaration on Disaster Health Management will soon be enforced to operationalize the mechanism. The AMS training was held for the first time in May, providing them with useful skills and the later training will be developed according to the recommended framework. Philippine was endorsed the official hosting of third RCD and Vietnam to be endorsed for the second RCD in March 2018. All project future activities from this point will also be expected to contribute to the One ASEAN, One Response, seeking mutual contribution which other AMS can obtain. On behalf of the Project Team, Dr. Achariya encouraged constant active participation of AMS and appreciated that support of all stakeholders for successful outcome.

End

3rd Regional Coordination Committee (RCC)

SUMMARY OF PROCEEDINGS

THE THIRD REGIONAL COORDINATION COMMITTEE MEETING

PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT (ARCH PROJECT)

30 March 2018

The Grand Tourane Hotel, Danang City, Vietnam

I. WELCOME REMARKS

Dr. Nguyen Duc Chinh, chief of planning department, Viet Duc Hospital, Vietnam and chair of the today's RCC meeting, welcomed every participant from all AMS and reiterated the significance of the meeting, as to review and discuss on the inputs from the two Project Working Group (PWG) meeting. Moreover, a review and discussion on the implementation of ASEAN Leaders' Declaration on Disaster Health Management (DHM) would also be conducted in today's session. By the end of the meeting, the Philippines would give an introduction to the 3rd Regional Collaboration Drill (RCD), which will be held in Manila, Philippines in December 2018. After a welcome remark speech, all participants were requested to take a group photo.

II. REPORT ON THE PROGRESS AND OUTPUTS FROM PWG 1 AND PLANNING OF THE 3RD RCD

Dr. Anupong Sujariyakul, senior expert of Department of Disease Control, Thailand, greeted all meeting participants and started by elaborating on the agendas of this session, which included; (1) report on the progress and outputs from PWG 1 meeting, conducted on March 29th 2018, (2) report on the plan for the 3rd RCD, (3) report on the Implementation of ASEAN Leaders Declaration on DHM and lastly (4) introduction to the upcoming events of PWG 1.

The 2nd RCD was conducted March 26th-28th, 2018 in Da Nang, Vietnam, with a strong collaboration between Vietnamese, Thai and Japanese organizing teams. Drill activities facilitated the learning on ASEAN disaster response processes and tools such as the reporting forms. Experiences and lessons learned from the drill become inputs for the development of regional collaboration tools. Capacity building needs were identified on areas of EMT coordination, medical response planning and incident management.

The 5th PWG1 meeting organized March 29 in Da Nang, Vietnam. The topics that were discussed in the meeting were as followed; (1) SOPs for coordination of EMT, (2) database of EMT in ASEAN, (3) minimum requirement and qualifications of EMT members, (4) Health Needs Assessment (HNA) and (5) Medical Record form.

For SOPs for the coordination of EMT, the revision was made to ensure that EMT is self-sufficient during deployment and to ensure registration and documentation of incoming I-EMT through RDC or EMTCC (when registration with RDC is not possible). In addition, the SOPs were also revised to ensure the use of standardized triage system in the affected area and finally the provisions were added under Section D and Section I.

For EMT Database in ASEAN, there have been only two countries that submitted the database to the project team in the 1st round of collection. Therefore, the participants from each AMS were requested

to facilitate the submission of database by May 14th, 2018. The 2nd round of data collection will last from July 2018 to the 3rd RCD in December 2018.

For the minimum requirements and qualification section, the revisions on the standard training curriculum were made as followed;

- Add Basic Disaster Management course as examples to training curriculum of TIER I.
- Add ICS, self-sufficiency in disaster, working in limited resources as examples to the field training topics of TIER II.
- Add intercultural management, resource management, communication skill, health care system in all AMS, Team coordination, etc. as examples to the training curriculum of TIER III.

Moreover, it was agreed that health professionals registered as EMT are licensed and qualified, and required trainings may focus on disaster management and on non-medical/ non-treatment aspects and online courses for some of the required trainings can be delivered for EMT members.

For Health Needs Assessment, the inputs from the 2nd RCD were discussed. The revisions for the HNA Form and Summary Report include;

For the draft HNA Form:

- Consolidating the form that is used for the assessment of a village or a shelter as the areas of inquiry are similar
- Consolidating the questions on food items
- Clarification on the terms for health facilities.
- On Q3.2, on Health Facilities and Services, the inquiry should be 'Is the health facility accessible?' and 'If yes, by what means?'

For the draft Summary Report:

- The Check Box for the Critical Area is included in the Summary Report instead of the HNA Form.
- Use "WASH" instead of Water, Sanitation and Hygiene, and add MHPS (Mental Health and Psychosocial Support) in the Check Box for the Critical Area.

For Medical Report form, inputs from the 2nd RCD were incorporated and the revisions were made as followed;

- Increasing font size
- Inclusion of mechanism of injury
- Make free text cells and agenda in chief complaint
- Reduction of items under 'chief complaint' by categorizing to organ system or making free text cell
- Further clarifying 'discharge' under 'disposition' whether this is discharge 'home' or 'shelter'

In summary, all of the revisions will be circulated among PWG 1 members on April 20th, 2018 and the deadline of feedback submission will be on May 14th, 2018. The revised tools will also be discussed in the 6th PWG 1 meeting and they will be tested in the 3rd RCD.

For the 3rd RCD, the PGW 1 meeting agreed that the RCD program will be between December 3rd – 5th, 2018, followed by PWG meeting on December 6th, and RCC Meeting on the 7th. The drill venue will be the Armed Forces of the Philippines Grandstand, Quezon City, Manila. The scenario will be the movement of the West Valley Fault generating 7.2 magnitude earthquake and affecting Metro Manila and

surrounding provinces. Primary objectives of this 3rd RCD are to examine the effectiveness of regional collaboration tools such as SOP, HNA form and Medical Record form, while the secondary objectives are to test the electronic reporting system of ISPEED. In addition, the 3rd RCD will include a real offer of assistance by AMS and coordinated by AHA Center. The concept of EMTCC and ICS will be included in all levels of the EOC. In term of participants, the PGW 1 meeting agreed that at least one of the participants of the 3rd AMS training in May should participate in the 3rd RCD and information discussed during the training and drills will be disseminated among AMS.

For the Implementation of the ASEAN Leaders' declaration on disaster health management, there are 5 priority areas and 2 Mechanisms to make declaration operationalized. The PWG 1 is responsible for the first mechanism, which is Regional Coordination Committee on Disaster Health Management. Please refer to **IMPLEMENTATION OF ASEAN LEADER DECLARATION ON DISASTER HEALTH MANAGEMENT** part for more information.

III. REPORT ON THE PROGRESS AND OUTPUTS FROM PWG 2 & PLANNING OF THE 3RD AND THE 4TH AMS TRAINING, STUDY TOUR IN JAPAN

Dr.Narain Chogirosniramit, on behalf of the PWG 2 meeting, greeted all RCC participants and started his report presentation by reiterating the agenda of this session, as to; (1) update the progress and outputs from PWG2, (2) update the planning of training, (3) report on the update of the training center and (4) update the upcoming events and activities of PWG 2.

For the progress and outputs of PWG 2, the 3rd and 4th meetings were held on November 9th, 2017 and March 29th, 2018, respectively. The 3rd PWG 2 meeting emphasized on the planning of the 3rd AMS Training and the vision and roadmap of capacity building in DHM in ASEAN, while the 4th meeting was focusing on finalizing the 3rd AMS Training program, planning of the 4th AMS Training and study tour in Japan, as well as a discussion on future direction of Regional Disaster Health Training Center and Standard Training Curriculum.

Previously, the 2nd AMS Training was conducted between November 5th – 8th, 2017 in Bangkok, Thailand. The main theme was based on capacity development of EMT – On-site Team Management. Twenty-nine participants from all AMS were taking part in the training while the resource lecturers were invited from Indonesia, Malaysia, Philippines, Thailand, Japan and AHA Center.

The outcomes of the 2nd AMS Training were (1) understanding of what EMT is expected to do when deployed to disaster area, (2) competency to build an effective domain for right directions of disaster management, especially for team management, (3) sharing of the concept of EMT Response, and (4) the evaluation of this training course for standardizing ASEAN EMT Training. The feedback of the training were expressed for the need for more practical training such as simulation and tabletop exercise, and for the common EMT response system among AMS, etc.

As for the planning of the 3rd AMS Training, which will be held in Bangkok, Thailand between May 28th– 31st, 2018, the main theme will be based on I-EMT and there will be 4 participants from each AMS. Resource person from any experienced AMS should be included as one of the four participants of those particular countries. The objectives of this training are (1) to learn the process and efforts for deploying I-EMT from experienced countries, (2) to understand core requirements of I-EMTs during deployment, (3) to understand minimum Pre-Deployment and Post- Deployment Requirements to ensure the requirements during deployment are met, and lastly (4) to understand the role of receiving country/ how receiving country coordinates with I-EMTs. The training schedule is as below;

[illegible]

For the 4th AMS Training in Bangkok, Thailand, the schedule has been changed from the original plan in November 2018 to the new date on February 2019 due to the tight schedule of study tour in Japan and the 3rd RCD. The training's main theme will be based on effective incident and emergency management at EMTCC. Each AMS is expected to send 3 participants to attend the training, while resource personnel and program shall be delivered by WHO EMTCC training course.

Study tour in Japan will take place between October 17th-20th, 2018 in Kobe and the surrounding area. Each AMS is expected send 3 participants to attend the tour. The objectives of the study tour are (1) to understand the system of disaster health management in Japan, (2) to identify the challenges and to consider the measures for further strengthening the disaster health management and regional collaboration in ASEAN, and (3) to establish a network of medical professionals involved in disaster health management in Japan and ASEAN.

The program will consist of (1) Participating APCDM, (2) Understanding lessons learned from the Great Hanshin Awaji Earthquake - Japanese system (e.g. Hospital disaster preparedness and response, EOC at prefectural/municipal (e.g. Kobe) level and (3) Participating JDR Training or relevant training.

For the Implementation of the ASEAN Leaders' declaration on disaster health management, the PWG 2 is responsible for the second mechanism, which is the plan on Training Center. Please refer to **IMPLEMENTATION OF ASEAN LEADER DECLARATION ON DISASTER HEALTH MANAGEMENT** part for more information.

IV. IMPLEMENTATION OF ASEAN LEADER DECLARATION ON DISASTER HEALTH MANAGEMENT

The session was facilitated by Dr. Phumin Silapunt, Deputy Director of Chulabhorn Hospital, Thailand. Dr. Silapunt started by iterating the objectives of this session as (1) to review the timeline to implement the ADL on DHM; (2) to develop common understanding and agreements on the Plan of Action (POA) to implement the ADL on DHM, which will be submitted to the SOMHD; (3) to seek comments and ideas on the coordination platform for the purpose of developing the draft/concept paper for the Meeting of Health Cluster 2; (4) to seek comments and ideas on the training center initiative for the purpose of developing the draft/concept paper for the Meeting of Health Cluster 2; and (5) to review the targets of the implementation of the ADL on DHM by the year 2025.

TIMELINE

Firstly, Dr. Silapunt presented the timeline of the implementation of ADL on DHM. Please refer to **SESSION 3 IMPLEMENTATION OF ALD ON DHM** for more information. Dr. Silapunt also mentioned that ASEAN and JICA collaboration under ARCH project will end in 2019. However, JICA has shown their intention to continue the further collaboration. Thus, should there be some agreements on the ASEAN's 2025 achievement goals, JICA can consider the possible collaboration to realize them.

In this RCC meeting, the final draft of POAs is presented to seek some comments from the meeting participants. After revision, the POAs will then be circulated to ASEAN Health Cluster 2 for revision and then to be submitted to SOMHD for endorsement in April. The revised drafts after SOMHD will be presented again in the PWG1 meeting, which will be held in July 2018, followed by the ASEAN Health Cluster 2 in August of the same year. If there can be an agreement among all AMS regarding the host country of the training center, the proposal of finalized detail will then be put up in SOMHD in 2019. The proposed timeline was accepted by all AMS participants.

Comments

- ASEAN Secretariat noted that the timeline is appropriate to the schedules, based on the Work Programme of ASEAN Health Cluster 2. In term of submission, ASEAN Secretariat reiterated that the submission could not be done directly from RCC to SOMHD, without the mediation of Health Cluster 2. Since the HC 2 will take place in July or August, 2018, the revision of POAs by HC2 cannot wait until the actual meeting. Thus, the POAs will be circulated to the HC 2 and SOMHD within April 2018 via e-mail, so that the revision can be done in time for the submission to SOMHD in late April, 2018.

The Plan of Action To Implement The ASEAN Leaders' Declaration On Disaster Health Management

The POAs is divided into two mechanisms, namely; (1) Regional Coordination Committee (RCC) on DHM, and (2) ASEAN Institute for Disaster Medicine. These two mechanisms operate under 5 Priority areas. The meeting discussed some revision on these priorities as followed;

Suggestion for Revision or Comments on the Priority Area

- Priority 3: Indonesia suggested to delete Priority 3 from the 2nd mechanism of AIDM, as it supports the RCC only. Thailand, however, thinks otherwise as it should be included in the mechanism 1 only. Through much debate, the meeting agreed Priority 3 can be realized through the work of both proposed mechanisms. Some clarification on the reason for each mechanism will be documented by Thailand with the assistance of ASEAN Secretariat.
- In Priority 3.1.3, Philippines suggested to move this point to Priority 5
- Priority 4: Thailand and Vietnam suggested to add "Promote" in the front of the sentence and to add "at national level" by the end of the sentence.
- Priority 5: The wording of "Knowledge management on disaster health management" is proposed instead of "Education and training on disaster health management". ASEAN Secretariat will however help to revise the wording again.
- In Priority 5.3, Thailand suggested to delete "Establish Regional Disaster Health Training Center" because the training center has already been taken as one of the two mechanisms. And by doing so, the emphasis will be on strengthening the capacity.

Regional Coordination Committee on Disaster Health Management

Dr. Silapunt presented a proposed RCC on DHM plan as followed. The members of RCC shall include 20 representatives from AMS, and delegates from ASEAN Secretariat and AHA Center. Host country and chairmanship shall rotate among AMS, following the HC2 Chairmanship rotation. For the activities, RCC shall conduct meetings twice a year and drills shall be organized as necessary. In term of financing, the cost of meeting organizing shall be divided into two parts, namely; (1) accommodation and travel expenses, borne by each member and (2) meeting organizing expense, borne by host country. For the drill, the expenses shall be sourced through external sources.

For the 1st mechanism, there are altogether 4 functions as followed; (1) Facilitate the development of regional collaboration on disaster health management - Members of the committee share, discuss and monitor the progress of the regional collaboration; (2) Collaborate with relevant ASEAN Sectoral bodies both in health and non-health sector and other international organization -organize or participate in meetings of other ASEAN collaborative platforms; (3) Develop Standard Operating Procedures (SOP) and other collaboration tools - develop the SOPs for regional collaboration on DHM

and other tools; (4) Organize or join disaster drills - to pilot and test the collaborative tools, while involves other health and non-health sectors relevant to the collaboration on disaster health management.

Suggestion for Revision or Comments for 1st Mechanism

- Function 1: ASEAN would assist Thailand in development additional statement on this topic in term of TOR development, reporting and monitoring mechanism. ASEAN will also mention about the adopted language of ASEAN Declaration, which appeared in these 4 functions.
- Function 2: ASEAN mentioned that this articulation was also based on the Declaration , particularly from task 9 to 11. ASEAN informed that the RCC recently had a meeting in ASEAN agreement on disaster risk reduction (DRR) and review the implementation of the declaration on One ASEAN One Response. One particular point is the improvement of the joint task force for DRR, participated by health, social welfare, and military sector, etc. This joint task force is expected to go beyond the mere information sharing to set up collaborative mechanism to involve all 4 sectors. ASEAN will again assist Thailand in improving the function 2 wordings to ensure that the collaboration here is also aligning with the One ASEAN One Response declaration.
- Function 3: Malaysia raised a concern over the use of the word "SOP", as it may be difficult for some ASM to follow because of different capacity level among AMS. However, Dr. Silapunt clarified that SOP is for regional activities. When the I-EMT is being deployed, AMS need to have common SOPs. Nonetheless, this SOP may or may not be applied within the internal affair because each country has different context. Thus, national SOP can be developed separately.
- Function 4: The revised title was agreed to be "Organize, participate disaster drills and develop standardized approach and methodology in the preparation and after action review of joint disaster drills"

ASEAN Institute for Disaster Medicine

For the institute's organization structure, the host country shall be sourced through volunteering method. If there are more than one volunteering country, the selection will be brought into SOMHD meeting in 2019. In term of management, there should be a Board of Committee, consisting of one representative from each AMS. Chairmanship is to be rotated among AMS.

The roles of the committee are to (1) identify operational policies, (2) approve the operational and financial plan and (3) monitor the progress of operation. Under the Board of Committee, the director should be appointed by the host country, with a specific roles of (1) managing internal affairs of the institution, (2) proposing operational and financial plan, (3) managing operational and financial plan and (4) reporting the progress to Health Cluster 2.

For financial management, the establishment and internal affair cost should be responsible by the host country, while the expenses on organizing activities should be shared among AMS. External financial support are welcome in all aspects.

For the 2nd mechanism, which is ASEAN Institute for Disaster Medicine, there are altogether 4 proposed functions, as followed; (1) Organize academic seminars to share knowledge and best practices - organizes academic seminars, conferences or symposium; (2) Construct academic network and co-conducting research - supports co-conducting research studies to extract lessons learned from disaster health management in multiple events and countries; (3) Organize training activities - Develop the standard training curriculum and provide training course; and (4) Conduct consultation - Provide consultation services in supporting and assisting in the development and implementation of disaster health management activities.

Suggestion for Revision or Comments for 2nd Mechanism

- Function 3: Vietnam suggested to add "and establish network with national academic institutions to provide training services at national level" to the end of the last sentence.
- Function 4: Philippines suggested to use the word "Disaster Health Management" instead of "Disaster Medicine". However, Dr. Silapunt explained that **Disaster Medicine is an internationally-recognized academic term.**

Targets of the Plan of Action by 2025

The targets are separated in two levels, namely; (1) Regional level and (2) national level. For regional level target, there are three sub-categories, namely; (1) RCC on DHM, (2) Regional Collaboration Tools and (3) AIDM. For the detail of the proposed targets of the POA by 2025, please refer to **SESSION_3 IMPLEMENTATION OF ALD ON DHM**. The RCC members were requested to review the proposed targets and supply feedback to the committee to revise by April 2018.

Introduction to the 3rd Regional Collaboration Drill

Janice P. Feliciano, RND MPH, congratulated Thailand and Vietnam for successfully hosted the previous two RCD and introduced a brief background of the Philippines. This archipelagic country was ranked as the 3rd disaster-prone country in the world, after only Vanuatu and Tonga. In 2013 alone, there were 16 disasters, including the famous typhoon Haiyan.

The finding of Metro Manila Earthquake Impact Reduction Study, funded by JICA, revealed that a movement of the West Valley Fault (WVF) will cause a 7.2 magnitude earthquake ("The Big One", with intensity VIII ground shaking) in Metro Manila and nearby provinces. The estimated active phase of the event is between 1858-2058. Geographically, Manila is a host of many national government agencies, including the department of health and NDMO, etc. Moreover, Metro Manila is highly populated and also a business hub. Great destruction can be expected in the case of such a disaster.

The predicted impact of the events included 35,000 death and 115,000 injuries. Residential structure of more than 170,000 may collapse, resulting to a dislocation of 42% of Manila residents outside the evacuation camps, and only 8,628 out of 13,751 individuals who will face life-threatening injuries would be accommodated into hospitals within Metro Manila. The rest must be transported to hospitals in other regions.

The design of the drill is based on Metro Manila Earthquake Contingency Plan, locally known as "*Oplan Metro Yakal Plus*". The plan aims to institutionalize an effective and efficient system of earthquake disaster preparedness and response. It is predicted that the government will declare state of national calamity and request supports from AMS for humanitarian assistance. The 3rd RCD will be hosted at the Armed Forces of the Philippines Grandstand, Quezon City, Manila between December 2 – 8, 2018. The proposed program is shown below.

Date	Day	Activity
Dec 2	Sunday	Arrival of the participants
Dec 3	Monday	Conduct of table-top exercise
Dec 4	Tuesday	Conduct of Regional Collaboration Drill (RCD)
Dec 5	Wednesday	Review/Processing/Feedback of the RCD and Gala Dinner
Dec 6	Thursday	Meeting of the Project Working Group 1 and 2
Dec 7	Friday	Meeting of the Regional Collaboration Committee
Dec 8	Saturday	Departure of participants

Primary objective is to examine the current regional collaboration mechanism on disaster health management (SOP) including Health Needs Assessment form, Medical record, SASOP Forms, and EMT Forms. Secondary Objectives are to test electronic reporting system for ISPEED and to refine EMT team operations at all levels in terms of Command and control, Coordination and collaboration, and Communication.

Tabletop exercise is designed to place an emphasis on the offer of assistance and registration process, the demobilization process, discussion and practice of ISPEED and filling out HNA and the conduct of communication exercise. For the drill, the concept of EMTCC will be incorporated in all levels of EOC, so will the ICS. In the morning session of the drill, 10 EMTs Type 1 from AMS and 2 EMT Type 2 from Japan will conduct the check-in activity at each assigned quadrant, orientation briefing, collaboration with other EMTs and sub-EMTCC meeting. Each EMT will have around 20-30 patients. The afternoon session will focus on the public health village. The concept of 4 sub-clusters, including (1) Public Health, (2) Water, Sanitation and Hygiene, (3) Mental Health and Psychosocial Support Services and (4) Nutrition in Emergencies will be incorporated. In addition, sub-EMTCC meeting and national EMTCC meeting will also be conducted in the afternoon part of the drill.

Ms. Faliciano wrapped up her session with the benefit of organizing the 3rd RCD to the Philippines, such as a contribution to the National Contingency Plan for The Big One, and the enhancement of inter-agency collaboration both in the national and international level.

V. WRAP-UP AND WAY FORWARD

Dr. Ferdinand M. Fernando, a delegate from ASEAN Secretariat introduced a brief summary of the RCC meeting, covering all of the topic discussed in today's sessions. For more detail, please refer to "**Session 5_RCC_3rd_Meet_Conclusions_WayForward_Final**" note.

VI. CLOSING REMARKS

Dr. Jiroth Sindhvananda, Senior Advisor of Ministry of Public Health Thailand, announced the closing remarks for the fruitful RCC meeting as a panel for sharing progress of ARCH project. Dr.Sindhvananda expressed deepest appreciation to delegates from all AMS, ASEAN Secretariat, working group, and the host country, Vietnam, for active collaboration and warm hospitality. He wished all RCC participants a safe journey back home.

4th Regional Coordination Committee (RCC)

Conclusions and Ways Forward

**Fourth Meeting of the Regional Coordination Committee
Project for Strengthening ASEAN Regional Capacity in
Disaster Health Management
7 December 2018 | Makati City, Philippines**

1. Report on the Meetings of PWG 1 and PWG 2

- The Meeting noted the reports of PWG Chairs on the key discussions and decisions that transpired during the parallel sessions of Project Working Group 1 on Regional Collaboration Tools, and Project Working Group 2 on Capacity Development, which took place on 6 December 2018. The reports appear as **Annex 1**.
- The Meeting appreciated the efforts of the two Project Working Groups in the development of regional tools and mechanisms in the coordination of medical services in disasters and other crises, and the conduct of regional capacity strengthening trainings.

2. Update on the Development of the Plan of Action to Implement the ASEAN Leaders Declaration on Disaster Health Management (POA/ALD on DHM)

- The Meeting noted the steps and processes for the endorsement of regional collaboration tools developed through the ARCH Project by relevant ASEAN Sectoral Bodies in Health and Disaster Management, and their subsequent integration with the ASEAN Standard Operation Procedures for Regional Standby Arrangements and Coordination for Joint Disaster Relief and Emergency Response Operations (SASOP). The proposed steps appear as **Annex 2**.
- The Meeting was informed that the tools can already be operationalized after the adoption by the ASEAN Health Ministers. During the time that the tools are not yet institutionalized in the SASOP, AHA Centre will advocate with the Focal Points of National Disaster Management Offices (NDMO) and other relevant sectors and entities for the recognition and utilization of the tools while the integration of the tools to SASOP is being undertaken. The Meeting also noted the proposal that NDMO Focal Points be invited in future activities of the ARCH Project for them to be more familiar with the tools and mechanisms of the health sector.
- The Meeting noted the update in the consultation and endorsement processes of the Plan of Action to implement the ALD on DHM. The Meeting was also updated that after the presentation of the Plan of Action during the Fourth Meeting of the ASEAN Health Cluster 2 in September 2018 in Bagan, Myanmar, the POA has been re-circulated and subsequently received feedback. Lead Country Thailand is currently internally reviewing the feedback.

1 | Conclusions and Ways Forward, 4th Meeting of Regional Coordination Committee, ARCH Project, 7 December 2018, Makati City.

3. Priorities for the Remaining Period of ARCH Project Phase 1

- The Meeting noted the update from the ARCH Project Team on project priorities until July 2019, which include the Fourth AMS Training (with focus on EMT Coordination Cell) on 18-22 February 2019, and the Fifth Meeting of the Regional Coordination Committee sometime in March 2018, in Thailand. The Meeting agreed that the international seminar on disaster health management, which is one of the priorities of Phase 1 which aim is to share and disseminate project outcomes and experiences, be moved to a later date in consideration of the extension phase. The Meeting tasked the ARCH Project and ASEAN Secretariat to coordinate with Members of the Regional Coordination Committee for the preparation of the agenda of the next meeting.

4. Potential Priorities in Disaster Health Management (Post ARCH Project, Phase 1)

a. Summary of Findings and Recommendations of the Project Evaluation

- The Meeting noted the presentation from the ARCH Project Chief Adviser from Japan International Cooperation Agency (JICA) on the internal project evaluation recently commissioned by the agency. The presentation appears as **Annex 4**.
- The Meeting concurred with the result of the evaluation and noted the proposed recommendations. These findings and recommendations will be further shared for feedback and/or concurrence with ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats.
- The Chair emphasized the need for finalization of the SOP from the ARCH Project to specify specific roles and responsibilities of relevant stakeholders in the operationalization of the One ASEAN One Response.
- The identification of permanent representatives in the project working groups, regional coordination committee or other mechanisms established by the ARCH Project was also emphasized to ensure continuity and effectiveness.

b. Summary of PWG 1 and PWG 2 Discussions on Future Actions

- The Meeting noted the summary of country discussions on recommended future actions which transpired from small group session during the joint meeting of PWG 1 and PWG 2 on 6 December 2018. The presentation appears as **Annex 5**.

c. Exchange of views and next steps

- The Meeting noted the proposed priorities for the extension period of 21 months (July 2019 – March 2021), as well as the timeline for the endorsement process of the project extension proposal. The presentation appears as **Annex 6**.

2 | Conclusions and Ways Forward, 4th Meeting of Regional Coordination Committee, ARCH Project, 7 December 2018, Makati City

- The Meeting agreed that the proposal for the extension period be elevated to the ASEAN Health Cluster 2 and to SOMHD for feedback, reach agreement on the way forward and subsequently, for endorsement. As such, the detailed and costed proposal be shared to ASEAN Secretariat for facilitation of the approval and appraisal process of the proposed project extension. It has also been recommended that the details and results of the evaluation presented by JICA be shared to ASEAN Health Cluster 2 and SOMHD.

5. Wrap up and ways forward

- The Meeting agreed that the conclusions and ways forward which transpired during the 4th Meeting of RCC will be submitted to the ASEAN Health Cluster 2 for consideration and further guidance.

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3 | Conclusions and Ways Forward, 4th Meeting of Regional Coordination Committee, ARCH Project, 7 December 2018, Makati City.

5th Regional Coordination Committee (RCC)

Conclusions and Ways Forward

Fifth Meeting of the Regional Coordination Committee Project for Strengthening ASEAN Regional Capacity in Disaster Health Management 4 March 2019 | Bangkok, Thailand

1. Overall Progress of ARCH Project

- The Meeting noted the update from the ARCH Project Team, which highlighted on the following:
 - a. Third Regional Collaboration Drill on 3-5 December 2018 in Manila, Philippines, through a video (which can also be accessed via YouTube: <https://goo.gl/z7Nc5B>, and,
 - b. Fourth Training for ASEAN Member States on Disaster Health Management: Emergency Medical Team Coordination Cell (EMTCC) Course for AMS on 17-22 February 2019 in Bangkok, Thailand. The EMTCC Course was co-organised by the World Health Organisation (WHO). The presentation appears as Annex 1.

2. Overview of ASEAN Disaster Health Management and the ARCH Project

- The Meeting noted the overview on DHM and on the ARCH Project as presented by the ARCH Project Team. The presentation appears as Annex 2. The presentation also:
 - a. Summarized the progress of achieving project outputs, and roadmap for the further strengthening of DHM in the ASEAN region through an extension phase of ARCH Project and the development of the Work Programme of ASEAN Health Cluster 2 for 2021-2025.
 - b. Shared ideas on the focus of the next phase of the project to ensure established and strengthened mechanism on DHM.
 - c. Shared how to strengthen emergency medical services in disasters through the development of ASEAN EMT standards that consider the WHO EMT global standards.
 - d. Shared strengthening of DHM education and training through establishment of regional training centre.
- The exchange of views that followed stressed on the following:
 - a. There may be other options and mechanisms to ensure self-sufficiency of ASEAN EMT other than anticipating increased support from affected ASEAN Member States on the logistics concerns of ASEAN EMT deployed in their countries. An idea proposed was to consider joint deployments of ASEAN EMT. The matter will be further studied during the extension phase.

1 | Conclusions and Ways Forward, Fifth Meeting of the Regional Coordination Committee, ARCH Project. 4 March 2019, Bangkok, Thailand.

- The ASEAN Secretariat also presented points for consideration of the Meeting on matters presented and which were further discussed in the succeeding agenda items:
 - a. POA of the ALD on DHM (adopted by ASEAN Summit Leaders in November 2017, Philippines) will be further developed into a detailed implementation plan/action plan. This will be incorporated or annexed to the current Work Programme of ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats for 2016 to 2020, and for 2021 to 2025.
 - b. The Extension Phase of the ARCH Project will undergo a similar process of internal appraisal and approval observed with the Phase 1 of the ARCH Project. This process will involve the appraisal and approval by ASEAN Secretariat, ASEAN Health Sector at the levels of ASEAN Health Cluster 2 and SOMHD, and Committee of Permanent Representatives (Missions to ASEAN).
 - c. The SOP and other tools for the deployment of the ASEAN EMT will be finalized by both sectors of Health and Disaster Management through their respective working groups and senior official levels, and with AHA Centre.

3. Update on the proposed Plan of Action to Implement the ASEAN Leaders Declaration on Disaster Health Management (POA/ALD on DHM)

- The Meeting noted the update from the ARCH Project Team on the progress of consultations with ASEAN Health Cluster 2 Country Coordinators since the fourth meeting of the cluster in September 2018 in Bagan, Myanmar, as well as the proposed revisions in the POA. The main proposed revision is the establishment of the Regional Coordination Committee on Disaster Health Management (RCC/DHM) as the main mechanism in the implementation of POA. The establishment of the regional training centre will form part of the responsibility of the RCC/DHM. The revised POA has been recirculated to AHC 2 CC for their endorsement. The presentation appears as [Annex 3](#).
- The exchange of views that followed focused on:
 - a. The extension phase endeavours to support relevant priorities of the POA/ALD on DHM, including the establishment and operationalization of the RCC/DHM. The extension phase is also aimed to enable ASEAN to continue the implementation of DHM strengthening priorities while the POA/ALD on DHM is being finalised and endorsed, and which implementation plan is developed as part of the Work Programme of ASEAN Health Cluster 2.
 - b. The Meeting also requested RCC/ARCH Project members to support the endorsement of the POA/ALD on DHM by advocating its importance and by engaging in discussions with AHC 2 CC and SOMHD.
 - c. The ASEAN has a mechanism in reporting on the progress of the implementation of ASEAN Declarations, including the ALD on DHM. To date, while the POA/ALD on DHM is being finalized and endorsed, progress in the implementation of the ARCH Project has been reported along with updates on the ASEAN Emergency Operation Centre Network Development Project.

- The Meeting also noted the consultation processes that will be undertaken through the facilitation of ASEAN Secretariat:

Process/Step	Timeline
Ad-referendum consultation with ASEAN Health Cluster 2 (AHC 2) for endorsement	By 14 March 2019
Ad-referendum consultation with SOMHD for feedback and/or final endorsement	15-30 March 2019
Formal endorsement during 14 th SOMHD, Siem Reap, Cambodia, and approval of proposal to present the POA at the 14 th AHMM in August 2019 in Siem Reap	2-4 April 2019
Development of the detailed implementation plan for the POA of DHM	April – June 2019
Ad-referendum consultation with AHC2 & SOMHD for feedback and/or final endorsement of the detailed implementation plan for the POA	June – July 2019
Implementation of the endorsed detailed implementation plan	Aug 2019 - onwards

4. Update on the Endorsement of the ASEAN EMT SOP and integration into the ASEAN SASOP

- The Meeting noted the update from the ARCH Project Team on the finalization and endorsement of the ASEAN EMT SOP, further to the endorsement of the ASEAN EMT SOP by the PWG 1 and RCC/ARCH Project. The update included minor changes on the language resulting from a face-to-face meeting with AHA Centre in January 2019 followed by feedback/inputs via ad referendum in February 2019.
- The Meeting noted the review and consultation processes that will be undertaken:

Process/Step	Timeline
Consultation with ASEAN Health Cluster 2 for feedback	Feb '19
Introduction to ACDM WG on Preparedness and Response; consultation for feedback	Feb – Mar '19
Joint consultative meeting between ACDM WG PR and AHC 2 further review and finalization (linked with ACDM meeting)	Q2 19
Testing via table-top exercise (linked with WG PR meeting)	Sept '19
Testing via simulation exercise thru ARDEX, Philippines	May '20

- 3 | Conclusions and Ways Forward, Fifth Meeting of the Regional Coordination Committee, ARCH Project. 4 March 2019, Bangkok, Thailand.

Process/Step	Timeline
Endorsement by SOMHD and ACDM	June '20
Incorporation in ASEAN SASOP (linked with ACDM meeting)	August '20

5. Proposed Regional Collaboration Drill in Indonesia

- The Meeting congratulated Indonesia for agreeing to host the fourth Regional Collaboration Drill, as well as noted Indonesia's presentation on the proposed 4th RCD that will be tentatively held in November 2019 in Bali, Indonesia. The proposed RCD is aimed to:
 - a. Test the contingency plan that has been prepared, including the mechanism of receiving and managing foreign health assistance, especially in the condition of many foreigners casualties; and,
 - b. Test the SOP for the coordination of EMT in ASEAN.
- The proposed scenario will be the eruption of Mount Agung, one of the active volcanoes in Indonesia, and will be based on a large eruption in 1963 that affect foreigners and that will require the deployment of international EMT. The presentations appear as [Annex 4](#).
- The exchange of views that ensued focused on the following, which Indonesia and the ARCH Project Team may consider in the preparation of the RCD:
 - a. Overall duration of the 4th RCD, which is viewed as longer than the previous drills and which may have impact of costs.
 - b. Conduct of PWG or RCC/ARCH Project meeting back to back with the RCD, similar to previous RCD.
 - c. Provide additional details on secondary hazards and disasters that affect Indonesia and which may occur resulting from the volcanic eruption, as well as on the impact of the disaster, such as on foreign nationals in the affected area.
 - d. The drill objectives may look into the national preparedness and response plans (instead of the contingency plan for volcanic eruption), and contingency plan for potential secondary disasters resulting from the volcanic eruption.
 - e. The drill may also focus on the following elements, while giving flexibility to organisers:
 - Pre-deployment processes (requesting and offering of assistance following the ASEAN SASOP) through the use of WebEOC and the engagement of NDMO (this was included in the 3rd RCD/Philippines but was only responded to by one AMS)
 - Customs, immigration and quarantine (CIQ) and reception and departure centre (RDC) processes what will be conducted at the airport, not at the drill venue.

- Conduct of some components of the EMTCC training
- Deploy ASEAN EMT farther from each location to test communication and coordination processes.
- f. A mentor team consisting of representatives from Lead Country Thailand, partner Japan, and hosts of previous RCD Philippines and Viet Nam be created to assist Indonesia in the preparation of the drill. Similar to previous RCD, the team may conduct a visit in Q2/2019 to have detailed discussions on the preparations as well as visits to proposed drill venues.
- The Meeting also agreed on the following:
 - a. Indonesia and ARCH Project Team to revise the proposal and submit to RCC/ARCH by 15 March 2019 through ASEAN Secretariat for further feedback or endorsement.
 - b. RCC/ARCH Project to review, provide feedback and/or endorse the proposal by 30 March 2019.
 - c. ASEAN Secretariat will inform the RCC/ARCH Project on the consolidated feedback and endorsement by 1 April 2019 to enable Indonesia and ARCH Project to fully proceed with drill preparations.

6. Plans for the ARCH Project Extension Phase

The Meeting noted the updates and information from the ARCH Project Team regarding the proposed 21 - month extension phase which were divided into sections as outlined below. Covering the period July 2019 – March 2021, the extension phase follows existing project framework, objectives and outputs, and intends to bridge the period from completion of Phase 1 until the finalization and endorsement of the POA/ALD on DHM, which will guide a possible Phase 2.

6.1. Activities and outputs for the extension phase.

- The Meeting noted the proposed key activities, expected products and targets under the five project outputs during the extension phase. The presentation appears as [Annex 5](#).
- The exchange of views that followed discussed on the following:
 - Consider the setting up of system or mechanism on training/education on DHM, not just an academic/training centre network.

6.2. Terms of reference of RCC, PWG 1 and PWG 2.

- The Meeting noted the proposed changes in the TOR of RCC, PWG 1 and PWG 2 based on the proposed priority activities, expected products and targets for the extension phase. The presentation and TOR of the PWG 1, PWG 2 and RCC with highlighted proposed revisions appear as [Annex 6](#).
- The exchange of views that followed focused on the following:
 - There will only be one RCC. The RCC/ARCH Project, guided by the revised TOR, will exist during the transition period when the POA/ALD on DHM is being finalized and endorsed. The POA/ALD on DHM

5 | Conclusions and Ways Forward, Fifth Meeting of the Regional Coordination Committee, ARCH Project. 4 March 2019, Bangkok, Thailand.

provides for the creation of RCC/DHM as the main implementing mechanism. As soon as the POA/ALD on DHM is endorsed, the RCC/DHM will be operationalized and which will also take the responsibility of RCC/ARCH Project; the latter will eventually be dissolved as soon as the RCC/DHM has been operationalized. PWG 1 and PWG 2 will then report to RCC/DHM.

- The oversight and management of RCD is proposed to be moved to PWG 2 as future drills will focus on capacity strengthening, and that the regional collaboration tools have already been developed.
- The TOR may be revisited and finalized by RCC/ARCH Project after the approval of the extension phase.
- The first PWG 1 and PWG 2 during the extension period may be scheduled in July 2019. ARCH Project Team through ASEAN Secretariat will communicate with AMS for the confirmation of meeting dates.

6.3. Tentative schedule of implementation for the extension phase.

- The Meeting also noted the tentative schedule of implementation of the extension phase, which appears as Annex 7.
- The exchange of views that followed discussed on the following:
 - The extension period will be utilized to ensure sustainability of the gains achieved through ARCH Project, as well as to discuss priorities for Phase 2 (beyond March 2021).
 - AMS interested in hosting the RCD for 2020 are encouraged to submit a proposal. They may also join visits of the mentor team to observe the preparation processes.

6.4. Project implementation team and some changes in implementation arrangements.

- The Meeting further noted the changes in the implementation team/contact points and arrangements for the extension phase, which appears as Annex 8.
- The Japanese Team of the ARCH Project Team expressed gratitude for the opportunity to work with ASEAN Member States through the ARCH Project. The Team also thanked RCC/ARCH Project members for their cooperation during the entire project duration.
- The Meeting also expressed appreciation to the Japanese Team/ARCH Project for their hard work and great contribution in the implementation of the ARCH Project.

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Joint Project Working Group (Joint PWGs) 1 & 2

EVENT	DATE	PLACE	PARTICIPANTS	AGENDA
The Start-Up Drill and the First PWG 1 & 2 Meeting	17 – 20 January 2017	Bangkok, Thailand	ASEAN Member States, ASEAN Secretariat, JICA, ARCH Project Team, Department of Disaster Prevention and Mitigation, WHO Thailand, Japanese Advisory Committee, and AHA Centre	<p>I. Start-Up Drill</p> <p>1) Table-Top Exercise</p> <ul style="list-style-type: none"> - Introduction to Start-Up Drill - Coordination Procedure for Disaster Response in ASEAN - ASEAN Joint Disaster Response Plan - Introduction to WHO EMT Initiative and EMT Coordination Cell (EMTCC) - Introduction to Table Top Exercise and Baseline Scenario of Thai Domestic Response - Table-Top Exercise (TTX) - Introduction to the Field Exercise <p>2) Field Exercise</p> <p>3) Review Workshop</p> <p>II. Project Working Group (PWG) Meetings</p> <p>4) Joint Session (1)</p> <ul style="list-style-type: none"> - Project Overview - Inputs from the Start-Up Drill <p>5) First PWG 1 Meeting</p> <ul style="list-style-type: none"> - Overview of PWG 1 - Regional Collaboration Tool: Standard Operating Procedure (SOP) - Regional Collaboration Tool: Minimum Requirements - Regional Collaboration Tool: Health Needs Assessment Framework - Regional Collaboration Tool: A Database of Emergency Medical Teams (EMTs) <p>6) First PWG 2 Meeting</p> <ul style="list-style-type: none"> - Overview of PWG 2 - Overview of Training Programs for AMS - Detailed Plan of the First Training for AMS - Selection Criteria for Trainees - Preparation for the 1st AMS Training - Themes of the 2nd, 3rd, 4th AMS Training <p>7) Joint Session (2)</p> <ul style="list-style-type: none"> - Output Sharing of PWG 1 and PWG 2 - Prerequisite/ Condition for Hosting of the Project Events

Joint Meeting of PWG 1 & 2	6 December 2018	Manila, Philippines	ASEAN Member States, ASEAN Secretariat, AHA Centre, JICA, and Project Team	1) Overall Progress of the ARCH Project 2) Conclusions and Recommendations of the Third Regional Collaboration Drill 3) Benefits of Hosting Regional Collaboration Drills 4) Review of the ARCH Project & Recommendations for Future Actions (Small Group Discussion by Country) 5) Presentations of Country Discussions
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Start-Up Drill and First Joint Project Working Group 1 & 2

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 of 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. Jiro 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. Jirot 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. Jiro 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. Jiro 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. Jirod 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. Jirot 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. Jirot 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 Chogirosniramt, Chairperson of the PWG 2 meeting, started the meeting with the introduction of PWG 2 members.

(2) Overview of PWG 2

Dr. Narain Chogirosniramt 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 (1 year)	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

Joint Meeting of PWG 1 & 2

Conclusions and Ways Forward

**Joint Meeting of
Project Working Group 1 on Regional Collaboration Tools and
Project Working Group 2 on Capacity Development
Project for Strengthening ASEAN Regional Capacity in
Disaster Health Management
6 December 2018 | Makati City, Philippines**

1. Overall Progress of the ARCH Project

- The ARCH Project Team refreshed the Joint Meeting the outputs, indicators and activities of the project which overall purpose is to strengthen the regional coordination on disaster health management in ASEAN and implemented between June 2016-August 2019. The Team also reported that the expected outputs have been mostly achieved to date, as well as the shared the remaining period of the current phase of the project.
- The Team also reported the intention that the tools endorsed by the Project be incorporated in the ASEAN Standard Operation Procedures for Regional Standby Arrangements and Coordination for Joint Disaster Relief and Emergency Response Operations (SASOP). The presentation appears as **Annex 1**. The Meeting noted the report of the ARCH Project Team.

2. Conclusions and Recommendations of the Third Regional Collaboration Drill

- The ARCH Project Team reported on the just-concluded regional collaboration drill hosted by the Philippines which stressed on the very successful conduct of the drill in every aspect. The Team also provided a summary of observations of drill participants for consideration in future drills and exercises, including recommendations on human resource capacity building. The presentation appears as **Annex 2**.

3. Parallel Sessions

3.1. Project Working Group 1 on Regional Collaboration Tools

a. Standard Operating Procedure for the Coordination of EMT in the ASEAN

- The revisions on paragraph 18 and paragraph 21 were shared by the ARCH Project Team to the PWG 1 contact points for feedback or consideration. The revisions in paragraph 21 which articulates “??”, were accepted by the meeting. However, the paragraph 18 in reference to paragraph 17 (as reflective of the current SASOP) was revised to articulate the need for advancing information or informal communication between MoH ahead of time while the process of acceptance or approval is being conducted from NDMO of affected or requesting country to NDMO of assisting country. The SOP appears as **Annex 3**.

1 | Conclusions and Ways Forward, Joint Meeting of PWG 1 and PWG 2, ARCH Project, 6 December 2018, Makati City.

- The Meeting agreed to the newly revised versions. As a way forward, the SOP for the Coordination of EMT in ASEAN will be elevated to ASEAN Health Cluster 2 and SOMHD for endorsement. After which, the endorsed SOP will be shared with ASEAN Committee on Disaster Management (ACDM) through a letter from the AHMM/SOMHD Chair Cambodia.

b. Database and Minimum Requirements

- The current version of the Minimum Requirements was presented by the ARCH Project Team, which appear as **Annex 4**. This was approved by the PWG 1 in its current form.
- The Meeting exchanged views regarding the mobilization and deployment of EMTs and their verification by WHO as deployable. It was recommended that receiving or requesting AMS will utilize their own national standards as basis for acceptance if offered assistance including EMTs.
- In reference to the capacity building of individual members of EMT from Tier 1 to Tier 3, and in the context of its implementation, the Meeting noted the need to have a collective training activity in complying with the minimum requirements to level the understanding of the EMT members.
- It was also noted by the Meeting that the minimum requirements can also be based on the three countries in ASEAN that have the potential to experience large-scale disasters. These are Indonesia, Myanmar and Philippines.
- The Meeting was also informed about the Database. It was shared that the module 3 of the List of Modules of the Standby Arrangements of the AJDRP could contain or include the submitted names of the Database per AMS through their respective NDMOs.

c. Health Needs Assessment and Medical Record Forms

- The ARCH Project Team presented the updates regarding these tools, which appear as **Annex 5**. The Meeting accepted, in its current form, the tools on HNA and MRF.
- It was emphasized that the HNA document is not a rapid assessment tool. Instead, the HNA will be utilized to determine and identify needs that require more extensive intervention complementing the initial medical services during the acute phase.
- It was also emphasized and shared in the Meeting that the EMT composition may need to include an expert on public health which can complement that medical expertise in the EMT and facilitate the accomplishment of the HNA. The Meeting noted the possibility of an EMT with a public health component or member, and considered this to be a possible ASEAN model.

- With regard to the medical forms, it was recommended that a specific set of instructions or guidelines be included to guide the accomplishment of the form.

3.2. Project Working Group 2 on Capacity Development

a. Highlights and outcomes of the Third AMS Training

- The ARCH Project Team presented a summary of the Third AMS Training which focused on development and deployment of international EMT which was conducted in May 2018 in Bangkok, Thailand. The ASEAN Secretariat also presented a summary of group discussions on the potential gaps and challenges that would be encountered by ASEAN Member States in meeting the WHO EMT Classification and Minimum Standards for (Foreign) Emergency Medical Teams (or commonly called the Blue Book). The presentation appears as **Annex 6**.
- The training outcomes and recommendations were presented during the Sixth Meeting of Project Working Group 1 in July 2018 in Bangkok, Thailand, for their consideration and further action.

b. Highlights and Outcomes of the Japan Study Visit for AMS

- The ARCH Project Team presented a summary of the Study Visit to Japan to better understand the disaster health management system of Japan which was held at the same of the Asia Pacific Conference on Disaster Medicine where sessions on ASEAN experiences in disaster medicine preparedness and response were hosted by the ARCH Project Team and ASEAN Member States. The findings and recommendations of the survey to review the ARCH Project which were discussed during the Study Visit were also shared. The presentation appears as **Annex 7**.
- The Philippines shared feedback of the Philippine delegation who participated in the Japan Study Visit, which focused on lessons on preparedness, capacity strengthening at relevant levels, cooperation among countries and agencies in disaster risk reduction as well as disasters resilience. The presentation appears as **Annex 8**.
- The Meeting exchanged views and proposed that the organization of future study visits consider longer duration to maximise learning outcomes.

c. Draft Standard Training Curriculum for I-EMT

- The ARCH Project Team presented the proposed Basic, Advanced and Instructor Courses on Disaster Health Management Training Programme based on the minimum requirements and qualifications for members of EMT agreed by PWG 1, counterpart training between Japan and Thailand. The proposed programmes are to be delivered through e-learning and self-learning and pre-requisite evaluation, three-to-five days classroom consisting of interactive sessions and simulation exercises, and assessments. The presentation also includes proposed timeline in the implementation of the

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trainings. The proposed concept papers of the trainings, and the presentation appear as **Annex 9**.

- The Meeting noted the presentation and expressed appreciation to the proposal of the ARCH Project Team. The ARCH Project requested the Meeting to further review the proposed training programmes, and to provide inputs if any.
- The Meeting also exchanged views and proposed to consider:
 - Country context and existing national training programmes of ASEAN Member States in the further development of the training programmes
 - Importance of cross-learning between clinical/technical and logistics teams in maximizing impact of training programmes.
 - Selection criteria and processes for the different tiers of trainings
 - Development of training kits and manuals for instructors and participants
 - Explore certification of officers who have completed the proposed trainings and linking this with the ASEAN Competency Standard on Disaster Management.
- The Philippines also shared that part of their development plan is the establishment of an institute on public health and emergency management.

d. Updates on the Fourth AMS Training

- The ARCH Project Team presented the objectives, programme and schedule, and expected participant profiles for the EMT Coordination Cell Training scheduled in February 2019 in Bangkok, Thailand. The training is adapted from the EMTCC courses delivered by WHO and will be conducted with WHO. The presentation appears as **Annex 10**.
- The ARCH Project Team requested the Meeting to consider coordinating with WHO country offices in the identification of appropriate participants (WHO had recently organised trainings for member states in South East Asia and Western Pacific).

e. Closing

- The Chair thanked Members of Project Working Group 2 and ASEAN Member States for their contribution to the achievement of objectives and outputs of the working group.

4. Benefits of Hosting Regional Collaboration Drills

- Thailand, Viet Nam and Philippines, host countries of the regional collaboration drills conducted in July 2017, March 2018 and December 2018, since the start of the Project shared insights and reflections in the organization of the drills. The presentations appear as **Annex 11**.

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- The presentations stressed that hosting the drills contributed to strengthening relationships among ASEAN Member States, as well as internal capacity in terms of:
 - Exposure to an international drill
 - Identification of gaps in national response that could be followed up after the drill
 - Awareness and support of leaders and other stakeholders on national and regional emergency medical response
 - Coordination and cooperation among national emergency response stakeholders dealing with international assistance
 - Enhancing current procedures and guideline, such as the EMT Operational Guide for finalization and the National Contingency Plan for the Big One of the Philippines
 - Confidence in organizing further drills
- For a successful drill with the higher purpose of improving cooperation to save lives, the importance of a solid scenario based on the experience and procedures of the host country, always going back to objectives of the drill, formation of working committees and conduct of dry runs were highlighted.
- The Meeting was informed about the extension of phase 1 of the ARCH Project which will continue to support the conduct of regional collaboration drills. The ARCH Project Team requested ASEAN Member States to internally discuss the potential of hosting the next drill, and to get back to the ARCH Project Team through the ASEAN Secretariat.

5. Review of ARCH Project and Recommendations for Future Actions

- Following guide questions, PWG 1 and PWG 2 Members from ASEAN Member States discussed the ARCH Project activities that have been most useful, aspects of the project that can be further improved; the actions that the country can do at national and regional levels to contribute to the achievement of the targets of the Plan of Action for the Implementation of the ASEAN Leaders Declaration on Disaster Health Management; their interest in hosting future regional collaboration drills; and the support that the ARCH Project can provide to the country in 2019. The country outputs appear as **Annex 12**.
- The ASEAN Member States stressed that the following ARCH Project activities were most useful: the regional collaboration drills, the regional trainings, study visit, and academic conference being conducted; and the training curriculum, operational tools and forms being developed through the ARCH Project. The project working groups and regional coordination committee were also considered useful in strengthening collaborative relations among AMS, and facilitated the realisation of project outputs and targets.
- In terms of aspects of the project that can be improved, the following were put forward:
 - Strategic approach in terms of deciding activity components

- Engagement and cooperation with other sectors in the conduct of activities, and before finalizing tools to ensure alignment
 - Drills – consider man-made disaster events, include chronic infectious diseases, organised with deployment of mixed (inter-country) teams, and for AMS to be invited to observe drill preparations, documentation of drills conducted; conduct in real locations; reporting mechanism during disaster using on-line reporting
 - Explore remote activities in between face-to-face meetings, trainings and activities, such as sharing of materials through regional website, video conferences on agreed topics
 - Continuation of regional trainings, development of standard curriculum for disaster health management trainings
- ASEAN Member States expressed that they will be able to contribute regional activities in the implementation of the Plan of Action (for the ALD on DHM) by committing human resources to provide technical assistance and to participate in regional activities, including disaster response; as well as by coordinating priority regional activities.
 - The ASEAN Member States expressed that the ARCH Project can support through technical assistance or funds the following national/regional priorities:
 - Development of regional standard curriculum on disaster health management, the conduct of trainings for trainers and practitioners
 - Conduct of regional collaboration drills
 - EMT SOP development, and finalization of curriculum and complying with WHO EMT standard
 - Establishing disaster risk reduction and management for health (DRRM-H) training institute initially in the development of policies
 - Conduct of ASEAN academic conference on disaster health management
 - Setting up website for sharing and updating of ARCH Project activities
 - Pending approval from their Ministries of Health, Indonesia expressed interest in hosting a regional collaboration drill in 2019, and Malaysia and Myanmar in 2020. Thailand and Viet Nam, which hosted the first and second regional collaboration drills under the ARCH Project, also indicated that they can also organize another drill, such as on mass gathering, chemical accidents or fire explosion, if requested by AMS. Other AMS also expressed that they would like to learn more from the other AMS at this stage, and may be able to host drills in the future.

XXX

Project Working Group (PWG) 1

EVENT	DATE	PLACE	PARTICIPANTS	AGENDA
1 st PWG 1	20 January 2017	Bangkok, Thailand	(38) ASEAN Member States, ASEAN Secretariat, AHA Center, JAC, and Project Team	1) Overview of PWG 1 2) Regional Collaboration Tool: Standard Operating Procedure (SOP) 3) Regional Collaboration Tool: Minimum Requirements 4) Regional Collaboration Tool: Health Needs Assessment Framework 5) Regional Collaboration Tool: A Database of Emergency Medical Teams (EMTs)
2 nd PWG 1	8 - 9 May 2017	Bangkok, Thailand	(47) ASEAN Member States, ASEAN Secretariat, AHA Center, JAC, and Project Team	1) Updates from ASEAN relevant to Disaster Health Management 2) ASEAN Leader's Declaration on Disaster Health Management (1) 3) Review of the Start-Up Drill in January 2017 4) Regional Collaboration Tool (1): Standard Operating Procedure (SOP) 5) Regional Collaboration Tool (2): Rapid Health Needs Assessment (RHNA) Framework 6) Plan of the 1st Regional Collaboration Drill (RCD) in July 2017 7) Regional Collaboration Tool (3): Database of EMTs in ASEAN 8) ASEAN Leader's Declaration on Disaster Health Management (2) 9) Regional Collaboration Tool (4): Minimum Requirements
3 rd PWG 1	20 July 2017	Phuket, Thailand	(38) ASEAN Member States, ASEAN Secretariat, AHA Center, JAC, and Project Team	1) Overview of ARCH Project (PWG 1 & 2 Joint Session) 2) Conclusions, Recommendations from the First Regional Collaboration Drill (RCD) (PWG 1 & 2 Joint Session) 3) Regional Collaboration Tool (1): Standard Operating Procedure (SOP) for Coordination of EMT in the ASEAN 4) Regional Collaboration Tool (2): Health Needs Assessment (RHNA) Framework 5) Regional Collaboration Tool (3): Database of Emergency Medical Teams (EMT) in ASEAN 6) Regional Collaboration Tool (4): Minimum Requirements
4 th PWG 1	28 – 29 November 2017	Bangkok, Thailand	(44) ASEAN Member States, ASEAN Secretariat,	1) Review of the 1st Regional Collaboration Drill (RCD) in July 2017 in Thailand 2) Database of EMTs in ASEAN

			AHA Center, JAC, and Project Team	<ul style="list-style-type: none"> 3) Health Needs Assessment Framework 4) Standard Operating Procedure (SOP) 5) Medical Record 6) Minimum Requirements 7) ASEAN Standard of I-EMT and Standard Training Curriculum of ASEAN I-EMT 8) Plan of the 2nd RCD in March 2018 in Viet Nam 9) Mechanism of Future Collaboration 10) ASEAN Leader's Declaration and Plan of Action
5 th PWG 1	28 March 2018	Da Nang, Viet Nam	(42) ASEAN Member States, ASEAN Secretariat, AHA Center, JAC, and Project Team	<ul style="list-style-type: none"> 1) Plan for the 3rd Regional Collaboration Drill 2) Session on the Implementation of the ASEAN Leaders' Declaration on Disaster Health Management 3) Revision of the SOP for the Coordination of EMT in the ASEAN 4) Database of EMT in the ASEAN, and the Revision of the Minimum Requirements and Qualifications for Members of EMT 5) Revision of Health Need Assessment Form and Summary Report 6) Revision of the Medical Record Form
6 th PWG 1	5 – 6 July 2018	Bangkok, Thailand	(38) PWG 1 Chairperson and members, and Project Team (NIEM, Thailand and JICA Experts)	<ul style="list-style-type: none"> 1) Relevant Updates on DM & HA Matters in the ASEAN 2) JICA's Perspective for ARCH and Forward 3) Progress of Regional Collaboration Tools Development 4) Plan of Action: RCC on Disaster Health Management 5) Plan of Action: ASEAN Institute for Disaster Medicine 6) Plan of Action: Targets by 2025 7) Plan on the 3rd Regional Collaboration Drill in the Philippines 8) Discussion on the 3rd Regional Collaboration Drill in the Philippines
7 th PWG 1	6 December 2018	Manila, Philippines	(43) ASEAN Member States, ASEAN Secretariat, AHA Centre, JICA, and Project Team	<ul style="list-style-type: none"> 1) Regional Collaboration Tool: Standard Operating Procedure (SOP) for the Coordination of EMT in the ASEAN 2) Regional Collaboration Tool: Database & Minimum Requirements 3) Regional Collaboration Tool: Health Need Assessments & Medical Record (Forms)

1st Project Working Group (PWG) 1

5. First PWG 1 Meeting

(1) Introduction of PWG 1 Members

Dr. Jirod 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. Jirot 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. Jiro 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 Aniffin from Malaysia suggested to clarify a competent professional body and functions of supporting staff such as logistician in the context of EMTs.

Dr. Jirot 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.

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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. Jirot 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. Jirot 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*.

2nd Project Working Group (PWG) 1

XIV. SESSION 12: CONCLUSION AND THE WAY FORWARD

Dr. Phumin Silapunt presented a summary of proposed agreements in the Second Meeting of PWG 1 and called for comments from the floor. The summary of agreements is provided below in **Section XVI**.

Then, Ms. Keiko Nagai, Team Leader of Project Team, announced the upcoming events including the First Regional Collaboration Drill, the Third Meeting of PWG 1, the Second Meeting of PWG 2 and the Second Meeting of Regional Coordination Committee (RCC), which will be held in Phuket, Thailand. The announced dates are as follows:

- | | |
|---|-------------------|
| • 1 st Regional Collaboration Drill | 17 - 19 July 2017 |
| • 3 rd Meeting of PWG 1 & 2 nd Meeting of PWG 2 | 20 July 2017 |
| • 2 nd Meeting of RCC | 21 July 2017 |

Ms. Nagai explained the number of participants in each event and the selection criteria and profile of participants. She informed that participants to the drill will be asked to fill out an EMT Registration Form in advance and will not be required to bring any medical equipment. All necessary information will be stated in a letter of invitation. The letter of invitation to the events in July will be circulated to AMS via the ASEAN Secretariat on 26 May 2017 and registration will be closed on 23 June 2017.

Ms. Nagai further briefed on the status of a proposal for hosting the Second and Third Regional Collaboration Drills and meetings of PWG 1, 2 and RCC. The Project Team received a proposal from the Philippines to host the Third RCD and back-to-back meetings in October

2018. The discussion has already been informally initiated with the Philippines. The Project Team, therefore, invited AMS again to host the Second RCD and other meetings in March 2018. The Project Team through the ASEAN Secretariat will circulate a letter to AMS to invite expressions of interest for the hosting of back-to-back ARCH Project activities in March 2018. The deadline for submission of proposal will be in August 2017. Ms. Nagai's Presentation appears as Annex XVII.

The main discussion points are summarized as follows:

- Regarding the joint hosting of the Third RCD with the ASEAN Disaster Emergency Response Simulation Exercise (ARDEX) in Indonesia in 2018, no exact date has been decided. Therefore, it seems to be difficult to arrange the joint drill. However, AHA Centre will raise the issue to see a possibility. Further discussion needs to be made on this issue.
- Malaysia and Viet Nam showed interest in hosting the Second RCD and PWG and RCC meetings. Both countries will consult on this issue within their organizations.
- As ARCH Project has been approved by the Committee of Permanent Representatives (CPR) as an official ASEAN project, any matters related to the Project activities will not necessarily be acknowledge by the minister level. An acknowledgement will be made by RCC.

XV. SESSION 12: CLOSING REMARKS

Dr. Jiro Sindhvananda, Chairperson, expressed gratitude to all participants including the representatives from AMS, ASEAN Secretariat, AHA Centre, Japanese Advisory Committee and JICA for their contribution towards the success of the Second Meeting of PWG 1. The meeting achieved expected outcomes brought about by fruitful discussion regarding Regional Collaboration Tools, the First Regional Collaboration Drill and ASEAN Declaration on Disaster Health and Emergency Medicine. Dr. Sindhvananda stated that the comments and feedbacks from this meeting would eventually contribute to the success of ARCH Project.

XVI. Summary of Agreements

The Second Meeting of the Project Working Group 1 on Regional Collaboration Tools agreed on the following:

1. **ASEAN Leaders' Declaration on Disaster Health Management**
 - The Meeting agreed on the draft Declaration with revisions
 - Thailand in cooperation with the ASEAN Secretariat will facilitate consultation processes with the ASEAN Health and relevant sectoral bodies, following the concept paper
 - PWG 1 Members to conduct internal consultations and discussion with Country Coordinators of ASEAN Health Cluster 2, and Focal Points of SOMHD and AHMM regarding the endorsement of the draft Declaration
 - ASEAN Secretariat will circulate to PWG 1 Members the list of ASEAN Health Cluster 2 Country Coordinators and SOMHD Focal Points to facilitate internal consultations.

2. SOP for the Coordination of EMT in the ASEAN

- SOP is a component of and aligned to SASOP and AJDRP
- Project Team will consolidate feedback from the Meeting, and take into account:
 - Articulation of scope and limitation of the SOP in the introduction section
 - Presentation of process flowcharts
 - Role of affected and assisting countries
- Project Team to circulate draft version for inputs and feedback in July 2017 through the ASEAN Secretariat
- AHA Centre to internally discuss proposed EMT SOP.

3. Rapid health needs assessment framework and tools

- Project Team to consolidate feedback from the Meeting and revise tools accordingly, taking into consideration:
 - The role and deployment time of EMT in acute phase of sudden onset disasters
 - Deployment of other response tools with emergency assessment roles, such as the ASEAN ERAT
 - Bodies and agencies which receive emergency assessment information

4. Database of EMT in the ASEAN

- The Project will follow the List of Modules for Standby Arrangements, and the Request, Response and Deployment Module (RRDM) managed by the AHA Centre
- Project Team will further consult with AHA Centre for the way forward on database particularly on technical data gathering, and present in the next PWG 1 Meeting in July 2017

5. Minimum Requirements for EMT Members

- Project Team will further develop the minimum requirements based on feedback from PWG Members, following proposed timeline
 - 7 July – Circulated to PWG 1 Members for review
 - 20 July – Review during PWG 1 Meeting
 - 21 July – October – Incorporation of feedback and preparation of Version 1.

6. First Regional collaboration drill

- Project Team and AHA Centre to work together in ensuring that the drill explores and incorporates as much as possible the ASEAN disaster response mechanisms and tools, including: Customs, immigration and quarantine (CIQ), ASEAN Web-based Emergency Operations Centre (WebEOC)

7. Hosting of ARCH Project Activities

- The Philippines will host the back-to-back regional collaboration drill, project working group meetings and regional coordination committee meeting tentatively in October 2018.
- Project Team through the ASEAN Secretariat will circulate a letter to ASEAN Member States to invite expressions of interest for the hosting of back-to-back ARCH Project activities (in March 2018) by August 2017.

3rd Project Working Group (PWG) 1

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XVI. THE THIRD PWG 1 MEETING

a. Session 1: Introduction

4. After the self-introduction of participants, Dr. Jirot Sindhvananda, reviewed and summarized the agreed points from the second Meeting of PWG 1 in May with a focus on the four (4) kinds of Regional Collaboration Tools; SOP for Coordination of EMT in ASEAN, Health Need Assessment (HNA) Framework, Database of EMTs in ASEAN, and Minimum Requirements for EMT Members. Then, Dr. Sindhvananda presented the objectives of this third Meeting of PWG 1, which are to discuss the Regional Collaboration Tools, to provide inputs for further development of the tools, and to reach consensus and agree on the way forward until the next meeting of PWG 1 in November 2017. The presentation document can be referred to in **ANNEX XII.**

b. Session 2: Regional Collaboration Tool (1) - Standard Operating Procedure (SOP) for Coordination of EMT in ASEAN

5. Ms. Junko Yamada explained the progress of development of SOP. The current draft version 0 was developed by incorporating the inputs and feedback from the second Meeting of PWG 1 as far as possible. The inputs included 1) SOP is a component of and aligned to SASOP and AJDRP; and 2) Project Team will consolidate feedback from the Meeting, and consider: a) Articulation of scope and limitation of the SOP in the introduction section; b) Presentation of process flowcharts; and c) Role of affected and assisting countries.
6. Then, Ms. Yamada presented the draft version 0 by focusing Chapters I. Introduction, II. Institutions, III. Disaster Preparedness and IV Emergency Response. The presentation can be referred to in **ANNEX XIII.**
7. To collect necessary information for Section A "National Focal Points for Emergency Medical Team (EMT) Coordination" of Chapter III., AMS representatives were asked to present its in-country mechanism of EMT coordination including the national focal point. The presentations were made based on the format which was created by the Project Team. The presentations can be referred to in **ANNEX XIV.**
8. The points of discussion are summarized as followings:
 - The scope of the SOP needs to be further defined. Currently it is illustrated in Figure 1, and briefly indicated in Paragraph 4 ('areas covered'). It is suggested that these are further elaborated. Also, in practice, national and international EMT interact and cooperate in the field. Connecting National EMT (N-EMT) and International EMT (I-EMT) through an arrow is suggested.
 - There are operational linkages with the ASEAN EMT and military medical services. Re-phrase Paragraph 5 to indicate coordination with military EMT, as well as EMT of other organisations.

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- ASEAN EMT register with health authorities of the affected country and/or through AHA Centre. Revise Paragraph 18.
 - Form 7 of SASOP (Final Report from Assisting Entity to AHA Centre) shall serve as reference for ASEAN EMT in the preparation of final report to be submitted to their own National Disaster Management Office (NDMO).
 - The Public Health Emergency Operations Center (PHEOC) referred to in the SOP are Emergency Operations Center (EOC) at different levels that under the Ministry of Health/health authorities responsible for the coordination and management of health aspects of disasters. This is may need to be highlighted considering that these are named differently by AMS.
 - Considering procedures in offering and receiving international assistance, which engages diplomatic/policy, as well as operational (in this case sector health) channels, the SOP may consider mechanisms that facilitate expedient activation and deployment of EMT.
9. Regarding the next step, PWG 1 members will provide feedback to the draft version 0 by 11 August 2017. The Project Team will draft the version 1 by incorporating the inputs and comments from PWG 1 members. The draft version 1 will be distributed to PWG 1 members by October. By the 4th Meeting of PWG 1 in November, PWG 1 members will provide inputs to the draft version 1.
- c. **Session 3: Regional Collaboration Tool (2) - Health Needs Assessment (HNA) Framework**
10. Ms. Yumiko Kashiba presented the recommendations on the draft HNA version 0 and agreed points on the HNA framework in the second PWG1 meeting. The key points of suggestions and recommendations include: 1) HNA should focus on health aspects related to EMT activities and should be more concise; 2) the users of the information collected through HNA should be clearly identified; 3) HNA should be designed to complement and not duplicate the task of ASEAN ERAT; and 4) the main role of EMTs is to provide medical services and save lives, therefore HNA should be a supporting role of EMTs. The agreed timing to conduct HNA could be after the acute phase of disaster; however, it can be conducted at any critical time of disaster if required or requested by local authorities.
11. The revised draft, version 1 is more concise, focusing on health aspects, but also includes water, sanitation and hygiene (WASH), food security, nutrition and shelter. The version 1 was tested in the first RCD and feedbacks were received from each AMS team. Many of the drill participants think that HNA should be a supplemental role of EMT. Other feedback and recommendations were: 1) public health personal should be included in EMT if EMT are required to conduct HNA; 2) training for selected members of EMT in HNA may be needed; 3) coordination with other clusters should be considered; 4) the information on other clusters should not to be too detailed in the HNA form; and 5) the current draft form should be improved and some of the definitions and indicators should be refined. The comments received from this third PWG1 meeting will be incorporated into the HNA draft version 2. The revision will be shared with the PWG1 members in August and further

comments will be expected by mid-September. The revised HNA draft version 2 will be tested in the second RCD in March 2018. The final draft version will be presented in October 2019. The presentation document can be referred to in **ANNEX XV**.

12. The meeting had discussed and provided the following comments;

- The chair suggested that the instruction or guide which showed how to conduct HNA be attached to the NHA form.
- Psychological and mental aspects of EMT members should be addressed.
- The age categories in the draft HNA form should be changed according to those widely used for mortality, e.g., Under 5 Mortality.
- Although only a concern of duplication of work between ERAT and HNA by EMTs was raised, two parties can complement each other and work together.
- Local PHEOC may request EMT to do HNA, and in that case, EMTs should have capacity for HNA.
- The function of EMT to conduct assessment was not stated in WHO EMT guideline, so EMT should focus on deviling health services. Instead, the receiving country should conduct HNA to dispatch EMT to appropriate areas.
- It is true that affected countries conduct a rapid assessment; however, HNA by EMT will complement such assessment and also ERAT; so if EMTs have time and capacity, HNA by EMT will be helpful.
- The chair stated that the main role of EMT was to provide medical services so that conducting an assessment can be one of the options for EMT. However, in the field, if someone can do an assessment, that will benefit to the others.
- EMT may provide both clinical and public health services. In fact, "EMT plus" includes public health services including NHA on the top of the WHO EMT definition.
- According to the WHO diagram, the situation in the affected area will quickly shift from the trauma cases during the first two weeks to more public health needs such as infectious diseases. Therefore, in terms of the role of EMTs in HNA, we should consider timing and length of period of the deployment (e.g., a few weeks or a few/several months), which might depend on their capacity and decision of the authority. Also, it will be ideal that public health personnel with emergency experience is a part of EMT.
- If EMT will have a role of HNA, the training for EMT should include public health aspects. It should be build consensus among AMS.
- Reliability of information of could be concerned. EMT can conduct HNA within an available capacity under limited resources, but the information should be later confirmed with public health teams or concerned cluster teams. And the operation should be left to such concerned teams in case there is no public health personal in the deployed EMTs.
- The type of food cited in the NHA form should be revised according to ASEAN context.

- HNA information could be useful to EOC. Among three options proposed by the Project Team, handing detailed information of HNA to PHEOC may be agreed. However, it should be discussed further.

d. Session 4: Regional Collaboration Tool (3) - EMT Database in ASEAN

13. Ms. Junko Yamada reviewed the agreed points at the second meeting of PWG1 in May 2017 and introduced the objectives of this session. This session aims 1) to present a proposal from the Project Team based on the result of consultation with the AHA Centre; and 2) to discuss and agree on the way forward of database. Then, she presented the proposal for the database development. The Project Team proposed that the database be managed by the Project Team and the data collection be conducted by the PWG 1 members in total of four times during the project period. An exit strategy will be discussed for an endorsement by RCC. The database will include data on government military and non-governmental EMT organization. However, the scope of data collection will be at the discretion of each member state.
 14. The purposes of database were proposed as follows: 1) to strengthen the regional disaster preparedness by providing the up-to-date information on EMT assets and capacities potentially available for deployments to the affected country; 2) to inform the discussion for setting up the coordination platform on disaster health management (Output 1 of ARCH Project); 3) to facilitate the identification of EMT assets and capacities for mobilization and the future decision making and action for enhancing EMT assets and capacities by stocktaking the current status and update of the progress; 4) to enhance health response to disasters by providing information about EMTs in advance; 5) Complement AJDRP by possibly speeding up the process of identification of EMT assets and capacities and; 6) contribute to the operationalization of SASOP and the implementation of AJDRP for the realization of "One ASEAN, One Response" in the spirit of AADMER.
 15. The Project Team also proposed the schedule of database development. According to the proposed schedule, the draft version 0 will be presented in the fourth meeting of PWG 1 in November 2017. Finally, the draft database is to be prepared with defined criteria and data categories and approved by the third RCC in March 2018. The presentation document can be referred to in **ANNEX XVI**.
 16. The points of discussion are summarized as followings:
 - The database intends to capture EMT regardless of WHO Global Classification status.
 - Proposed EMT DB matrix contain limited information, more data categories need to be included, as well as inclusion criteria for organisations to be included in the DB (particularly NGO).
- e. Session 4: Regional Collaboration Tool (4) - Minimum Requirements for EMT Members**
17. Ms. Junko Yamada presented the progress of the development of the Minimum Requirements for EMT members. The objectives of the session are; 1) to review the draft version 0 and seek comments and feedback from the PWG 1 members; and 2) to agree on the next step until the 4th

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Meeting of PWG 1 in November. Subsequently, Ms. Yamada presented the draft version 0 which was developed based on the results of questionnaire survey in April 2017.

18. The Minimum Requirements consists of 3 Tiers as already presented in the previous two PWG 1 meetings; Tier 1 Professional competence and license to practice; Tier 2 Adaptation of technical and non-technical professional capacities into low resource and emergency context and; Tier 3 Preparation for and effective team performance in the field. The current draft version 0 covers Tier 1 and has five (5) chapters including purpose, scope, key terms and terminology, structure of the document, and Tier 1. After the brief explanation of each chapter, the Project team invited the PWG 1 members for their comments and inputs.
19. Lastly, Ms. Yamada presented the next step until the 4th Meeting in November. The PWG 1 members will provide inputs and feedback to the draft Version 0 by 11 August 2017. The Project Team will incorporate inputs and feedback into the draft version 1 and distribute it to the PWG 1 members for review in October 2017. The presentation document can be referred to in **ANNEX XVII**.
20. The points of discussion are summarized as followings:
 - Current version focuses on Tier 1 of the minimum requirements. Tiers 2 and 3 will be further defined in future versions.
 - Each deployed EMT is expected to be self-sufficient. Therefore, EMT composition includes logistics, administrative and other non-health staff.
 - Some AMS have medical teams which are fully operated by health staff. The ASEAN may need to explore mechanisms in the provision of logistics and admin support.

f. Summary of Discussions and Agreements

21. The Project Working Group 1 members had discussed and agreed on the details of four Regional Collaboration Tools; SOP, HNA Framework, Minimum Requirements, and Database of EMT in ASEAN. The summary of decisions and agreements is as follows:
 - 1) **SOP for the Coordination of EMT in the ASEAN**
 - AMS that have not completed the 'request for information on in-country mechanism for EMT coordination' to submit accomplished form by 11 August 2017.
 - AMS will provide feedback on the draft SOP via e-mail by 11 August 2017.
 - Project Team will circulate updated version to PWG 1 Members in October, after incorporating feedback from PWG 1 Members, and participants of the First Regional Collaboration Drill.
 - 2) **Health needs assessment framework**
 - ASEAN EMT role is primarily the delivery of medical services. The delivery of public health services is an option depending on their capacity. Hence, the conduct of health needs assessment is supportive and if there is capacity to address pressing needs assessment gaps.

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- Revise the form to be aligned with ASEAN context (such as food basket composition) with instructions and guidelines.
- Revised form will be shared with PWG 1 Members in 11 August.
- PWG 1 Members to provide feedback by 08 September.

3) Database of EMT in ASEAN

- PWG 1 Members to propose categories for the database, and criteria for inclusion of organisations in the database by 11 August.
- Project Team to review inputs and propose a data collection form, and circulate the draft form by 15 September.
- PWG 1 Members/AMS to provide feedback on the form by 02 October.
- Project Team to finalise the form and circulate to PWG 1 Members/AMS for collection of data by 09 October.
- PWG 1/AMS to submit completed form by 27 October.

4) Minimum requirements for EMT Members

- PWG 1 Members to submit feedback to the draft minimum requirements by 11 August.
- Project Team to consolidate feedback and produce version 1 by 20 October.

5) Next Meeting

- The fourth meeting of PWG 1 was proposed by the Project Team from 2 to 3 November 2017 (1.5 days). PWG 1 Members will internally consult with their offices and get back within a week (by 27 July) on their availability of these dates. If there are conflicts in schedule, PWG 1 members shall propose alternate dates between 30 October and 3 November.

4th Project Working Group (PWG) 1

SUMMARY OF PROCEEDINGS

THE FOURTH PROJECT WORKING GROUP ONE (PWG1) MEETING ON REGIONAL COLLABORATION TOOLS AND CAPACITY DEVELOPMENT PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT (ARCH PROJECT)

28 NOVEMBER 2017

Pullman Grand Sukhumvit, Bangkok Thailand

I. INTRODUCTION

1. The Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH project) was the result of a survey conducted during December 2014 - March 2015 for all ASEAN Member State. The survey also collected relevant international trends from UN, WHO and ASEC, as well as regional meeting in Phuket, Tokyo and Bangkok respectively. One major challenge was identified from the survey that although different parts of the region confront different disaster challenge, collaboration in disaster emergency response was needed. Hence, ARCH Project was designed accordingly. ARCH Project mainly focuses on the coordination and team management of Emergency Medical Team (EMTs) of the offering and receiving countries. Major concerned agencies of ARCH Projects include JICA, ASEAN Secretariat, ASEAN Centre for Humanitarian Assistance (AHA Centre), and National Institute of Emergency Medicine (NIEM, Thailand). The intended outputs of the project are the coordination platform on disaster health management; the framework of regional collaboration practices; the tools for effective regional collaboration on disaster health management; academic networks on disaster health management in AMS and; capacity development activities implemented for each AMS.
2. The 4th Meeting of Project Working Group (PWG) 1 was held on 28-29 November 2017 in Bangkok, Thailand. The meeting was the follow-up event from the 1st, 2nd and 3rd PWG 1 meeting held in January, May and July, 2017 respectively. The 4th meeting was held to continue discussions, raised previously on the draft Regional Collaboration Tools including the Standard Operating Procedure (SOP), Health Needs Assessment (HNA) Framework, Minimum Requirements (MR), and Database of Emergency Medical Teams (EMT) in ASEAN and other ASEAN common forms. The meeting aimed to present drafted tools and invite comments and inputs in order for the project to achieve output's progress. The agenda of the discussion is presented as **Annex I**.
3. The meeting was participated by delegates from ASEAN Member States (AMS); Brunei Darussalam, Cambodia, Indonesia, Malaysia, Philippines, Singapore, Thailand, and Viet Nam; the Japanese Advisory Committee; the Project Team consisting of the National Institute for Emergency Medicine (NIEM) of Thailand, Ministry of Public Health (MoPH); Department of Disaster Prevention and Mitigation, Thailand and; Japan International Cooperation Agency (JICA). The List of Participants is attached as **Annex II**.

a. Opening Remarks

4. Dr. Jirot Sindhvananda, meeting chair, delivered welcome remarks to all delegates from ASEAN Member State (AMS) as well as honourable delegates from institutes who are the member of PWG 1. The chair thanked PWG1 participants for continuous contribution towards the outcome of the project. The 4th PWG 1 meeting had the objective to follow-up discussions from the 3rd PWG 1 meeting in May 2017, regarding the Database of EMT and its management, HNA, SOP, Medical Records form, ASEAN Standard of I-EMT and Standard Training, Introducing Future Collaboration Options under ASEAN Disaster Health Management Framework, and lastly the 2nd Regional Collaboration Drill in Danang Vietnam, March 2018. The chair expressed sincere appreciation for active participations and declared the 4th PWG 1 meeting open.

II. REVIEW OF THE FIRST REGIONAL COLLABORATION DRILL (RCD) IN JULY 2017, THAILAND.

5. The 1st Regional Collaboration Drill (RCD 1) was held in Phuket, Thailand in July 2017 with the objective to use common report forms namely Medical Record, Daily Report and Referral Form in reference with World Health Organisation (WHO) EMT coordination handbook (also known as the Blue Book). The 3 days activities had put developed tools to test. Day 1 main exercise was the Table Top Exercise conducted to practise paper procedures in dispatching EMT to affected countries. Table top exercise introduced the importance of SASOP forms and WHO EMTCC handbook to use in reference. The Field Exercise in Day 2 was held at Phuket Mining Museum using simulated Tsunami scenario affecting the southern provinces of Thailand as the theme, in which participants practised AMS request, Custom Immigration Quarantine (CIQ) process, EMT coordination with local EOC, deployment to mission; the 3-affected area in Phuket, Krabi and Phanga. This was a realistic drill using simulated patients, and the sense of timeframe (delivery circle of 3 hrs equivalent to 1 day). Day 3 main objective was to conduct the After Review Workshop that each country team gave feedbacks specifically to the common forms and summarise lesson learned. The presentation of the 1st RCD review was listed as **ANNEX 3**
 6. The evaluation of the RCD 1 summarised the following good points; appropriate time and venue; well-organised accommodation and transportation; well-planned introduction session, good presenter and facilitator, well-prepared scenario and table top exercise, well-prepared common forms. However, the evaluation suggested improvements in the introduction to EMT types, referral system, tasks of HNA, standardization of common communication, realistic CIQ process. It also suggested more number of experienced facilitators, more referral hospital, development of medical checklist and others.
 7. Gaps identified generally from the RCD1 include language barrier, training of simulated patients, malfunction communication equipment and engagement of participants. Gaps in the coordination processes were the infrequent communication with social welfare, ERAT and other sector, difficulty in referral system and stand protocol failed to follow. The challenge for next time would be to attempt on transferring all common forms into electronic /cloud/ App-based use.
 8. Thus, to fill the gaps, capacities in management and technical aspects for instance team management and workflow, legal knowledge, equipment and medicine and others. In this light, technical curriculums of EMTs are to be designed and implemented.
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III. DATABASE OF EMTS IN ASEAN

9. In following up with the EMT Database discussion from the 3rd PWG 1 meeting, AMS were required to feedback on data collection sheet as the first step of Database establishment. EMT Database Data Collection Sheet and its instruction were circulated on September 15th, 2017, and so far have received a number of feedbacks. The managing arrangement of the Data collection was agreed that the project team is responsible to arrange data collection from AMS in further coordination with AHA Centre according to the following schedule; 1st round Aug-Oct 2017; 2nd round Dec 2017 – Feb 2018; 3rd round Apr-May 2018 and; 4th round Jul-Sep 2018. Beyond the operation of the ARCH project, Ministry of Public Health would be responsible for collecting data from related agencies, in collaboration with National Disaster Management Organisation (NDMO). NDMO further coordinate with AHA Centre for the data transfer and management. Document for this section included; 1) Presentation on Database of EMTs in ASEAN **ANNEX 4**; 2) Draft Instruction for Data Collection **ANNEX 5** and 3) Data Collection sheet **ANNEX 6**.
10. The chair invited consensus on the content of data collection sheet. AMS agreed that the 2-paged sheet is generally user-friendly, adequately simple, relevant, hence, no objection in using the sheet. A small comment from Japanese Advisory Board suggested that in deployment history (No.4), the Date/Month/Year title should be added in order to keep track of update for each EMT. The meeting agreed that Date/Month/Year should be added, but EMTs are required to input at least the year of update if other information was not recorded. The AMS is required to provide at least 1 out of 3 deployment event in 4-2. Moreover, a clarification was made regarding the sheet that, one data collection sheet is meant to be used by one EMT organisation, and hence separate piece of information update. It is also suggested that the sheet could be provided in soft copy form, or in database platform if there's future development. **As Lao PDR and Myanmar delegates are absent, the consensus shall be consulted through email communication.**
11. Regarding the management of the data collection task during and beyond the implementation of the ARCH project, ARCH project team is responsible in coordinating the data collection event until the end of project. Beyond September 2018, MoPH in collaboration with NDMO from each country communicate with AHA Centre for the delivery of information through formal mechanism (ASEAN Secretariat, AHA Centre, NDMO and MoPH). The data collection will consistently be held twice a year, in January and July each year. This is suggested that countries' NDMO should be acknowledged and familiarised with the duty and process prior to the end of the project. NDMO should be informed and therefore delegate the task to suitable line Ministry (MoPH) in charge. For the effectiveness of the mechanism, ASEAN Secretariat will convey the process to SOMHD, ASEAN health cluster 2, ACDM and other joint taskforce to ensure formal process can be carried out.

IV. HEALTH NEEDS ASSESSMENT FRAMEWORK

12. The Health Needs Assessment aimed to collect primary data to identify vital needs in disaster and facilitate relief teams in different sectors for effective response. This session objective was to update the draft HNA and guidance note, reiterate draft framework and key
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recommendations from the 3rd PWG 1 meeting, agree on revision in HNA forms, discuss reporting arrangement and format, and to confirm overall output timeline. Document used for this section can be referred to: 1) The presentation for Session 4 HNA **ANNEX 7**, 2) Draft HNA **ANNEX 8** and, 3) Guidance Note **ANNEX 9**

13. From the last PWG 1 meeting, feedbacks for HNA were received and incorporated into Version 1-1. The HNA Version 1-1 was circulated among AMS along with Guidance Note. Comments received from AMS will be incorporated and developed into Version 1-2. Key recommendations from 3rd PWG 1 meeting concluded that ASEAN EMT intending to include HNA in their service may consider including public health officer in their roster for deployment and include training programs to enhance competencies. The information collected through HNA can be passed on to EMTCC, PHEOC and MoH in an agreed reporting format, also discussed in the 4th PWG1 meeting.
14. The consensus was reached that HNA P3. 2-11 food items to be included in HNA is appropriate in ASEAN context, while the meeting agree that listing of food item shouldn't burden the operation while giving the emphasis to essential food availability. P4.3 Health Facility and Service to list the number of working staff instead of percentage.
15. The meeting Chair invited discussions on HNA reporting arrangement and format by giving the 3 options for AMS delegate to consider; Option 1) To submit a filled HNA Form as is. This option may place difficulties for EMTCC/EOC as recipients as details are not summarised; Option 2) To incorporate essential information into the EMT-MDS Daily reporting form. This option thus facilitate the understanding for the handover agencies; Option 3) To create separate HNA reporting form which is simple to fill in and read. The meeting had diverse perspective on this matter. One opinion suggested separate reporting form that highlights risks and needs. Another suggested that if the assessment was carried out without the support of local authority whose reporting form would be primarily used, the HNA information should be summarized and delivered in the daily reporting form.
16. The project team will incorporate the following suggestions.
 - 1) Under 'Action required by other cluster', it was suggested to include sub-area in health such as 'communicable disease', 'sexual and reproductive health' and others.
 - 2) Under 'Situation in Shelter', HNA shall be assessed considering number of shelter in that area and conduct assessment as see fit.
 - 3) As EMT team comprise of non-public health practitioner, training curriculum can be customised for efficiency and accountability of HNA information.
17. The Chair reiterated that HNA form is not expected to be completely filled out. Reporting should be summarized in simplified format while team will need time to draft and the objective of HNA according to SASOP should be emphasised only to summarise brief messages on needs and risks to handover agencies.

V. STANDARD OPERATING PROCEDURE (SOP) Doc PPT/ draft SOP/ Annex

18. The objective of this session is the review the Draft SOP Ver.1 and to seek feedbacks from PWG1 members. The SOP Draft 1 was circulated on October 30th, 2017 and currently awaiting AMS feedbacks. Referred document for this section comprised of: 1) Presentation

on Standard Operating Procedure (SOP) **ANNEX 10** and, 2) Standard Operation Procedure (SOP) **ANNEX 11**.

19. The agreed points to revise and concerns raised regarding the current draft SOP are as follows
- Para 16 : project team agreed with the feedback to change word “and” to “or”.
 - Para 18 : AHA Centre agreed to this paragraph to speed up process of MoPH request to NDMO and MoFA.
 - Para 19: further clarification on ‘self-sufficiency for EMT’ should be considered as there’s some concerns towards the extent of coordination capability to other agency to incorporate into EMT.
 - Para 23: to consider “designated representatives” in addition to “national focal point” recognizing that custom clearance processes are carried out by other agencies.
 - Para 26: the ASEAN Mutual Recognition Agreement for Medical Professionals will be shared by ASEAN Secretariat to NIEM and ARCH Project Team as there may be relevant disaster and humanitarian practices.
 - Para 32, 33 and 34 regarding the On-Site Operation of EMT were agreed
 - Annex 2: List of Essential Information for Mobilisation, Annex 4: List of Essential Information for On-Site Operation and; Annex 5: List of Supporting Functions of the EMTCC or Sub-EMTCC, were added to the draft SOP.
20. It is noted that to ease the CIQ process, receiving countries requesting EMT should set a mechanism internally for EMT to mobilize resources in country. The receiving countries are to contact medical professional council to issue temporary licence for humanitarian response situation prior the situation. All EMT should consider the issue of insurance for the mission. The discussion regarding ASEAN I-EMT Standard was discussed in section 8: Group Discussion.

VI. Medical Record

21. In reference to the Regional Collaboration Drill 1 (RCD 1), the Thai Medical Record was used for the exercise. At that, comments as well as feedbacks and concerns were raised. Thus, an agreed AMD Medical Record was concluded. The objective of this session was to review the Draft Version 1 of the common Medical Record.
22. The meeting noted an opportunity to further develop Medical Record into electronic format using free software. The future plan has the potential to be developed in support of the Japanese Advisory team for the conveniences of analysis. In terms of standardization of Medical Records, the meeting was also informed by Japanese Advisory that WHO have no standard medical record, but guide that country design their own medical record with core data set to fit proper context and distribute prior the EMT deployment. The meeting agreed that drafted Medical Record is to be tested on the 2nd RCD with the following revisions: 1) To include ‘Last Menstrual Period (LMP)’ in ‘Past History’; 2) In the second note page, revise nurse & doctor note to ‘progress note’ to facilitate case transfer and; 3) Include neurological assessment such as the Glasgow Coma Scale (GCS), the Alert, Voice, Pain, Unresponsive (AVPU) for paediatric cases.
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23. As regards the feedback on Medical Record Form, the chair reminded that the deadline for feedback submission is 14 February 2018.

VII. MINIMUM REQUIREMENT

24. Previously on the 3rd PWG 1 meeting, the Minimum Requirement draft version 1 consolidated the meeting feedbacks and circulated on October 30th, 2017, and currently awaiting AMS feedbacks. Revision of Minimum Requirements and Qualifications for Members of EMT proposed 3 Tiers of Minimum Requirement. The document for this session can be referred to; 1) Presentation on Minimum Requirement and **ANNEX 12**; 2) Draft Minimum Requirement **ANNEX 13**

- **Tier 1:** Medical professionals register as member; having basic knowledge of disaster medicine and EMT operations.
- **Tier 2:** Medical professional pass standard for domestic deployment; having the adaptability of technical and non-technical capacities to operate in low resource situation
- **Tier 3:** Medical professional pass standard for international deployment; being able to perform as EMT member on mission in foreign countries.

25. To have further clarification on Minimum Requirement, the meeting raised the following 3 points among AMS delegate to discuss in group discussion;

- Should standardized theoretical course be developed for Tier 1, and standardized domestic deployment training course for Tier 2, and how?
- How ASEAN standardized training curriculum should be developed for Tier 3?

VIII. GROUP DISCUSSION: ASEAN STANDARD OF I-EMT AND STANDARD TRAINING CURRICULUM OF ASEAN I-EMT

26. Delegates from AMS countries separated into 2 groups to discuss ASEAN Standard of I-EMT and Standard Training Curriculum of ASEAN I-EMT. The outcomes of discussions were as follows.

- **Group 1** ASEAN Standard of verification system group agreed to review WHO EMTCC handbook as reference while ASEAN EMT assess those that are achievable and non-achievable in ASEAN context. In the meantime before the 2nd RCD, AMS delegate should review WHO Minimum Requirement and make notes to discuss during the next PWG 1 meeting next time.
- **Group 2** Standard training curriculum of ASEAN I-EMT group agreed that standard curriculum training for Tier 1,2 and 3 are needed.
 - Tier 1: for any medical professional with minimum knowledge of ITLS/SDLS/PHDLS can become member. Standard training on primary and theoretical framework of disaster health medicine knowledge should be established.
 - Tier 2: for medical professional who are the member of Tier 1 e.g. N-ÉMT including nurse, logistic, logistic as tam member to manage training in order to carry out for national EMT deployment. Standard

training on field deployment for disaster health response should be established.

- Tier 3: medical professional who are the member of Tier 2. Standard training on I-EMT knowledge, minimum requirement, common forms, agencies e.g. AHA centre, WHO guideline are established.

27. WHO standards are the reference for AMS to reach as the goal. However, ASEAN Standard should be developed while national capacities are enhanced. It is also suggested that a survey within AMS is conducted to see the extent ASEAN should follow WHO standard. All standard training curriculums should be collaborated with Project Working Group 2.

IX. PLAN OF THE SECOND REGIONAL COLLABORATION DRILL, MARCH 2018 VIETNAM

28. It was agreed previously that Viet Nam would host the second Regional Collaboration Drill (RCD) in Danang City, Vietnam between 25th – 28th March, 2018. The objectives of the drill are to use and put to test the revised Regional Collaboration Tools as well as to validate ASEAN SOP. The proposed scenario is the Super Typhoon and Direct Landfall event with over 1000 casualties. Venue for the drill is the Hoa Xuan Stadium, located in Cam Le district. The 2nd RCD will adopt lesson learn from 1st RCD and try to fill in the gaps and improve efficiency. The 3-day event comprises of Day1 Table Top Exercise; Day 2 Field Exercise; Day 3 Wrap-up exercise. Vietnam representative invited comments from AMS to discuss whether EMT team from each country work independently or work together as mixed team. Presentation for the 2nd RCD is attached as **ANNEX 14**.

29. The meeting agreed that EMT deployed for the drill should work independently for the 2nd RCD as mix team may post different challenges and may distract the achievement of objective to test the regional collaboration tools. The Philippine showed interest in experimenting the mix team challenge in the 3rd RCD. Based on the experience in Vietnam, the 3rd RCD hosted by the Philippines may include elements on multi-country EMT collaboration. If the concept is reconsidered during the 2nd RCD, SOP on multi-country EMT collaboration is to be drafted and put to test during the 3rd RCD. As regards to Viet Nam proposed to arrange team performance review for each country in order for them to address their capacity and challenge. Project team will assist the provision of experts to evaluate and provide feedback to country's EMT team performance.

X. MECHANISM OF FUTURE COLLABORATION

30. The presentation from ASEAN Secretariat on governance and Implementation mechanism of the ASEAN Health Cooperation on Disaster Health Management noted the future mechanism for future collaboration within the ASEAN Framework after the termination of ARCH project. The presentation described the existing environment in which Disaster Health Management Agencies and ARCH project co-exist i.e. Sector 1; ASEAN has the SOMHD and Health Cluster 2 Priority 12 on Disaster Health Management which is enabling the implementation of ARCH project; Sector 2: The Social Welfare & Development Defence Sector which acts as platforms for other sectors and Joint Task Force. AHA Centre, in operation of its own autonomy, reports to ASEAN Committee on Disaster Management

(ACDM) while coordinate with the ARCH project. The presentation of Future of Future Collaboration is listed as **ANNEX 15**

31. The ASEAN Secretariat presentation also explored potential mechanism and how to sustain beyond the ARCH project as well as maximizing those operations within the health sector and non-health sector. To enhance operational coordinative mechanism could be done through ASEAN EOC network which can enhance and sustain policy development, capacity building, knowledge management and coordination with AHA Centre. DHM Mechanism work with ASEAN Health Cluster 2 as well as AHA Centre as partner agency for response, preparedness and strengthening capacity in the context of health needs, response and coordination.
32. ASEAN collaboration in Disaster Health Management aims to achieve faster response. AHA Centre as Primary regional coordination agency has been initiated to strengthening ASEAN regional capacity in disaster management by having the following functions; planning and procedures, monitoring and information management, supplies and logistic, simulation exercise (ARDEX). This mechanism promotes paradigm shift towards inclusive and integrated response. Being able to sustain and enhance the gains from ARCH project into the ASEAN Health Cluster 2 work programme on Responding to All Hazards and Emerging Threats from 2021 and 2025 are the potential ways forwards. The following are to be anticipated from the implementation of ASEAN Leader's Declaration on Disaster Health Management; 1) Strengthening all hazard health emergency as part of national public health system; 2) Promote public and private investment in disaster risk reduction to support public health infrastructure; 3) Build resilient hospital capable in handling disaster event; 4) Strengthening Academic network and establishing regional disaster health training centre and 5); Mobilise sufficient international and financial resources to fill national response gaps.

XI. ASEAN LEADER DECLARATION AND PLAN OF ACTION

33. The ASEAN Leader Declaration and Plan of Act, led by Thailand, was drafted and proceed through the process of reviews and revisions. After the last revision of the draft in July 2017 in Phuket, the declaration was officially adopted by at the 31st ASEAN Summit in Manila, the Philippines in November 2017. The next process to bring the declaration into practice is the development of Plan of Action. The project working group, therefore, set the following timeline; 29 November 2017 draft consultation in the 4th PWG1 meeting; December-February 2018 submit for consultation with ACDM, AHA Centre and relevant ASEAN sectoral body; May 2018 submit for consultation for the ASEAN Health Cluster 2 and SOMHD. The document related to this session is 1) Meeting Presentation of the ASEAN Leader Declaration **ANNEX 16**; 2) Plan of Action **ANNEX 17**.
34. Dr. Phumin, ARCH Project Manager NIEM, briefly outlined the essences in each section of the Plan of Action before the meeting chair drew attentions to an exercise for AMS delegates to provide inputs on the Plan of Action's target Vs. activities matrix **ANNEX 18**. The meeting chair invited delegates to exchange ideas, add to the matrix on regarding potential targets and activities to be implemented as the result of the ASEAN Declaration on Disaster Health Management. The meeting agreed that the exercise will be completed by AMS delegate before 24 December 2017 for further development. Meanwhile, the meeting chair invited immediate comments delegate may have on the Plan of Action matrix.

35. The Declaration is another milestone to achieve in the ARCH project. In this light, a few discussion points were raised and agreed in the meeting. It was suggested that other sub-health sector such as reproductive health and mental health should be included in the workplan. It was emphasised that the drill is the essential part of the Plan of Action and most coordination, logistic, technical, finance and communication element can be carried out to test through the drills. It was suggested that the drill can be carefully studied from to extract lesson learned, and identify knowledge gaps. Consequently, research and studies can be carried out to fill the gaps and feed into the academic empowerment component of the project. Another suggested point from the discussion was to emphasise the importance of online means of communication such as telemedicine, logistic, common form database so that there's a common share of information and harmonize ASEAN response system.
36. In regards to the current Target Vs. Activity matrix, there are currently 7 activities, once inputs have been received and items are settled, the timeframe of the overall implementation will be designed per items of activities and targets. This matrix will be once again discussed in the 5th PWG 1 meeting, March 2018.

XII. CONCLUSION AND WAY FARWARD

37. The presentation by ASEAN Secretariat on Conclusion and Way Forward outlined the summary of the 2 days meeting as well as reiterate discussions and agreed points. This session document is referred to in **ANNEX 19**.

XII. CLOSING REMARKS

38. The meeting Chair, Dr. Jirot Sindhvananda expressed appreciation in active participation of the 2-day meeting by ASEAN Member State delegates, JICA, ASEAN Secretariat, Japanese Advisory Committee, Department of Disaster Prevention and Mitigation (DDPM) Thailand, and the ARCH Project team. This 4th PWG 1 meeting has come to an end but members are still actively progressing toward refinement of Regional Collaboration Tools in their own capacities before the next meeting in Danang, Vietnam in March 2018. The chair declared PWG 1 meeting close.

5th Project Working Group (PWG) 1

SUMMARY OF PROCEEDINGS

THE FIFTH PROJECT WORKING GROUP ONE (PWG1) MEETING ON REGIONAL COLLABORATION TOOLS AND CAPACITY DEVELOPMENT

PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT (ARCH PROJECT)

29 March 2018

The Grand Tourane Hotel, Danang City, Vietnam

I. INTRODUCTION

1. The Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH project) was the result of a survey conducted during December 2014 - March 2015 for all ASEAN Member State. The survey also collected relevant international trends from UN, WHO and ASEC, as well as regional meeting in Phuket, Tokyo and Bangkok respectively. One major challenge was identified from the survey that although different parts of the region confront different disaster challenge, collaboration in disaster emergency response was needed. Hence, ARCH Project was designed accordingly. ARCH Project mainly focuses on the coordination and team management of Emergency Medical Team (EMTs) of the offering and receiving countries. Major concerned agencies of ARCH Projects include JICA, ASEAN Secretariat, ASEAN Centre for Humanitarian Assistance (AHA Centre), and National Institute of Emergency Medicine (NIEM, Thailand). The intended outputs of the project are the coordination platform on disaster health management; the framework of regional collaboration practices; the tools for effective regional collaboration on disaster health management; academic networks on disaster health management in AMS and; capacity development activities implemented for each AMS.
2. The 5th Meeting of Project Working Group (PWG) 1 was held on 29 March 2018 in Danang City, following the 2nd Regional Collaboration Drill hosted by Vietnam. The meeting was the follow-up event from the 1st, 2nd 3rd and 4th PWG 1 meeting held in January, May, July, and November 2017 respectively. The 5th meeting was held to continue discussions, raised previously on the draft Regional Collaboration Tools including the ASEAN Leaders' Declaration on Disaster Health Management and its Plan of Actions, the Standard Operating Procedure (SOP), Health Needs Assessment (HNA) Framework, Minimum Requirements (MR), and Database of Emergency Medical Teams (EMT) in ASEAN and other ASEAN common forms. The meeting aimed to present drafted tools and invite delegates to provide inputs for their progress. In addition the 5th PWG1 meeting, delegates from the Philippines updated their progress in the hosting of the 2nd Regional Collaboration Drill to be held in December 2018. The agenda of the discussion is presented as [Annex I](#).
3. The meeting was participated by delegates from ASEAN Member States (AMS); Brunei Darussalam, Cambodia, Indonesia, Malaysia, Philippines, Singapore, Thailand, and Viet Nam, Laos, Myanmar the Japanese Advisory Committee; the Project Team consisting of the National Institute for Emergency Medicine (NIEM) of Thailand, Ministry of Public Health (MoPH); and Japan International Cooperation Agency (JICA). The List of Participants is attached as [Annex II](#).
4. The ARCH project had reached its half-life milestone out of the 3 years span and it is a successful on-going process of achieving the 5 project outputs. The progresses had been presented vis à vis the 5 outputs as follows;

Output 1: Coordination Platforms are setting up. Indicators including number of regional coordination meeting, clarification of focal points of each AMS are an on-going process until the end of March 2018.

Output 2: Regional Collaboration Drills (RCD) are carried out on track. The drill included start-up drill in Bangkok, 1st RCD in Phuket, 2nd RCD in Danang, 3rd RCD to be held in the Philippine. From the RCDs, lesson learned and recommendation are incorporated for future reference for the of regional collaboration mechanism among EMTs.

Output 3: Tools, standard Operating Procedure (SOP), minimum requirement, health needs assessment, EMT database.

Output 4: Academic network are setting up. Six academic presentations on the ARCH project and 6 academic conferences have been participated so far by ARCH project team.

Output 5: Capacity Development Activity for AMS's EMTs are being developed to reach the indicators of 4 training courses, the number of training for 150 team members as team and the training course on EMTCC in Feb 2019.

5. The project overall outcomes are expected to achieve within the span of 5 years in 2022 when the ASEAN and Japan collaboration mechanism on disaster health management is developed and effectively operating. The next schedule of the ARCH project is 28-31 May for its 4-days AMS Training held for the 3rd time in Bangkok on the topic of International EMT. On 17-20 October 2018, a 4-days study tour to Japan is to be conducted where 3 participants per AMS are expected to join. On 3-7 December, the 3rd Regional Collaboration Drill is to be held in the Philippines, followed by (PWG1/2 meeting and RCC meeting). Tentative schedule for the 4th AMS training is in February 2019, and project Seminar in June 2019. The presentation of project output achievements and next schedule is in Annex III

II. Conclusions and Recommendations for 2nd Regional Collaboration Drill

6. The 2nd Regional Collaboration Drill (RCD) and the Table Top Exercise (TTX) are held and later received survey comments from participants. The results are as follows; The TTX good points are creativity of activity using good learning and teaching processes, the good orientation on Electronic Minimum Data Sheet (E-MDS) makers and the introduction to RDC, EMTCC steps before deployment. The TTX's points to improve included; more time needed to complete forms; materials should be provided prior the exercise; provision of flow charts on CIX, RDC and EMTCC procedures. In the Field Training Exercises, the good points included; adequate logistics as well as facilitators and interpreters, appropriate drill time. While the points to future improvement were on communication problem i.e. radio frequency, role clarity needed for facilitators and interpreters and information regarding hospital beds and medical equipment. Dr. Kai, Japanese Advisory Committee added that in times of disaster management, communication failures are common challenge. If AMS take communication into serious account and find possible solutions to anticipated problems, the disaster is halfway managed. The full presentation of participant feedback on the 2nd RCD and TTX is presented as ANNEX IV.

III. Project Working Group 1 Meeting

7. The Project Working Group 1 meeting was held for the 5th time after the 2nd RCD in Danang. The 5th meeting was co-chaired by Dr. Jiroth Sinthuanon and Dr. Nguyen Duc Chinh. The chair invited AMS delegate to introduce themselves and commence the meeting, starting with the presentation of the 3rd RCD by the Philippines. Later, the ASEAN declaration on DHM and its Plan of Action, Standard Operating Procedures (SOP), EMT Database for ASEAN, EMT Minimum Requirements, Health Needs Assessment (HNA), and Medical Record Form were discussed respectively.

IV. Review of the Second Regional Collaboration Drill and Planning of the 3rd Regional Collaboration Drill in the Philippines

8. According to the World Risk Index, Philippines is ranked number 3 in 2013 as it was hit by 16 disasters and the most destructive one is Typhoon Haiyan with 26 million affected and 8000 casualties. It has been very challenging for the Philippine in terms of response when one disaster happen after another. According to study funded by JICA the movement of West Valley Fault in Metro Manila which is anticipated to cause a 7.2 earthquake in the near future. The Health Emergency Management Bureau of the Philippines which is a coordinating entity for all emergencies and disaster including human and non-human harm together with the government of Philippine is working on how to response. Metro Manila area is the heart for businesses and essential government offices. Study was estimating 35000 death, 115000 injuries, and 170,000 building collapse, 500 fire break, where capacity that hold evacuations and response is only 30%. Contingency plan for earthquake preparedness entitled "Oplan Metro Yakal Plus". The said plan divides manila to 4 quadrants (North, East, West, South). The government will declare state of national calamities and need ASEAN EMT resource mobilizations.
9. It was acknowledged by every AMS members that the 3rd Regional Collaboration Drill in the Philippines will be held during 3-7 December 2018. The drill has the primary objective to examine the current regional collaboration mechanism on disaster health management including the SOP, HNA, and other EMT forms. The secondary objective, however, aims at testing the electronic reporting system called ISPEED which is the alternative to paper form and excel format. It also aims at improving collaboration and coordination. The tentative schedule include Table Top Exercise held on Dec 3, Regional Collaboration Drill on December 4th, review of forms on December 5th, PWG 1 and 2 meeting on December 6th and Regional Collaboration Meeting on December 7th.
10. The design of the drill and the Table Top Exercise are drafted and to be finalised in the later stage. However, it will incorporate the concept of EMTCC in all level of EOC as well as the incident command system (e.g. check-in, operation briefing etc). It will use Philippine data and alert reporting system. Philippines will also show AMS its Rapid Health Assessment they regularly use for familiarization while the ARCH project HNA would normally be used for the drill. The Table Top Exercise, on the other hand, focus on the assistance and registration. AMS is required to register at the Philippines International Humanitarian Assistance (PIHAC) as the reception center using Visial VOSOC system and receive briefing at the national EMTCC. The second focus is on demobilization process including preparation of the exit report and other appropriate exit plans. The 3rd focus is on the discussion and practice of ISPEED reporting system, completion of common forms and communication exercise. ISPEED is another tool to be tested for use, however, in real response situation it is suggested that all means of communication i.e. paper, electronic, cloud and radio should all be applied as appropriate and available. Full presentation of the RCD plan in the Philippines is presented in **ANNEX V**
11. Recommendations towards the presentations were raised. Dr. Phumin, Project Manager, suggesting that to avoid the Pre-Deployment phase to be left out of the drill before the project ends, more stakeholders should be more involved to make the drill completed especially the coordination process among Philippines NDMO and AHA centre to acknowledge mobilization request. For this, it was *agreed that 1 month before the 3rd RCD in December in Philippines* as well as other AMS should contact their NDMO to contact AHA Centre to acknowledge deployment. Additional emphasis should be placed on logistics of medical supply for the custom process which is a great delay factor as well as the logistic arrangement for the mobilized EMT i.e. clean water for operation. It was therefore suggest that the mechanism should involve other entities in DHM field e.g. UN agencies, NGOs and military for realistic collaboration during the time of disaster. It was also suggested that Day 1 of the RCD in Philippines allocated for forms completion training could be skipped, but instead incorporate it in the AMS training to be held in May 2018 in Bangkok in order to lengthen the time for the drill. It was requested and agreed that those joining the AMS training in

May 2018 will be required to participate in the RCD in Philippines in December 2018 to transfer the trained skills and knowledge to practice.

V. Implementation of ASEAN Leaders' Declaration on Disaster Health Management

12. The ASEAN Leaders' Declaration on Disaster Health Management was submitted and endorsed by the SOMHD in November 2017. As the result its Plan of Action is being developed and to be submitted in April 2018. The Plan of Action has the overall 11 tasks in 5 priority areas to be implemented through 2 mechanisms; 1) Regional Coordination Committee on Disaster Health Management and; 2) ASEAN Institute for Disaster Medicine. The priorities to be implemented through Regional Coordination Committee on Disaster Health Management mechanism include; 1) Strengthening and enhancing of the regional collaborative frameworks on disaster health management, 2) Multi-sectoral participation in disaster health management, 3) Integration of disaster health management framework/concepts into national and sub-national legal and regulatory framework. Whereas, the priorities to be implemented under ASEAN Institute for Disaster Medicine mechanism include; 1) Investment to improve and develop critical health facilities and infrastructure and 2) Education and training on disaster health management.
13. The session draws discussions toward the formation of Regional coordination Committee on Disaster Health Management beyond the ARCH project which could sustain the project mechanism and ASEAN Disaster Health collaboration. Although not yet agreed on the definite title, the committee will have 4 main functions being; 1) facilitation of the development of any regional collaboration on disaster health management which occurs in the future; 2) Collaboration with related ASEAN Sectoral bodies in health and non-health sectors and other international organisations; 3) Development of any other Standard Operating Procedures (SOP) and other collaboration tools if appropriate in the future and; 4) Organization or attendance to joint drills. The committee consists of 20 representatives from AMS, ASEAN Secretariat and AHA Centre. The host country of events and chairmanship are in rotation. And the RCC meeting shall be held twice a year, while the drill should be accustomed to be organized as necessary. The possible financing model for the committee is either through AMS donation to host and outside funding. ASEAN Institute for Disaster Medicine
14. A concern was raised in response to the various taskforce to be form under ASEAN Secretariat. The clarity was sought through discussion and settle into an agreement that as Disaster Health Management is one of the identified priorities AMS can come together and address to different contact on specific issues. The taskforce (committee) do not have to formally report to ASEAN Secretariat but instead report to ASEAN Health Cluster 2 which is the working cluster various health related networks (professional, academic and diplomatic) can form under. This committee is necessary for SOP development, drills, development of any collaborated trainings, capacity building and various others as stated in the 4 main functions. Although still not settle for the title, the word "Network" can be considered instead of "Committee".

VI. Regional Collaboration Tool: Standard Operating Procedure (SOP) for the Coordination of EMT in the ASEAN

15. The 5th PWG1 meeting invites AMS members to acknowledge the changes as well as providing comments and feedbacks to the Standards Operating Procedures. The discussions have yielded the following results
 - The list of Acronyms and Abbreviations stays at the beginning of the SOP before Introduction in order for readers to relate to throughout the text.
 - Part I. Introduction has no revision.
 - Part II. Paragraph 6 Agreed to change the word "Ministry of Health" into "Ministry of Health/ public health" to cover every AMS naming system

- **Paragraph 7** Agreed to change from "...and information tools" to "...information tools and information sharing"
- **Paragraph 8** Agreed to use the previous content but revise text to "The EMTCC should be activated managed and staffed by trained and experience personnel"
- **Part III. Paragraph 12** Agreed to add the phrase "The national focal unit for EMT coordination in time of disaster should be officially designated" A concern was raised about the designated person in case the person moves to other roles. It should therefore be made clear that the designation should be to a position or working unit while not to a person. However, official designation should be made in order to firmer the role and responsibility.
- **Paragraph 15** Agreed to delete contents in the bracket
- **Part IV Paragraph 18** Agreed to revise the text "The MOH may send the request for assistance or initiate the offer of assistance..." to "The MOH may send the request for assistance through NDMO following SASOP mechanism."
- **Paragraph 19** A concern was raised in the word "self-sufficient" in the practical way of deploying EMTs. It is suggested no change in word but a remark for future reference to find coordinating platform e.g. NGO, UN agencies, WHO, Red Cross to provide EMT with logistic support in the field where the EMT can focus on medical operation more intensely. Coordination with other platform would also make the deployment more practical and in line with existing players in the field.
- **Paragraph 20** Agreed to change the word "Virtual On-Site Operations Coordination Centre (OSOCC)" to "Virtual On-Site Operations Coordination Centre (VOSOCC)"
- **Paragraph 25** Agreed to change the phrase "I-EMT shall report to the EMTCC to complete EMT..." to "In the event that, the registration of the incoming I-EMT cannot be done, at RDC, the concerned I-EMT shall be report to the EMTCC to complete registration".
- **Paragraph 26** Agreed to revise the text from "I-EMT registration needs an approval from the Professional Medical Regulatory Authority (PMRA) and Nursing Regulatory Authority (NRA)..." to "I-EMT registration needs an approval from relevant Health Professional Regulatory Authorities through National Focal Points facilitating mechanism"
- **Paragraph 33** Agreed to change the phrase "If EMTCC is not capable, the I-EMT shall organize regular meetings..." to "I-EMTS shall contact PHEOC/MOH/MOPH for assistance when EMTCC capability is limited."
- **Paragraph 44** Agreed to change the phrase "utilize a single triage system" to "utilize a standard triage system", with more clarification that every country can use *any* "standard triage system"
- **Part IV. D.** Agreed to change from "(Rapid) Health Needs Assessment" to "Health Need Assessment" and replace texts in the brackets to "The I-EMTs shall provide additional Health Needs Assessment when EMTCC requests. [Annex 9]"
- **Part IV. Paragraph 37** Agreed to change the phrase from "The EMTCC or Sub-EMTCC, shall exercise the overall direction..." to "The EMTCC or Sub-EMTCC, shall *conduct* exercise (*meeting*) for overall direction, coordination and supervision of the EMTs operations within its territory"
- **Paragraph 40** Agreed to move the phrase "EMTCC Situation Report (Annex 11)" to place after "The EMTCC or Sub-EMTCC shall submit to the PHEOC...". And remove the phrase "at the end of the first day and the third day" as well as the word "Thereafter".
- **Part IV Flowchart** Agreed to remove flow chart.
- **Paragraph 40** Agreed to revise phrase to "The EMT shall inform the EMTCC to sub-MTCC the anticipated end of..."
- **Part IV. I.** Agreed to delete content in the bracket
- **Part V.** Agreed to replace content in the bracket to "SOP for Coordination of Emergency Medical Teams (EMTs) in ASEAN member states shall be revised and updated concurrent with SASOP, or deemed if necessary"
- **Part VI. Annexes** Information will be collected by the Project to complete the list.

Part V Annexes 15 Agreed to revise Acronyms & Abbreviation. Please refer to the full presentation to see complete lists of change in **ANNEX VI**.

VII. Regional Collaboration Tool: ASEAN EMT Database

16. This session aimed to report the progress on the development of Database of Emergency Medical Teams (EMTs) in ASEAN and thus to revise Data Collection Sheet Draft Version 1. So far, Data Collection Sheet was circulated to focal points of ASEAN Member States on January 19th, 2018. The project team has not received any comments or feedbacks on the revised Data Collection Sheet. In the course of the project timeline, EMT related data collections are to be conducted in 2 rounds. In the first round, the project team circulated data Collection Sheet to the ASEAN Member States on February 27, 2018, and received 2 questionnaires back out of 10 AMS. The 2nd round will be conducted in July-September 2018, where AMS is firmly requested to return filled questionnaires in order to complete the ASEAN EMT database. The full presentation for this session is presented in **ANNEX VII**.

VIII. Regional Collaboration Tool: Minimum Requirement and Qualifications for Members of Emergency Medical Team (EMT)

17. The current version of the Minimum Requirements and Qualifications for Members of Emergency Medical Team (EMT) is the version that has been presented in the 4th PWG 1 Meeting in November 2017. It, however, received a revision after the 2nd Regional Collaboration Drill. The revision summaries are as follows.
 - **Tier I Registered as a member of EMT:** It was agreed to include induction or pre-registration course (Basic Disaster Management). Hence, the phrase "...such as basic disaster management, etc." is added to the text "EMT members are required to successfully complete an induction or pre-registration course."
 - **Tier II Ready to deploy domestically:** It was agreed to include examples of the courses such as ICS, self-sufficiency in disaster, working in limited resources, etc.) and hence revised texts accordingly.
 - **Tier III Ready to deploy to any members states:** It was agreed to revise texts into "EMT members must complete a standardized training curriculum to be developed and accepted by all ASEAN Member States (such as medical treatment, intercultural management, resource management, communication skill, health care system in all AMS, AADMER, Standard Operating Procedure (SOP) for Coordination of Emergency Medical Teams (EMTs) in ASEAN, Team coordination (e.g. SASOP, EMTCC), etc.)". The full presentation for this session is presented in **ANNEX VIII**.
18. Recommendations and concerns were raised by AMS members towards the Minimum Requirement. Firstly, a concern was voiced that Tier 3 requirements maybe too high and thus difficult to achieve. Despite the fact that it was common that I-EMT requirements are high in being able to deploy to other ASEAN countries, it should be taken into consideration the practicality in achieving requirements. It is also difficult for everyone to complete the standard course and so it was recommended that the requirements to take course should be on competency basis. Development standardised training curricula that will be tailored for different members of the ASEAN EMT will be developed by PWG 2 of the ARCH Project. Another recommendation point was raised that all courses should be accessed and studied online where course, exams and certificates can be accessed online to save resources in mobilization.

IX. Regional Collaboration Tool: Health Need Assessment Framework

19. The Project Team first emphasized that the role of EMTs in collecting information was supplemental, and the HNA Form could be used as "A Guide" for EMTs when conducting HNA upon

request from a local authority; necessary action or further assessment would be taken by other relevant parties. Subsequently, the meeting discussed revisions on the draft HNA Form and Summary Report Form based on the feedback and comments from the 2nd RCD.

20. The revisions include;

For the HNA Form:

- It was agreed that the HNA form for village or town and the form for shelter(s) would be consolidated into one form. A section of "Number of patients with mental health and psychosocial problems" was added in Page 2, 1-7
- P3, 2. **Public Health 2-13: "What kind of food available or provided"**: The meeting agreed that food items listed here should be categories into rough clusters, and add question "How long will the available food last?"
- P4, 3-1. **Health Facilities and Services**: It was suggested that for the health facility which is partially functioning, add question "What services are available?"
- P4, 3-2. **"Access to Referral Facilities by Road"**: The meeting agreed to change the question to "Is the health facility accessible" and "If yes, by what means?"
- P4, 3-3. **"Availability of Communication, Transportation"**: The meeting agreed to keep the questions on Communication and Transportation, as communication was important in sending information to EOC, and transportation was also important for referring patients.
- P4, 3-4. **"Availability of Essential Drugs" and "Availability of Vaccines", "Availability of Medical Equipment" and "Availability of Supplies"**: The questions in this section will be kept. Potential key informants should be identified.
- P4, 3-5. **"Health Staff Working"**: The meeting agreed that Number and Percentage should be kept as it has its own advantage to know the situation. However, if information cannot be gathered, it can be left blank.
- It was suggested that additional information can be included in "Remarks/Notes" section under each set of questions.

For Summary Report Form:

- It was agreed that in the Check Box, use "WASH" instead of "Water", "Sanitation" and "Hygiene", and include MHPSS (Mental Health and Psychosocial Support).

21. The proposed schedule for the Health Need Assessment Framework;

-20th April -The Project Team will revise the HNA Form and Summary Reporting Form by incorporating the comments from the PWG1 members, and the revised versions will be circulated among the PWG1 members of AMS through ASEC.

-14th May - Deadline for feedbacks on the revised versions of the HNA Form and Reporting Form by the PWG1 members.

-July (Tentative) -The revised forms will be discussed in the 6th PWG1 meeting.

-December - The re-revised forms will again be tested in the 3rd Regional Collaboration Drill (RCD).

The presentation of the HNA is attached as **ANNEX IX**.

Regional Collaboration Tool: Medical Record

22. Similar to other Regional Collaboration Tools, the Medical Record Form received another round of revision after the 2nd RCD. This session sought feedbacks and comments to the forms. General comments received are for example; difficulties in reading the form due to small letters and others. It was also found that information such as Number of site, team, date, name, age, sex, record date and signature are often left blank, which indicate possible difficulties that the

project team have to address. It is also noted that the right side is essential for data to be filled in order to plan resource mobilization. The left side is optional. In this occasion, the sections on vital sign and past history, as well as the medical examination and nurse /doctor notes received no revisions. Other revisions in each section are as follows;

- Simplification of patients' details based on Thai Medical record for Emergency and Disaster
 - In "Hazards (if any)" section, mechanism of injury e.g. traffic injury, falling etc. is added.
 - In "Chief Complaint" section, replace boxes of conditions to free form space.
 - In "Investigation, Management, and Procedure" sections, replace boxes of conditions to free form space.
 - In "Disposition" Section, add Discharge home or shelter > go to 32-33.
 - In "Disaster related", disaggregate the section into "Follow up, Outcome, and context" and refer completion to the left side (Procedure and Outcome).
23. The up-coming schedule to address Medical Record form are; distribution of the revised version for PWG1 members for their reviews on 30th April, deadline for feedback submission on 31st May and, feedback received from PWG1 meeting in June 2018. This Medical Record Form is subjected to the test in the next RCD received other rounds of revision. The full revision details and presentation on Medical Record is presented as **ANNEX X**.

XI. Wrap Up and Way Forward

24. ASEAN Secretariat Representative kindly delivered the 5th PWG1 meeting wrap-up messages and way forwards. The conclusions are drawn to the following contents discussed in the meeting;
- The progress in the implementation of the project, and achievement of project outputs was noted;
 - The project activities scheduled in 2018 and 2019 were presented and agreed;
 - The committee on the conduct of Second Regional Collaboration Drill was discussed;
 - The focus of the next AMS Training will focus on EMT Coordination Cell, including communication and management was presented and agreed;
 - The plan of Philippines in the hosting of the Third Regional Collaboration Drill in December 2018 in Manila, Philippine;
 - The Third RCD and Related Meetings agreed to be held on 3-7 December 2018;
 - The Third Regional Collaboration Drill was agreed on the proposed concept and design;
 - The possibility of organising a meeting of PWG 1 to finalise detailed plan for the upcoming drill was discussed;
 - The proposed Plan of Action to implement the ALD on DHM, and the Regional Coordination Committee (RCC) on DHM was presented by Thailand, Lead Country for the ALD on DHM;
 - The documents and further discussion were presented during the Third Meeting of RCC, ARCH Project, on 30 March 2018;
 - The proposed revisions of the draft SOP based on experiences from the Second RCD were agreed;
 - The report on the development of the forms for the database of EMT in ASEAN, and the on-going data collection were noted;
 - The report of the ARCH Project Team in the development of Minimum Requirements and qualification for members of EMT, and proposed revisions were noted;
 - The proposed revisions of the HNA form based on feedback from the Second Regional Collaboration Drill were noted and agreed upon;
 - The presentation of ARCH Project Team on the proposed revisions of the medical record form based on feedback from the Second RCD was noted;

25. The ARCH Project Team will produce updated versions of the draft regional collaboration tools, incorporating agreements from the Meeting, and circulate to PWG 1 Members through ASEAN Secretariat by 20 April 2018. The PWG 1 Members will review and provide further feedbacks to the tools by 14 May 2018. The PWG 1 Members will also facilitate the submission of data/information for the Database of EMT in ASEAN by 14 May 2018. The revised tools will be further discussed during the Sixth Meeting of PWG 1 tentatively scheduled in June 2018. It is to note that the revised tools produced by the 6th Meeting of PWG 1 will be tested during the Third RCD on 3-5 December 2018 in the Philippines. The presentation of this section on way forward and conclusion is in **ANNEX XI**
26. Closing Remarks were delivered by the meeting co-chair The meeting Chair, Dr. Jirot Sindhvananda expressed appreciation in active participation of PWG1 meeting by ASEAN Member State delegates, JICA, ASEAN Secretariat, Japanese Advisory Committee, Department of Disaster Prevention and Mitigation (DDPM) Thailand, and the ARCH Project team. This 5th PWG 1 meeting has come to an end but the Project Team and members will continue their work in refining the Regional Collaboration Tools in their own capacities before meeting again in the next meeting in June 2018. The chair declared the 5th PWG 1 meeting close.

6th Project Working Group (PWG) 1

Conclusions and Ways Forward

Sixth Meeting of Project Working Group 1 on Regional Collaboration Tools

Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project) 5-6 July 2018 | Bangkok, Thailand

1. Relevant Updates on Disaster Management and Humanitarian Assistance Matters in the ASEAN

- The Meeting noted the updates from ASEAN Secretariat on recent meetings and events related to disaster management and humanitarian assistance, which highlighted on outcomes that have implications to the ASEAN Health Sector and the work of Project Working Group 1.
- The Meeting also noted the processes and timelines for the development, consultation and endorsement of the Plan of Action for the implementation of the ASEAN Leaders Declaration on Disaster Health Management (ALD on DHM).

2. JICA's Perspective for ARCH Project and Forward

- The Meeting noted the presentation from the Japan International Cooperation Agency (JICA) which included/stressed on the following:
 - The designation of a chief adviser to facilitate discussions on the future vision of the ASEAN regional collaboration on disaster health management, particularly on the completion of the current project and its transition to the next stage, and on the continuation of efforts towards the establishments of functional and sustainable regional mechanism on DHM.
 - The current considerations and perceived challenges as the three-year ARCH Project moves toward completion in July 2019:
 - Difficulties in meeting some elements of the WHO EMT Initiative minimum standards, especially in the area of logistics.
 - Need for continuous improvement of outputs of the ARCH Project to ensure they are functional and could be applied in actual disaster response in the region.
 - Sustaining activities such as regional coordination through the regional coordination committee, drills and trainings after the project period.
 - To sustain efforts for strengthening disaster health management in ASEAN, the following were proposed:
 - Explore the development of ASEAN regional standards, requirements or pre-arrangements for some elements of WHO EMT Initiative minimum standards which are perceived difficult to meet or fulfilled by ASEAN Member States.
 - Ensure sustainability of activities and outputs, taking the opportunity of heightened commitment in ASEAN through the adoption of ALD on DHM, and the development and implementation of its Plan of Action.
 - Consider the identification of outstanding priorities that need to be realised in the current phase of the ARCH Project for potential consideration of JICA.

3. Progress of Regional Collaboration Tools Development

- The Meeting noted the report of ARCH Project on the on-going further development and revision processes of the regional collaboration tools, including inputs to data collection of the Database of EMT in ASEAN.
 - The ARCH Project Team also reminded the Meeting the submission of completed Database of EMT in ASEAN, as at the moment the Team only received three responses.
- The Meeting also noted the steps in the finalisation of the regional collaboration tools, including their testing in the third regional collaboration drill in December 2018 in the Philippines.

4. Plan of Action in the Implementation of ASEAN Leaders' Declaration on Disaster Health Management

- The Meeting noted the update from Lead Country Thailand on the progress in the development of the components of the draft Plan of Action, including the consultation and endorsement processes conducted so far. The Meeting proceeded in reviewing the new sections of the draft POA.

4.1. Regional Coordination Committee on Disaster Health Management (RCC)

- The Meeting exchanged views on the draft Terms of Reference of the RCC, and subsequently agreed on the following:
 - The Chair of the RCC will be appointed from among the current members of the committee, consisting of representatives from AMS, and which will be rotated following the two-year chairpersonship tenure of the ASEAN Health Cluster 2.
 - The host country for official meetings of the RCC will be rotated annually on an alphabetical order. In cases where the incoming host is not in a position to serve as host, the next AMS in the alphabetical order will serve as host country.
 - The designation of a permanent secretariat that will be hosted by a willing AMS to support the RCC, and with defined roles and responsibilities.
 - The changing of the mandate and function of the RCC from the organisation of drills to the provision of policy and technical guidance.
 - The expansion of the mandate and function of the RCC to include policy and strategic guidance and oversight to the ASEAN Institute for Disaster Health Management by serving as the Board of Directors.
 - The inclusion and/or further definition in the document:
 - o Profiles or background of committee members, consisting of primary and alternate representatives from AMS, including the key roles and responsibilities of the chair and members of the committee.
 - o The frequency and method in the conduct of official RCC meetings.
 - o The cost-sharing mechanism in the conduct of RCC meetings.

4.2. ASEAN Institute for Disaster Medicine (AIDM)

- The Meeting exchanged views on the draft Terms of Reference of the proposed institution, and subsequently agreed on the following:
 - Adopt **ASEAN Institute for Disaster Health Management (AIDHM)** as the name of the institution to reflect what has been stipulated in the adopted ALD on DHM, and its proposed mandate and function which is broader than trainings.
 - Designate the RCC (DHM) as the AIDHM Board of Directors, instead of creating another body, to simplify and streamline the mechanisms proposed to lead the implementation of the ALD on DHM.
 - The organisational structure of the AIDHM Office, including recruitment and management of human resources, will be determined by the Host Country.
 - The expansion of the mandate and functions of AIDHM to include conduct of simulation exercises and drills.

4.3. POA Targets by 2025

- The Meeting exchanged views on the proposed POA targets which were categorised as regional and national targets, with regional targets further grouped into RCC, regional collaboration tools and AIDHM. The Meeting subsequently agreed on the following:
 - Delete proposed targets 1-3, and 10 as these are activities.
 - Group related targets, such as those related to SOP or trainings.

5. Plans for the Third Regional Collaboration Drill (RCD) in the Philippines.

- The Meeting noted the objectives, design and programme of the three-day Drill. The Meeting exchanged views and agreed on the following:
 - Philippines will work with AHA Centre for the preparation of the (virtual) exercise components scheduled on 29-30 November 2018 that will involve AMS National Disaster Management Offices (NDMO). Philippines and AHA Centre, through ASEAN Secretariat, will update the PWG 1 on the plan and next steps for the virtual component by end of July.
 - Philippines will share the exercise scenario to AHA Centre in consideration of the recently-adopted SOP for the Joint Operations and Coordination Centre of ASEAN (JOCCA) to explore the possibility of including the SOP in the drill.
 - AHA Centre will internally consult on the provision of access of AMS ARCH Project contact points to the Web-based Emergency Operations Centre (WebEOC) for the effective execution of the virtual component of the Drill.
 - AHA Centre will inform NDMO on the upcoming RCD during the planning meeting on 10-12 July 2018 in Indonesia for the ASEAN Regional Disaster Emergency Response Simulation Exercise (ARDEX).
 - Philippines will also setup a dedicated e-mail account for Drill-related technical communication/discussions among the PWG 1.

- The Philippines stressed their request for the early confirmation/submission of AMS participants, including photos, a month before the conduct of the drill.

6. Next steps.

- Lead Country Thailand will produce a revised version of the POA for the implementation of the ALD on DHM with the endorsed TOR of RCC and AIDHM and submit to ASEAN Secretariat by 15 July 2018.
- ASEAN Secretariat will circulate the revised POA (ALD on DHM) to the RCC/ARCH Project and subsequently to ASEAN Health Cluster 2 for their review and endorsement.
- Lead Country Thailand will report the progress of the ARCH Project implementation and POA (ALD on DHM) development during the Fourth Meeting of ASEAN Health Cluster 2 scheduled in the third week of August 2018 in Myanmar. Thailand requested PWG 1 Members to continue national internal discussions, particularly with their RCC/ARCH Project members/representatives, Country Coordinators of ASEAN Health Cluster 2 and Contact Points of Health Priority 12 on Disaster Health Management.

XXX

7th Project Working Group (PWG) 1

3.1. Project Working Group 1 on Regional Collaboration Tools

a. *Standard Operating Procedure for the Coordination of EMT in the ASEAN*

- The revisions on paragraph 18 and paragraph 21 were shared by the ARCH Project Team to the PWG 1 contact points for feedback or consideration. The revisions in paragraph 21 which articulates “??”, were accepted by the meeting. However, the paragraph 18 in reference to paragraph 17 (as reflective of the current SASOP) was revised to articulate the need for advancing information or informal communication between MoH ahead of time while the process of acceptance or approval is being conducted from NDMO of affected or requesting country to NDMO of assisting country. The SOP appears as **Annex 3**.

1 | Conclusions and Ways Forward, Joint Meeting of PWG 1 and PWG 2, ARCH Project, 6 December 2018, Makati City.

- The Meeting agreed to the newly revised versions. As a way forward, the SOP for the Coordination of EMT in ASEAN will be elevated to ASEAN Health Cluster 2 and SOMHD for endorsement. After which, the endorsed SOP will be shared with ASEAN Committee on Disaster Management (ACDM) through a letter from the AHMM/SOMHD Chair Cambodia.

b. Database and Minimum Requirements

- The current version of the Minimum Requirements was presented by the ARCH Project Team, which appear as **Annex 4**. This was approved by the PWG 1 in its current form.
- The Meeting exchanged views regarding the mobilization and deployment of EMTs and their verification by WHO as deployable. It was recommended that receiving or requesting AMS will utilize their own national standards as basis for acceptance if offered assistance including EMTs.
- In reference to the capacity building of individual members of EMT from Tier 1 to Tier 3, and in the context of its implementation, the Meeting noted the need to have a collective training activity in complying with the minimum requirements to level the understanding of the EMT members.
- It was also noted by the Meeting that the minimum requirements can also be based on the three countries in ASEAN that have the potential to experience large-scale disasters. These are Indonesia, Myanmar and Philippines.
- The Meeting was also informed about the Database. It was shared that the module 3 of the List of Modules of the Standby Arrangements of the AJDRP could contain or include the submitted names of the Database per AMS through their respective NDMOs.

c. Health Needs Assessment and Medical Record Forms

- The ARCH Project Team presented the updates regarding these tools, which appear as **Annex 5**. The Meeting accepted, in its current form, the tools on HNA and MRF.
- It was emphasized that the HNA document is not a rapid assessment tool. Instead, the HNA will be utilized to determine and identify needs that require more extensive intervention complementing the initial medical services during the acute phase.
- It was also emphasized and shared in the Meeting that the EMT composition may need to include an expert on public health which can complement that medical expertise in the EMT and facilitate the accomplishment of the HNA. The Meeting noted the possibility of an EMT with a public health component or member, and considered this to be a possible ASEAN model.

- With regard to the medical forms, it was recommended that a specific set of instructions or guidelines be included to guide the accomplishment of the form.

Project Working Group (PWG) 2

EVENT	DATE	PLACE	PARTICIPANTS	AGENDA
1 st PWG 2	20 January 2017	Bangkok, Thailand	(29) ASEAN Member States, ASEAN Secretariat, JICA, Project Team, and other related organizations	1) Overview of PWG 2 2) Overview of Training Programs for AMS 3) Detailed Plan of the First Training for AMS 4) Selection Criteria for Trainees 5) Preparation for the 1st AMS Training 6) Themes of the 2nd, 3rd, and 4th AMS Training
2 nd PWG 2	20 July 2017	Phuket, Thailand	(33) ASEAN Member States, ASEAN Secretariat, JICA, Project Team, and other related organizations	1) Report on the First AMS Training 2) Participants' Feedbacks from the First AMS Training 3) Plan for the Second AMS Training 4) Presentation on Plan for AMS Training 5) Proposed Plan for the Second AMS Training 6) Plan of Upcoming Activities of PWG 2
3 rd PWG 2	9 November 2017	Bangkok, Thailand	(42) ASEAN Member States, ASEAN Secretariat, JICA, Project Team, and other related organizations	1) Report on the 2nd AMS Training 2) Theme of the 3rd and 4th AMS Training 3) Vision and Roadmap of Capacity Building/ Training in Disaster Health Management in ASEAN "Regional Disaster Health Training Center" 4) Group Discussion: Vision and Roadmap of Capacity Building/ Training in Disaster Health Management in ASEAN
4 th PWG 2	29 March 2018	Da Nang, Viet Nam	(34) ASEAN Member States, ASEAN Secretariat, JICA, Project Team, and other related organizations	1) Input from the 2nd Regional Collaboration Drill 2) Planning of the 3rd AMS Training in May (On I-EMT) 3) Plan for the 4th AMS Training 4) Training and Study Tour for AMS in Japan 5) Implementation of ASEAN leader Declaration on DHM: Training Center
5 th PWG 2	6 December 2018	Manila, Philippines	(36) ASEAN Member States, ASEAN Secretariat, AHA Centre, JICA, and Project Team	1) Highlights and Outcomes of the 3rd AMS Training 2) Highlights and Outcomes of the Japan Study Visit for AMS 3) Draft Standard Training Curriculum for I-EMT (Lessons Learned from 1st-3rd AMS Trainings) 4) Updates on the 4th AMS Training - EMTCC Training

1st Project Working Group (PWG) 2

6. First PWG 2 Meeting

(1) Introduction of PWG 2 Members

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

(2) Overview of PWG 2

Dr. Narain Chogirosniramt 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 (1 year)	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.

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:

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XVII. THE SECOND PWG 2 MEETING

a. Introduction

22. Dr.Narain Chogirosniramit, the chair greeted all participants of the second meeting of PWG 2. He reiterated program and agenda of the meeting as for; 1) to share the outcomes and feedback of the first AMS Training in May 2017, 2) to discuss and agree on the plan of the second AMS Training in November 2017, and 3) to discuss and agree on the revised plan of upcoming meeting of PWG 2. The presentation document can be referred to in ANNEX XVIII.

b. Report on the First AMS Training

23. Dr.Narain Chogirosniramit began the session with a review of the first AMS Training in Chiang Mai, Thailand between from 22 to 26 May 2017. Twenty five (25) participants were engaged and lecturers were invited from Indonesia, Malaysia, Philippines, Singapore, Thailand, Vietnam and Japan. The presentation can be referred to in ANNEX XIX.
24. Day 1 offered a chance for each AMS to introduce the current system of human resource development on disaster health management, both pre-service and continuing professional development (CPD). Day 2 involved the discussion on best practices in both pre-service training and CPD. On Day 3, the current CPD system of Japan was introduced and an educational simulation game in the form of TTX called "Thai Sim" was executed. The entire Day 4 was dedicated to a site visit at Faculty of Medicine, Chiang Mai University. Sessions on the last day were workshop on the "standardized" training/knowledge in disaster health management for both the national level of each AMS and the regional level. Course evaluation was carried out by the end of the session.
25. Dr.Narain Chogirosniramit explained the objectives of the first AMS training. The objectives were set as; 1) To understand the current training system for human resource development in disaster health management; 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; 4) To identify the priority areas in each country for planning effective human resource development program to strengthen capacity of AMS on disaster health management; and 5) To understand how to set up the training system on disaster health management system.

a. Highlights of each training days

26. The highlighted activities and training content of each day included the following;

Day 1: A presentation from each AMS on current training system in DHM and challenges within the country received a positive feedback from participants in term of experience sharing.

Day 2: Presentations on Best Practices in Pre-service Training and CPD in ASEAN were carried out with lecturers invited from 5 different countries on 5 interesting topics, namely;

- Indonesia: Disaster Management for Health Cluster Faculties in University of Indonesia

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- Malaysia: Advanced Diploma in Emergency Care
- Philippines: Country Adaptation of the ADPCs PHEMAP Training
- Singapore: EMS and EMT Training in Singapore Civil Defence Force
- Viet Nam: Basic Public Health and Emergency Management Course for Bachelor of Public Health Students

Day 3: In the morning session, lectures on CPD in Japan were presented by 3 presenters, focusing on human resource development for disaster medicine, disaster nursing and the role of Japanese Disaster Medical Assistance Team (DMAT).

In the afternoon, a tabletop exercise relating to CPD in Thailand called "Thai Sim" was conducted with assistance from Thai Side. This educational game aimed for the participants to learn about real time disaster management. The session received a positive feedback from all participants such as acknowledgement on differences among AMS in managing disaster medicine and better understanding on the procedures during disaster response.

Day 4: Participants paid a visit to Faculty of Medicine, Chiang Mai University. Three main topics focused on the day were 1) Disaster preparedness for Earthquake in Chiang Mai 2) Drill 2017 for mass emergency response in Maharaj Nakorn Chiang Mai hospital 3) Visit Emergency Care Room.

Day 5: In the morning, there were two discussions. Firstly, discussion was held by country to answer whether they got some new idea during this AMS Training and how to apply those newly-acquired in each country. Then, a following discussion was divided into 4 groups (by profession) to attempt to answer whether it is necessary to establish the common module in ASEAN for human resource development in DHM. All groups addressed the necessity to establish the common module in ASEAN.

c. Participants' Feedbacks from the first AMS Training

27. The number of respondents to the questionnaire survey of the first AMS training was 19 out of 25 participants. The results are as indicated below. For extensive detail, please refer to **ANNEX XX**.
28. Main responses from the evaluation on program output are as followed; 1) good sharing experiences among AMS 2) valuable chance to learn how to conduct DHM course as well as develop curriculum, certification system and skill standard. Nevertheless, there were some participants who still did not fully understand about the training system and need further clarification on the subject.
29. On program design, the feedbacks were as followed; 1) the design of training course was appropriate to achieve the course objectives 2) the length of the training was appropriate with some disagreement that the course was a little too long 3) the number of participants was appropriate 4) the course allowed each member to have enough direct experiences such as site visit and practices. However, 3 from 19 participants felt the opportunities were a little too few. 5) Almost all of

participants had enough opportunities to participate actively. 6) All participant saw the quality of the lectures was good enough to understand clearly.

30. Requests for the second AMS Training were made on 1) modified or simplified version of DMAT or MERT training 2) the next training should focus on how to develop EMT and train them 3) AMS must possess useful tools, skill and knowledge needed for EMT responding to a disaster in other country 4) AMS should focus on the most feasible goal. That is for each AMS to have at least one Type 1 mobile team or Type 1 fixed team that could respond both in the local setting and in international deployment. 5) Database, logistic deployment plan, and standardized DTM must be developed. And lastly, 6) participants of the second AMS training should consist of medical team, EMT team leader, same participants as the first AMS Training (for continuity in action), developer of EMT (for proper guidance), and more doctors and nurses who work directly in DHM.
31. The feedback included important suggestions such as developing clear objectives on scope of training before the implementation such as setting a focus on acute or delayed phase.
- d. Plan for the Second AMS Training**
32. Ms. Junko Sato began with the session's objectives that were to discuss and agree on the detailed plan, as well as to share the schedule of the second AMS training in November 2017. She restated the overall goal of the AMS training and expected the national capacity would be strengthened after the completion of all four trainings. The presentation and reference documents can be referred to in ANNEX XXI.
33. Proposed dates of the second training will be November 5th – 8th, 2017. All participants are asked to share any objections before the confirmation. This upcoming event will consist of 4, instead of 5 training days and the 5th day will be dedicated to the third PWG2 meeting. The venue will in Bangkok, Thailand and there will be 3 representatives from each AMS.
34. The theme of the training will be on Capacity Development of Emergency Medical Team with a special focus on "On-site Team Management". There are 4 tentative objectives as followed; 1) To understand what EMT is expected to do when deployed to disaster area 2) To get knowledge and skills required for team management when deployed 3) To learn the training system of EMT and 4) To evaluate this training course as a first step for standardized ASEAN EMT Training. Since there was no standard training mojo in ASEAN for DHM, all participants from the first AMS training agreed to have a standardized version of the training program.
35. Representatives from the Philippines suggested to add competency into 2) objectives to build an effective domain for right directions of disaster management. Targeted participants from each AMS, in principle, consist of 1 doctor, 1 nurse and 1 paramedic. Due to differences among AMS, it is ultimately up to the countries to choose their representatives. Preferably, there should be at least 1 person who can train EMT in each team (e.g person who completed the initial. Selection criteria of each attendance are as followed; 1) At least 3 years' experience on DHM and emergency medical

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- system, 2) At least Bachelor's degree holder in health sector, 3) Good command of spoken and written English, 4) Must attend all 4-day-training program, 5) To be under 55 years of age, and 6) Use for non-military purpose.
- Current duties: The Philippines suggested to specify the exact role of each participants from AMS to get different perspectives i.e. 1 team leader (to set directions), 1 team member, 1 actual deployment person. Agreed by other AMS, selection criteria should rather not be based on profession, but on actual responsibility. Language skill of nurses and paramedics in some AMS can be the barrier of training. Thailand added that good English proficiency of each participant must be compulsory.
 - Educational background: In some AMS, nurses and paramedics may not obtain bachelor degree. Thus, the agreement was made to have at least one of the three members, who holds a bachelor degree. Malaysia suggested to add the word, "Preferable" into the selection criteria to have more flexibility for each AMS condition.
 - Age: Singapore disagreed with age criteria as it is a form of discrimination. Putting "preferable" would be a good solution on this issue.
 - Use for non-military purpose: ASEAN secretariat required on clarification of the use for non-military purpose. The chairperson explained that this is the requirement from JICA that all trainings and developments will not be used in the military purpose. The agreement was made to rephrase it to be non-military personnel.
36. In sum, the chairperson suggested to divide the selection criteria into 2 categories as;
- Compulsory: Good language skills, Attendance must attend the entire 4-day-training, Non-military personnel
 - Preferable: Current duties (and profession), Educational background, Under the age of 55
37. Before the morning session ended, group discussion was separated into 3 groups and each one Japanese advisory committee member joined in each group namely;
- Group A: Indonesia, Philippines, Thailand
 - Group B: Brunei, Malaysia, Singapore
 - Group C: Cambodia, Lao PDR, Myanmar, Viet Nam
38. The objectives were to discuss possible topics for the second AMS Training and the outline of tentative program with the main theme of team management capacity. Each group must select one presenter, one facilitator and one note taker for the upcoming presentation.

e. **Presentation on Plan for AMS Training**

39. The proposed plan by each group is summarized as follows:

GROUP C: Cambodia, Lao PDR, Myanmar, Viet Nam

The proposed plan was separated into two categories; skills and knowledge and practice. Despite some disagreement among group members; Group C produced the summary as follows:

Table: Training Topics on Skill and knowledge

No.	Topics	Duration (hours)
1	On-site assessment (Situation analysis, health need assessment)	1
2	Emergency practical skills (the 3T – Triage, Treatment & Transport)	2
3	Team management skills (Leadership, team building)	1
4	Safety & Security	1
5	Documentary management skills (Recording, reporting and analysis)	2
6	Communication equipment use	1
7	Coordination and collaboration	1
8	Supplies & Logistics Preparedness	2
9	Survival skills in the affected areas	1
Total		12

For practical aspect, Group C emphasized on the practice of 3"T" Simulation, Communication Equipment Use, Reporting (standard form), Coordination (among team members and among different teams), Field Visit (EMS Center) and Tenting or Camping. Each topic takes approximately 20 minutes.

GROUP B: Brunei, Malaysia, Singapore

The proposed plan was brainstormed through the major medical events and incident activation process of each AMS of group B. The presenter proposed different topics on skill and knowledge requirement to be lectured during the morning sessions of Day 2 and Day 3, while the afternoon sessions of both days will be dedicated on tabletop exercises. Day 4 will see a simulation on disaster management. Details of Group B discussion are as follows:

Day 2: Morning lecture will focus on 1) Activation and response when disaster occurs, focusing on domestic disaster 2) Roles of medical team consisting of doctor, nurse and paramedics as well as leadership assignment 3) Preparation of medical team on physical equipment and psychological condition and 4) Reporting on disaster site. Lecture on each topic will take approximately 30 minutes.

In the afternoon session, the first 2 hours will focus on putting skill and knowledge from the AM session into tabletop exercise such as activation and response when domestic disaster occurs, deployment of medical teams and reporting from the site. The last hour of the session will be a class lecture on radio communication and actual demonstration on how to use the walkie-talkie radio device.

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Day 3: Morning lectures will focus on On-site Process, or CSCATTT concept (Command and Control, Safety, Communication, Assessment, Triage, Treatment, Transport) Skill stations will be conducted in the first 2 hours of afternoon session with 25 minutes in each session. Topics are as followed; 1) radio communication 2) field triage 3) patient assessment and treatment 4) medical record (documentation). Afterwards, the table-top exercise will focus on evacuation process of the patients.

Day 4: A huge simulation will be conducted, which allows participants to apply the skills and knowledge from the first two days into practice. Training members will be divided into groups and participate in the simulation as a whole scenario.

GROUP A: Indonesia, Philippines, Thailand

Day 1: In addition to the topics that have been mentioned in the outline, Group A members suggested to add some other topics such as legal basis for EMT, ICS country adaptation, EMT-based structure/organization, and example of practice (drill, exercise, tabletop and simulation). The objectives are to learn from the experience of each AMS, and to prioritize on fundamental sessions. Each AMS will have 10 minutes for presentation, and 5 minutes of Q&A session. Facilitators will synthesize and summarize after all presentations.

Day 2 and Day 3: The focus will be on EMT management for on-site team deployment. Mission is defined for each EMT on what to do and how to deploy. The discussion is summarized into the following table.

Table: Summary of Proposed Curriculum

Curriculum	Reason
Definition, mission/objective of EMT	• To define for each EMT on what to do and how to deploy.
Team dynamics	
• Team Composition/ Team Building	<ul style="list-style-type: none"> • To put an order on EMT deployment in a given scenario (which team goes first, next and last) • To support communication among team members and among different teams
• Competencies – Basic Knowledge, Skills, attitude each EMT member (Interpersonal Skills)	<ul style="list-style-type: none"> • To identify appropriate team with specific skills to match the need during the actual disaster • To prevent conflicts that may arise due to lack of interpersonal skills
• Roles and Responsibilities	• To determine team leader and roles/responsibility of each EMT member.
Guidelines and procedures for team deployment including safety, security, welfare of the team	• To emphasize on step-by-step procedure on team organization and deployment, by following checklists

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Curriculum	Reason
Basic principles on the various systems for team deployment	
• Information Management System	• To ensure team members know what, when, how and to whom to report to, during the deployment.
• MCI Management: Cs = command + control, coordination, communication, and collaboration • 3 Ts = Triage, Treatment, and Transport	• To ensure familiarity on the MCI Management for all EMT members
• Logistic management system	• To identify minimum requirement for deployment during disaster to be self-sufficient and self-reliant
• Code alert system	• To determine the best time to deploy
Post deployment evaluation (including PFA)	• To evaluate on how well the EMT responded in the event and to identify strength, weakness and suggestion for protocol development and improvement
Scenario building	• To train participants on how to conduct future training

Day 4: Both morning and afternoon sessions will focus on the application of acquired skill and knowledge into practice on how to manage scenario, and to decide which type of EMT to be deployed. The sessions' emphasis is on basic principles in responding to special situation. Then, advance deployment procedures will be in play. For example, CBRNE, outbreak/epidemics, emerging or re-emerging infection disease.

40. After presentations of all group were completed, suggestions and comments were made;

- Many similar topics were found among the suggestions from all the three groups such as team management skill and preparation of medical team.
- ASEAN secretariat representative though the presentations from three groups were very comprehensive and questioned whether the participant tended to focus more on response aspect, rather than team building aspect.
- Team preparation should include both physical aspect (person equipment) and psychological aspect (stress coping).

f. Proposed Plan for the Second AMS Training

41. After the break, Dr. Chogirosniramit proposed the draft topics to be lectured/ discussed during the second AMS Training as shown in the following table.

Table: Summary of Proposed Draft Training Programme

Days	Topics
Day 2	<ol style="list-style-type: none"> 1. Definition/ mission / objective of EMT Role of the medical team: leadership, composition and responsibility 2. Preparation of the medical team: equipment, competency building, psychological preparation 3. Activation and response: deployment of the medical team On-site assessment (situation analysis, health need assessment) 4. Supplies and logistic preparation 5. Documentary management skill (recording, reporting and analysis)

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Days	Topics		
	6. Security: survival skill, welfare of the team, PFA (Psychological first aids to the responder and community)		
	7. Management of dead and missing person CBRNE (Scenario based)		
Day 3	1. CSCATTT concept		
	C - Command and control	C - Communication	T – Triage
	S - Safety	A - Assessment	T - Treatment
			T- Transport
	2. Practice		
	1) Communication tools (Radio: How to talk)	4) Transportation/referral/coordination	
	2) Field triage	5) Tenting (Shelter)	
	3) Documentation (Forms)		
Day 4	Morning session: simulation day		
	Afternoon session: after-action review (AAR) and wrap-up		

42. Some comments and suggestions were made for adjusting the proposed plan of the second AMS Training.

- Some of the proposed lectures should be conducted as scenario-based discussion, due to limited attention span from long lecture session.
- Transportation should end with referral because you need to transfer in the end.
- Suggested topics for Day 1 training will be assessed and the final schedule of Day 1 will be sent to participants for review/approval.
- Representative from Brunei stressed the importance of radio communication as necessary skills to be learned and practice (how to identify yourself and address the matter) to avoid radio jam during disaster event.
- Post-incident evaluation should be conducted at the end of day 4.

g. Plan of Upcoming Activities of PWG 2

43. Ms. Sato informed the objective of the session, which is to discuss and agree on the proposed/revised plan of PWG2 activities. There were two agenda as for; 1) AMS Training and 2) PWG2 Meeting.

- 1) AMS Training: 1st Training: May 2017 (completed)
2nd Training: November 2017
3rd Training: May 2018
4th Training: November 2018

The theme of the second AMS Training is on capacity development of emergency medical team. While initially the theme of the third AMS Training was on capacity development of government, it has not been confirmed as the theme can be amended based on the output of second AMS

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The Meetings of PWG1 and PWG2 (20 July 2017)*

Training. The theme of the fourth AMS Training will be discussed in the third PWG2 meeting. The presentation can be referred in ANNEX XXII.

2) PWG2 Meeting

Ms. Sato proposed to add two more PWG2 meetings (five in total) and to change Day 5 of the second AMS Training (conducted on November 2017) to be the third PWG2 meeting. There was no objection on the two additional meetings.

XVIII. SUMMARY OF DISCUSSIONS AND AGREEMENTS

44. Dr. Chogirosniramit wrapped up the second PWG2 Meeting. Main discussions included participant introduction, feedback on first AMS training, group discussion for 2.5-day programme (Day 2, 3 and 4) in the second AMS training to be held from 5 to 8 November 2017, and finalizing date of the third meeting of PGW 2 on 9 November 2017. The Project Team will finalize the schedule and name of the lecturers, before sending to participants for approval. The invitation letters of the above events will be separated because participants of the training and the meeting are not the same persons. The Invitations of the third meeting of PWG 2 and the second AMS training will be sent around 8 weeks before the event. Lastly, Dr. Chogirosniramit closed the meeting and showed appreciation to all participants.

3rd Project Working Group (PWG) 2

3RD PROJECT WORKING GROUP 2 MEETING

PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT (ARCH PROJECT)

09 NOVEMBER 2017

GRANDE CENTER POINT HOTEL PLOENCHIT, BANGKOK, THAILAND

I. WELCOME REMARK

Mr. Masato Koinuma, Senior Representative of JICA Thailand greeted all participants of the 3rd Project Working Group (PWG) 2 meeting and expressed his gratitude for their kind participation in the event. The participants of the meeting involved; 2 representatives from each AMS (namely; Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Singapore, Thailand and Viet Nam), representatives of ASEAN Secretariat, JICA, NIEM and Japanese experts. Mr. Koinuma believed that the continuity of support for ARCH project from all related individuals/agencies and will lead to the achievement of the goal. Finally, according to the ongoing flooding incidences in some AMS such as Thailand, Malaysia, and the Philippines, Mr. Koinuma took this opportunity to offer his sincere empathy for the affected countries and best wishes for the situation to return to normalcy soon.

II. INTRODUCTION

Dr. Narain Chotirosniramit, Head of Trauma and Critical Care Unit, Emergency Medicine Department, Faculty of Medicine, Chiang Mai University, Thailand requested each participant to introduce oneself to the meeting with name, affiliated agency, and country of origin in clockwise direction. Then the objectives of the 3rd PWG2 meeting were explained as followed; (1) to share the outcome and feedback of 2nd AMS training, (2) to agree on the theme of 3rd and 4th AMS training, (3) to discuss and agree on the plan of the 3rd AMS training, (4) to discuss on vision and roadmap of capacity building/training in disaster health management (DHM) in ASEAN and lastly (5) to share the upcoming events/activities of PWG2.

III. REPORT ON THE 2ND AMS TRAINING

Ms. Junko Sato, Capacity Development Planning expert of ARCH Project Team, presented a report on the 2nd AMS Training, conducted during November 5th – 8th, 2017 in Bangkok Thailand. In addition to the activity report, participants' feedback and suggestions for the future AMS training program were shared in the meeting. Ms. Sato reiterated the theme of the training as Capacity Development of Emergency Medical Team (EMT) – On-site Team Management. 29 participants from all AMS were attending the training while lecturers were invited from Indonesia, Malaysia, Philippines, Thailand, Japan and AHA centre.

As a stepping stone to achieve the ultimate goal of AMS Training, which is to strengthen national capacity for disaster management, the 2nd AMS training was executed. The course objectives were as followed; (1) to understand what EMT is expected to do when deployed to disaster area, (2) to get the competency to build an effective domain for right directions of disaster management, especially for team management, (3) to share the concept of EMT Response and lastly (4) to evaluate this training course as a first step for the ASEAN standardized EMT training development. Activities covered shown in the below table;

Date	Session	Contents	Remark
Day 1	AM & PM	Country Report on Current Situation of Emergency Response System <ul style="list-style-type: none"> - Emergency Response System - Current Situation of EMT - Quality Assurance - Capacity Development - Challenges in Developing EMT - Follow-up Action after the 1st AMS Training 	<ul style="list-style-type: none"> - Presentation from each AMS gave a clear picture on need and challenges each country faces in developing EMT - The progress on implementation of what was covered in the 1st AMS training from each AMS was appreciated
Day 2	AM	On-site Team Management Focusing on Domestic Disaster Response <ul style="list-style-type: none"> - Definition/mission/objective of EMT - Role of the Medical Team - Preparation of the Medical Team - Activation and Response - On-site Assessment 	<ul style="list-style-type: none"> - These topics were identified as the essential issues from the previous PGW2 meeting. - Advanced efforts in EMT management and EMT response practiced in ASEAN were shared with the participant.
	PM	On-site Team Management Focusing on Domestic Disaster Response <ul style="list-style-type: none"> - Supplies and Logistic Preparation, Satellite - Documentary Management Skill - Security and Safety - Psychological Preparation, PFA 	
Day 3	AM	On-site Team Management <ul style="list-style-type: none"> - CSCATTT Concept - Communication Tools 	<ul style="list-style-type: none"> - CSCATTT concept was a relatively new topic for some AMS. Thus, it was a good opportunity to learn from it. - Radio training session, led by Ms. Tnunay was enjoyed by all trainees due to its active and exciting nature.

	PM	On-site Team Management <ul style="list-style-type: none"> - Field Triage - Transportation/refer/coordination 	<ul style="list-style-type: none"> - Great excitement shown from the participants proved the simulation-type and case-based exercise a good learning method.
Day 4	AM	On-site Team Management <ul style="list-style-type: none"> • Simulation 	<ul style="list-style-type: none"> • Simulation was a scenario-based exercise, designed by Japanese advisory committee members and necessary advice was given by Thai C/Ps..
	PM	On-site Team Management <ul style="list-style-type: none"> • Post Incident Evaluation (AAR) 	<ul style="list-style-type: none"> • The session of AAR was provided by a representative from AHA Center.

At the end of the Day 4's presentation, the questions of whether the participants think their countries need a core curriculum in health management, and which topics/contents should be included in the core curriculum, if needed, were raised for group discussion. Participants unanimously agreed that each AMS needs a core curriculum for disaster health management, and the topics shall be the similar to the 2nd AMS Training course.

Questionnaire: Feedbacks, Suggestions and Challenges

The questionnaire survey was conducted for all AMS participants regarding the 2nd AMS training. According to the results of the survey, the acquired knowledge is useful, simple, and easy to remember and practice as it encompassed the important aspect of the disaster management (e.g. CSCATTT). Practical trainings (e.g. field triage, simulation, radio training) were much enjoyed by the participants. The training equipped all participants with a good direction for organizing oncoming activities, as part of each country's capacity enhancement.

From the questionnaire survey, a large proportion of responders pointed out that more practical trainings, for example simulations and table-top exercises can offer a more-rounded picture of the EMT standard. In addition, it is unanimously agreed that AMS should have a common EMT response system, which complies with the global standard. ASEAN in collaboration with JICA may introduce or establish its own EMT training version. Moreover, for fulfilling the capacity gap among all AMS, the training should increase the number of participants from CLMV countries because they do have little experience and low capacity building regarding EMT and response.

Challenges that AMS are encountering are for example the lack of training experts in the country to conduct disaster management courses and failure on convincing higher authority to invest for this concern. And lastly, quality assurance on disaster response is one of the main concerns because there is no domestic department/agency which is willing and able to supervise EMT response management.

Feedback and Suggestions from the meeting

Japanese advisory committee member suggested that the logistic aspect of the EMT management should be given a considerable attention because there are many related issues and they can be complicated. The Philippines and Indonesia voiced the concern regarding a high standard of WHO's EMT management, which perceived as unachievable for many AMS due to problems such as a lack of resources. To overcome this hurdle, a compilation of ASEAN's EMT standard was encouraged. In addition, Singapore suggested that despite of the comprehensiveness of the training, the success of national EMT management depends on the program initiation, taken by the representatives of each AMS. Therefore, it is important to develop Standard Operation Procedure (SOP) to become a targeted goal for each AMS to make attempts to achieve. And lastly, representatives from ASEAN Secretariat ensured that SOP for EMT management, database system, and minimum requirement for health professional as EMT team members are currently underway as the main tasks of the PWG1.

IV. THEME OF THE 3RD AND 4TH AMS TRAINING

Ms. Junko Sato continued the meeting with the proposal on dates and themes of the 3rd and 4th AMS Training from the ARCH project. The 3rd AMS training is proposed to be convened on May 28th – 31st, 2018 with a theme of international EMT. The main focus will be placed on those who are actually deployed, such as EMT team members and a person in charge of deployment. However, it is difficult to realize final conclusion on the theme and topics, even among the project members. Thus, inputs from all AMS are much needed.

The 4th AMS Training is expected to take place in November 2018 with a theme of effective incident and emergency management, emphasizing on the emergency operation center. Unlike the 3rd Training, the focus group is placed on people who will receive EMT.

Questions, Answers and Suggestions

Lao PDR raised up a question of whether participants of the 3rd AMS Training should be the same persons of the 1st and 2nd AMS Training. Ms. Sato reiterated that this topic is currently in the discussion process and none of the conclusion has been realized. However, the participants might include a person who is in charge of deployment such as MOH and actual deployed person.

Thailand suggested that, for the management, it is easier to have a common ASEAN's EMT standard than different standards in each AMS. Without a clear vision from the related personnel, the way forward will be difficult.

Japanese advisory committee member suggested that since ASEAN has a close proximity from one country to another, the WHO standard is not needed. During the disaster, national EMT can be the first responders and then the international EMT joins the work later on. For such a case, the ASEAN standard is a requirement. Moreover, he added that one of the concerns for the 3rd AMS Training is on the fact that some countries might find it irrelevant to their situation due to many reasons such as lack of resources, if the training's focus is on international EMT.

PLAN FOR THE 3RD AMS TRAINING

Group Discussion

A session of group discussion was conducted to discuss and agree on training needs as well as training outline for the 3rd AMS Training. The topics of discussion were (1) challenges in deploying EMT, especially from the country with experience of deploying EMT internationally, (2) possible topics and resources and (3) target. Participants from all AMS were divided into 2 groups as followed;

Group A: Brunei, Cambodia, Indonesia and Thailand

Group B: Lao PDR, Malaysia, Philippines, Singapore and Viet Nam

Presentation: Group A

Topics	Detail
Challenges in deploying IEMT	<ul style="list-style-type: none"> i. Financial support ii. No standardized EMT Criteria iii. WHO's EMT Criteria is too difficult to meet the standards iv. Deployment decision making on the number of deploying personnel, expertise and background, and Type of EMT v. Time of deployment/response, which involves multiple decision makers, coordination and dynamic process vi. Language barrier, as well as cultural and religious consideration vii. Coordination between I-EMT responders and affected country, which needs to be strengthened.
Topics and Resources	<ul style="list-style-type: none"> i. Comparison between domestic and international EMT definition ii. I-EMT standard criteria iii. Minimum Standard Operation Procedure requirement (to be discussed by PWG1 and SASOP) <ul style="list-style-type: none"> - Manpower - Logistics (equipment) - Administration (reporting/monitoring) - Coordination - Response and evaluation iv. Table-top and simulation exercise of the above-mentioned topics
Target	<ul style="list-style-type: none"> i. The person who decides to deploy I-EMT ii. The person who will be deployed (Team leader/member) iii. Policy maker/ human resources/educator

Presentation: Group B

Topics	Detail
Challenges in deploying IEMT	<ul style="list-style-type: none"> i. Pre-deployment <ul style="list-style-type: none"> - I-EMT's personnel selection criteria - Deployment process and procedure (SOP) - Logistical requirement and standard - Conflict with affiliated agency and employer, due to interrupted ordinary work - Coordination and communication arrangement (security and safety) ii. During deployment <ul style="list-style-type: none"> - Language and cultural barrier - Logistic requirement for I-EMT such as communication, accommodation, food and transportation, etc. - Insurance policy - Registration of I-EMT in the affected country - Safety and Security - Contingency Plan - Local policy - Deployment plan - Reporting for accuracy and precision - Command and control coordination - Exit strategy and waste management (e.g. blood and needles) iii. Post-deployment <ul style="list-style-type: none"> - Lesson learn and documentation - Debriefing
Topics and Resources	<ul style="list-style-type: none"> i. AMS presentation for current situation analysis including, experience sharing, policy and regulation, and gaps ii. Selection criteria for EMT for I-EMT organization iii. Preparation of the I-EMT (JICA) iv. Deployment, including activation process and deactivation process, logistic requirement, and coordination and communication v. Solutions for the challenges during deployment vi. Standard form and documentation vii. Flow Chart of ASEAN's I-EMT mechanism (AHA Center) viii. Experience of PKO during operation, including WHO classification of EMT ix. Experience of JDR, regarding insurance policy, database and financial management x. Survival in austere environment
Target	<ul style="list-style-type: none"> i. MOH ii. Team Leader iii. Logistician

Dr. Narain Chotirosniramitr concluded that the topics do not need to be finalized for now. Due to limited resources, only one certain focus must be placed onto the training, whether it is on

I-EMT deployed persons, or coordinating personnel or the logisticians. Thus, the consensus topics from participants, such as SOP is needed. In response to that, Dr. Silapunt gave an update on the SOP development, which is in now in the feedback evaluation process. Then it will be revised and made into a complete version.

V. VISION AND ROADMAP OF CAPACITY BUILDING/TRAINING IN DISASTER HEALTH MANAGEMENT IN ASEAN “REGIONAL DISASTER HEALTH TRAINING CENTER”

The session was co-lectured by Ms.Fude Takayoshi, who elaborated on the bigger picture of ASEAN’s future regional collaboration, and Dr.Phumin Silapunt, who explained in detail on the steps needed to be taken to achieve such a goal.

Firstly, the structure of ASEAN Disaster Health Management, which consists of PWG1 and PWG2. The former emphasizes on developing SOP, minimum requirement, database and health needs to be used in the disaster management, while the latter focuses more on human resource training and capacity development. The combination of the work from both groups will constitute a regional collaboration mechanism for ASEAN.

The goal of achievement is that the affected country should have effective management to coordinate and support the foreign emergency medical team. To achieve this goal, four areas need to be developed, namely; (1) SOP for I-EMT, (2) National EMTCC training course, (3) MIS of health need assessment, and (4) Preparedness oh hospital and EMS (hospital need to be functioning even in disaster)

ASEAN Leaders’ Declaration on Disaster Health Management will be submitted to the 31st ASEAN SUMMIT on 10th November 2017 in Manila, Philippines. The summary of the Declaration’s key points are as followed;

- (1) Strengthen close coordination and collaboration with relevant ASEAN Sectoral Bodies and other partners.
- (2) Develop SOP for regional collaboration on Disaster Health Management and promote the establishment and coordination of International Emergency Medical Team,
- (3) Develop national SOP and coordinating body for the coordination of I-EMT,
- (4) Strengthen disaster risk-management programme as part of national health systems,
- (5) Promote public and private investment in Disaster Risk Reduction to support the resilience of health system,
- (6) Endeavor to build safe, resilient hospitals and health facilities
- (7) Strengthen active Academic Network among Disaster Health Management Programme,

- (8) Strengthen national and regional capacities in Disaster Health Management, including through the establishment of a Regional Disaster Health Training Center,
- (9) Increase efforts to operationalize financial resources to fill gaps in national responses,
- (10) Call on development partners including all stakeholders and
- (11) Task the concerned ASEAN Sectoral Ministerial Bodies as well as other relevant bodies for monitoring the implementation of the declaration.

VI. GROUP DISCUSSION: VISION AND ROADMAP OF CAPACITY BUILDING/TRAINING IN DISASTER HEALTH MANAGEMENT IN ASEAN

Meeting participants were then requested to participate in a group discussion session, regarding the establishment of a Regional Disaster Health Training Center and designed simulation and joint operations, to increase capacities in Disaster Health Management. The objective of the session is to derive inputs to draft and develop the Plan of Action of the ASEAN Leaders' Declaration on Disaster Health Management. The topics of discussion were as followed; (1) scope of target, (2) selection of methodology alternatives, (3) administration, (4) financial support and (5) content of curriculum. One representative from each AMS joined one group and another joined another group, with both groups discussing on all mentioned topics.

Presentation: Group A

Topics	Detail
Scope of Target	<ul style="list-style-type: none"> i. I-EMT ii. Decision makers / policy makers (including MOH and other stakeholders such as MOFA and academics) iii. Community
Methodology Selection	<ul style="list-style-type: none"> i. Combination of alternative 1 and 2 - Use of e-learning or online learning before going to Regional Training Center - Samples of training methodologies are interactive presentation, drills and simulation exercises, Question and Answer session, role plays, table-top exercises, and administration of pre- and post-test and other training evaluation.
Administration	<ul style="list-style-type: none"> i. Host country to maintain the Regional Training Center
Financial Support	<ul style="list-style-type: none"> i. AMS and external supports, including JICA, WHO, NGOs and non-NGOs are financing the center. ii. AMS should allocate fund for the operationalization of the center. iii. AHA Center – pooled funds
Content of Curriculum	<ul style="list-style-type: none"> i. Objectives and expected outcome of the training ii. Importance and rationale of the training iii. Key content - Basic skills

	<ul style="list-style-type: none"> - Team capacity to respond - Collaborative capacity - Topics related to the hazard, each trainee country is likely to encounter - Adopt modular approach
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Presentation: Group B

Topics	Detail
Scope of Target	<ul style="list-style-type: none"> i. I-EMT (personnel and coordinators) ii. Public health personnel iii. Senior official iv. MHPSS v. WASH
Methodology Selection	<ul style="list-style-type: none"> i. Arranged by Training Center - Curriculum and lecturers or chief instructors ii. AMS - Conduct training - Lecturers from Training Center can be requested
Administration	<ul style="list-style-type: none"> i. Host country manage ii. Co-host manage together iii. Networking with other ASEAN Training Center
Financial Support	<ul style="list-style-type: none"> i. AMS to share expenses with other external source
Content of Curriculum	<ul style="list-style-type: none"> i. Basic individual skills such as intercultural skills, compliance with ICS ii. Team management such as leadership, teamwork and logistics iii. Collaboration capacity training among AMS such as integration with local EMTCC, common SOP, and standardized reporting format iv. Nutrition v. WASH vi. MHPSS

VII. WRAP UP AND WAY FORWARD

Dr.Narain Chotirosniramitr presented the 3rd PWG 2 meeting wrap-up and future schedule to all participants. He started with the agenda of the meeting, which were; (1) to review the 2nd AMS Training, (2) to discuss on the themes for the 3rd and the 4th AMS Training, (3) to constitute a plan for the 3rd AMS Training and (4) to share a Vision and Roadmap of capacity building/ training in disaster health management in ASEAN. All agenda were successfully completed, as a result of the active participations of all related personnel and organization.

4th Project Working Group (PWG) 2

Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management
Progress Report (2)

THE FOURTH PROJECT WORKING GROUP TWO (PWG2) MEETING ON REGIONAL COLLABORATION TOOLS AND CAPACITY DEVELOPMENT

PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT (ARCH PROJECT)

29 March 2018

The Grand Tourane Hotel, Danang City, Vietnam

I. INTRODUCTION

Dr. Nguyen Nhu Lam as the chair of Project Working Group 2 (PWG2) meeting introduced himself, and his co-chair, Dr. Narain Chogirosniramit, greeted participants of the PWG 2 meetings from all ASEAN Member States (AMS) and delegates from ASEAN Secretariat. Dr. Nguyen reiterated the agenda of today's PWG2 meeting as followed; (1) Dissemination of Inputs from the 2nd Regional Coordination Drill (RCD), (2) Planning of the third AMS training in May, focusing on I-EMT, (3) Discussion on the 4th AMS Training, (5) Discussion on the Implementation of ASEAN Leader Declaration on DHM: Training Center, (6) Discussion on Training and Study Tour in Japan, and finally (7) Wrap-up and Way Forward session. The introduction session ended with each AMS team members performing self-introduction.

II. INPUT FROM THE 2ND REGIONAL COLLABORATION DRILL

Dr. Nopmanee Tantivesruangdet, Emergency Physician of Rajavithi Hospital, Bangkok took this opportunity to share with all participants the input from the 2nd RCD, conducted between March 26th-28th, 2018 in Danang City, Vietnam. She began her presentation with a brief introductory explanation about EMT members' minimum requirements and qualifications, as followed; (1) EMT members must undertake field training courses to practice on how to operate within limited resources and emergency context, and (2) EMT members are required to complete pre-registration and theoretical courses such as basic disaster management to enhance knowledge on disaster medicine and EMT operation. EMT membership is categorized into three tiers, namely; (1) TIER I, registered member of EMT, (2) TIER II, ready to be deployed domestically, and (3) TIER III, ready to be deployed to any member states. In order for the EMT of each AMS to qualify for being deployed to other AMS, such an EMT must complete a standardized training course curriculum, including medical treatment (trauma and non-trauma care), intercultural management, resource management, communication skill, health care system in affected country, AADMER, SASOP, SOPs for Coordination of EMTs in ASEAN. Such a curriculum would be developed under the ARCH project.

On March 26th 2018, tabletop exercises were the main activities, which included SOPs for operation Registration and Departure Center (RDC), EMTCC steps before deployment. The form filling included standard forms such as SASOP1, 3, 4, and 7, Exit Report form, Daily report form, Situation Report, Patient Referral Form, and Medical Record Form (MDR). In addition, the orientation on Electronic Minimum Data Sheet (EMDS) was also conducted.

For field exercise on March 27th, 2018, communication failures and gap among the organization for triage and treatment zone were some of the most common issues rose during the session. Moreover, there was a diverse range of knowledge and skill in regard of Health Need Assessment (HNA). During the so-called HNA session, triage was found to be the main problem, as only a small proportion of the participants chose to use triage system, while most of them preferred clinical method. Additionally, triage tag cards usage rate was only at 64%, which was initially expected to be at 100%.

During the After Action Review session, the questionnaire was given to all AMS to gather opinions on which issues are to be included in the EMT training. The survey results reveals that (1) Roles and

Responsibilities for affected country in EMT coordination (100%) and SOPs for EMT coordination (81.82%) were two of the most necessary issues for AMS's EMT training. In addition, the survey reveals that AMS felt the most appropriate channels of training would be (1) Regional Training Program (81.82%) and Regional Training Course with Curriculum (72.73%).

Then, Dr. Kanin Keeratipongpaiboon, Orthopedic Physician from Bangkok Hospital Thailand, continued the session by elaborating on the HNA procedure. As a method for primary data collection used primarily by EMT during the disaster response, HNA helps to identify the vital needs of the affected population and define the need-based response. The information collected from HNA is used to mitigate the crisis impact, precaution for potential health risks and share with local authority and other sectors in disaster response. The consensus among AMS suggested that HNA is non-compulsory and EMTs shall conduct HNA only if they have capacity to do so. Local authority of the receiving country may determine whether EMT shall conduct HNA.

From the drill exercise, there turned out to be some points for improvement regarding on the HNA, such as gap of HNA-related skills and knowledge existing among EMTs. Thus, capacity building can be done through the development of knowledge and skill for HNA and form utilization, as well as acknowledgement about roles and responsibilities of EMT for HNA.

Comments

- Philippines shared their opinion that HNA should be prioritized and other non-medical needs should be assessed too. The Philippines understood that there have been some constraints within AMS, so scoping on what AMS have already got for this particular issue can be much helpful. The Philippines can share the forms and methodology that have been developed. Without HNA, disaster response would not have been this successful.
- Indonesia shared the experience and raised a question whether international EMTs that are deployed to a foreign country should also conduct the HNA, or leave the task to the receiving country and only follow the policy from the host country. Ms. Junko Sato, ARCH expert team added that so far the importance and instruction of HNA have not been discussed. Nonetheless, such matters can be put as one of the topics for the 3rd AMS training.

III. PLANNING OF THE THIRD AMS TRAINING IN MAY (ON I-EMT)

Dr. Narain Chogirosniramit began by reiterating on the objectives of this particular session as; (1) the finalization of the 3rd AMS Training programme and schedule and (2) the finalization of resource persons for the training. Dr. Chogirosniramit referred all the PWG 2 meeting participants to ANNEX 1 for Discussion Points for the 3rd AMS Training, as well as to ANNEX 2 for the Proposed Program for the 3rd AMS Training.

The 3rd AMS Training will be conducted between May 28th-31st, 2018 at Pullman Hotel in Bangkok, Thailand, where each AMS is expected to send 4 participants, including 1 team leader and 3 members. There are 4 main objectives of the 3rd AMS Training, namely; (1) to learn the process and efforts for deploying International- EMT from experienced countries, (2) to understand core/common requirements of I-EMTs during deployment, (3) to understand minimum Pre-Deployment and Post-Deployment Requirements to ensure the requirements during deployment are met, and (4) to understand the role of receiving country/ how receiving country coordinates with I-EMTs.

In terms of participants from AMS, resource persons are to be selected mainly from experienced countries (e.g. I-EMT deploying country), who will be included as one of the four participants from that particular AMS.

Meeting participants from all AMS were requested to separate into two groups to conduct the discussion session on program and topics of the training and possible resources, based on the discussion of the previous PWG 2 meeting and inputs from the 2nd RCD. Group A consisted of representatives from

Brunei, Cambodia, Indonesia, Thailand, and Myanmar while Group B consisted of representatives from Lao PDR, Malaysia, Philippines, Singapore, and Viet Nam.

Ms. Junko Sato added that the reason for putting WHO standard requirement in Day 1 of the 3rd AMS training was because we learned, in November 2017, that many participants did not fully understand WHO standard. There a brief review could be useful for the participants in order to give some thought over, whether the WHO standard would be too hard to achieve, considering each AMS's capacity.

Presentation of Group A

Dr. Phummarin Saelim suggested that as Group A the authority personnel in MOH of each AMS as a target group of the 3rd AMS training in May 2018. Therefore, the discussion was based on the plausible need of those big authority. On Day 1, experienced countries would be divided into two groups, namely; (1) the countries with I-EMT deploying experience consisting of Japan, Malaysia, Thailand, and Philippines and (2) the countries which received aids from other I-EMT, consisting of Indonesia, Myanmar and Philippines. And Group A agreed with the WHO classification, and it should be taught to the participants.

On Day 2, Dr. Lam from Vietnam was invited to talk about the PHEOC training course and Group A realized that such a training would be invaluable for all AMS. However, the group saw it was necessary to add a topic on ASEAN Emergency Operating Center, experienced by Malaysia, which can depict a picture for bio-safety and CBRNE.

On Day 3, Group A realized that the authority personnel do not need to acquire a full knowledge of EMT personal preparation and logistic requirement. Thus, only a brief summary of idea would suffice. On the other hand, according to the experience in the 2nd RCD, form filling forms activities would be beneficial, especially of the SASOP form 1 – 4, and exit form. Such activities would equip them with knowledge on I-EMT deployment mechanism. All topics suggested in the 2nd RCD questionnaire should be included into the content of the 3rd AMS Training.

Day 4 would be spent on after action review, wrap-up session and way forward. Group A had no other comments on this issue.

Presentation of Group B

Group B suggested that Day 1 should be divided into two parts. The morning session should place an emphasis on the WHO standard and health needs assessment. The topic can be in the framework level. The afternoon session shall be allocated for the presentations of the experienced countries, such as Japan, Philippines, Indonesia, Malaysia and Vietnam. After the presentations, discussion panel can be used for identifying on key challenges and improvement points.

On Day 2, apart from lectures, the training could be done in the forms of scenario, case study and table top exercises. Moreover, in the information management section, the training shall include reporting structures both for the templates and flows. Information requirement and report mechanism should be made clear for all participants in the early stage of the training (from EMT, EMTCC, PHEOC, etc)

On Day 3, an emphasis should be placed on the standardization of the forms, which all AMS would use during the operation in order to lower the work of PHEOC in acquiring information. The use of technology could be applied for reporting and information exchange such as database and checklists. For the lectures, Japan and JICA should not be responsible for all lectures. Some AMS can offer the course, depending on the finalized syllabus. Additionally, for topic 3 and 4 of the proposed program, table top exercises should also be included.

Comments

- The finalized schedule of the 3rd AMS Training, to be held in Bangkok Thailand, is shown below:

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	<u>Afternoon session</u> <ul style="list-style-type: none"> ❖ Tabletop exercise(cont'd) ❖ Safety and security, command & control ❖ Filling the forms (briefing) (major forms) Exercise: filling the forms 	Japan Philippines Thailand
4	<u>Morning Session</u> <ul style="list-style-type: none"> ❖ Group Discussion on ASEAN Standard 	All participants
	<u>Afternoon Session</u> <ul style="list-style-type: none"> ❖ Feedback, course evaluation from participants ❖ Wrap-up and Way forward, ❖ Upcoming Events/Activities of ARCH Project ❖ Closing remark 	All participants ARCH Project Team ARCH Project Team ARCH Project Team

IV. PLAN FOR THE 4TH AMS TRAINING

Dr.Narain Chogirosniramit started the session by ensuring all AMS participants had received all of the handouts needed, namely: (1) ANNEX 3: WHO, EMTCC Concept Note and (2) ANNEX 4: WHO, EMTCC Training Agenda & Learning Outcome. This session's main objective was to discuss training needs and agree on the program of the 4th AMS Training, of which main theme would be based on "Effective incident and emergency management at EMTCC".

The training needs for the 4th AMS Training included (1) Issues and challenges in receiving I-EMT, and (2) necessary skills and knowledge, derived from the feedback of the 2nd RDC and tool development. These two factors would constitute the knowledge on roles and responsibilities of receiving country, i.e. how receiving country coordinates with I-EMTs. The proposal of this training is to use the EMTCC Training Course of WHO. Please refer to more detail in ANNEX 3 and ANNEX 4.

The 4th AMS Training will be held in February 2019, which has been changed from the original plan of November 2018. The host venue would be in Bangkok, Thailand. Three representatives from each AMS would be invited to the training.

The ARCH project team will observe the WHO EMTCC training in April 2018, Macau. The advantage of following WHO's training course is that the participant, who completes such a course, will join a pool of responders available for secondment to EMT Coordination Cells during emergencies. Thus, WHO are willing to support the ARCH project for the pursuit of such a goal. The revision of the program could not, however ensure the trained country to qualify for the WHO standard.

Comments

- Philippines suggested to put additional topics such as legal, and inter-cultural aspects into scenario exercise. Ms.Sato clarified that the ARCH project team would observe the training in Macau and discuss for the essential points that might not be included in the WHO's EMTCC course. However, additional topics imply longer training session, which will need to be discussed again.
- Philippines had conducted some trainings, of which course evaluations could be shared, specifically the recommendation parts. The conducted trainings were also supervised by the WHO so the recommendations could be helpful for the project.

V. TRAINING AND STUDY TOUR FOR AMS in Japan

Ms. Junko Sato gave a presentation on the proposed overall plan of the study tour in Japan. The main objectives of this session were (1) to agree on the overall plan of the tour and (2) to discuss the training needs and topics. There are altogether 3 objectives for the study tour, namely; (1) to understand the system of disaster health management in Japan, (2) to identify the challenges and to consider the measures for further strengthening the disaster health management and regional collaboration in ASEAN and (3) to establish a network of medical professionals involved in disaster health management in Japan and ASEAN.

Tentative proposal has been summarized in the below table.

Period	17- 20 October, 2018 (4 days)
Place	Kobe, and surrounding area, Japan
Program	The Program will consist of 1) Participating Asia-Pacific Conference on Disaster Medicine (APCDM) 2) Understanding lessons learned from the Great Hanshin Awaji Earthquake - Japanese system (e.g. Hospital disaster preparedness and response, EOC at prefectural/municipal (e.g. Kobe) level 3) Participating JDR Training or relevant training
Participants	3 participants from each AMS, consist of 1 team leader, 1 team member and 1 actual deployment personnel. All members must be good at communicating in English and must not be military personnel (according to Japanese ODA policy)

Tentative itinerary is summarized as followed;

Day	Itinerary
16 October (Tue)	Arriving at Kansai Airport
17 October (Wed)	AM : Briefing PM : Attend the APCDM at Kobe City and some AMS are requested to do presentations.
18 October (Thu)	Visit to - Disaster Reduction and Human Renovation institution - Hyogo Emergency Medical Center (HEMC) - Hyogo Prefectural or Kobe Municipal office (EOC at local level)
19 October (Fri)	Participating JDR training - Clinical training
20 October (Sat)	Visit to Awaji Island (epicenter of the Great Hanshin- Awaji Earthquake in 1995) - Memorial Museum - Awaji Hospital
21 October (Sun)	Leaving from Kansai Airport

Comments and Requests

Philippines made a request of including the documentation procedure and mechanism of experiences and curriculum formation of the disaster medicine into the study tour. Ms.Sato responded that the Japan Disaster Relief (JDR) team has been revising the training curriculum, so the project team will see whether the experience and reason of revision can be shared with all AMS.

VI. IMPLEMENTATION OF ASEAN LEADER DECLARATION ON DHM: TRAINING CENTER

Dr. Phumin Silapunt, Deputy Director, Chulabhorn Hospital Thailand, greeted all participants and started his presentation by reconfirming the handouts needed for this session, which were (1) ASEAN Leaders' Declaration, (2) Plan of Actions (POAs) to implement the ASEAN Leader's Declaration and (3) ASEAN Institute for Disaster Medicine.

The objectives of this session were (1) to review and seek comments on POAs to implement the ASEAN Leaders' Declaration on Disaster Health Management and (2) to seek feedbacks on the initiative to establish the training center as a mechanism to implement the POA. The POAs are supposed to be submitted to Senior Officials Meeting on Health Development or SOMHD in April 2018.

In the ASEAN Leaders' Declaration on Disaster Health Management, there are in total 11 articles, categorized into 5 different Areas. These five areas are as followed; (1) Strengthening and enhancing of the regional collaborative frameworks on disaster health management, (2) Multi-sectoral participation in disaster health management (3) Integration of disaster health management framework/concepts into national and sub-national legal and regulatory framework, (4) Investment to improve and develop critical health facilities and infrastructure and (5) Education and training on disaster health management.

The Plan of Action to implement the ASEAN Leaders' Declaration on Disaster Health Management consists of 2 mechanisms, namely; (1) Regional Coordination Committee on Disaster Health Management, responsible for Area 1 - 3 and (2) ASEAN Institute for Disaster Medicine, responsible for Area 3-5. The first mechanism was presented in the PWG 1 meeting. Please refer to the PWG 1 report for more detail.

The second mechanism, ASEAN Institute for Disaster Medicine, would place an emphasis on academic aspect of DHM, through consultation, research, knowledge management and training. All functions would operate in the interest of National Capacities Development. In summary, there are altogether 4 main functions of the ASEAN Institute for Disaster Medicine, namely; (1) organizing academic seminars to share knowledge and best practices, (2) constructing academic network and co-conducting research, (3) organizing training activities and (4) conducting consultation.

Focusing on the 3rd function i.e. organizing training activities, the scope of applicant is I-EMTs, decision and policy maker, public health personnel, and community health worker or volunteer. The methodology could include E-Learning, and applying the Standard Curriculum, developed by the Institute. Guest lecturers could be invited to the AMS or training could also be held at the host country. Mixed methodology can also be applied. Thus, for such matters, the institute can act as a coordinator.

For the institute's organization structure, the host country shall be sourced through volunteering method. If there are more than one volunteering country, the selection will be brought into SOMHD meeting in 2019. In term of management, there should be a Board of Committee, consisting of one representative from each AMS. Chairmanship is to be rotated among AMS.

The roles of the committee are to (1) identify operational policies, (2) approve the operational and financial plan and (3) monitor the progress of operation. Under the Board of Committee, the director should be appointed by the host country, with specific roles of (1) managing internal affairs of the institution, (2) proposing operational and financial plan, (3) managing operational and financial plan and (4) reporting the progress to Health Cluster 2.

For financial management, the establishment and internal affair cost should be responsible by the host country, while the expenses on organizing activities should be shared among AMS. External financial support are welcome in all aspects.

Comments:

- The Philippines can support the design of the institution. With a good relationship with NDMO, the Philippines is going to establish a training center in disaster management. Moreover, there

is also a master program on disaster management. A collaboration with academia will bring about the disaster management curriculum in compliance with the laws. With these elements, the Philippines can provide expertise on the matter, focusing on data management. The Philippines, hereby would like to volunteer to be the host country, starting with a small office at first due to limited resources.

- Delegate from ASEAN Secretariat suggested to circulate the proposed POAs to SOMHD prior to their meetings in April 24th-26th, 2018 for the review and provision of feedbacks. At the same time, it should also be circulated to Health Cluster 2 for the same agenda. After receiving feedbacks from both parties, one consolidated input can then be derived accordingly.

VII. WRAP UP AND WAY FORWARD

Dr. Ferdinand M. Fernando, a delegate from ASEAN Secretariat introduced a brief summary of the 4th PWG 2 meeting, covering all of the topic discussed in today's sessions. For more detail, please refer to "Key Discussions and Action Points of The Fourth Meeting of Project Working Group 2 (PWG 2)" note.

VIII. CLOSING REMARKS

The chair of the 4th PGW 2 meeting, Dr. Nguyễn Như Lâm announced the end of the meeting by congratulating all AMS participants and showing gratitude toward all resource persons and organizing committee.

5th Project Working Group (PWG) 2

3.2. Project Working Group 2 on Capacity Development

a. Highlights and outcomes of the Third AMS Training

- The ARCH Project Team presented a summary of the Third AMS Training which focused on development and deployment of international EMT which was conducted in May 2018 in Bangkok, Thailand. The ASEAN Secretariat also presented a summary of group discussions on the potential gaps and challenges that would be encountered by ASEAN Member States in meeting the WHO EMT Classification and Minimum Standards for (Foreign) Emergency Medical Teams (or commonly called the Blue Book). The presentation appears as **Annex 6**.
- The training outcomes and recommendations were presented during the Sixth Meeting of Project Working Group 1 in July 2018 in Bangkok, Thailand, for their consideration and further action.

b. Highlights and Outcomes of the Japan Study Visit for AMS

- The ARCH Project Team presented a summary of the Study Visit to Japan to better understand the disaster health management system of Japan which was held at the same of the Asia Pacific Conference on Disaster Medicine where sessions on ASEAN experiences in disaster medicine preparedness and response were hosted by the ARCH Project Team and ASEAN Member States. The findings and recommendations of the survey to review the ARCH Project which were discussed during the Study Visit were also shared. The presentation appears as **Annex 7**.
- The Philippines shared feedback of the Philippine delegation who participated in the Japan Study Visit, which focused on lessons on preparedness, capacity strengthening at relevant levels, cooperation among countries and agencies in disaster risk reduction as well as disasters resilience. The presentation appears as **Annex 8**.
- The Meeting exchanged views and proposed that the organization of future study visits consider longer duration to maximise learning outcomes.

c. Draft Standard Training Curriculum for I-EMT

- The ARCH Project Team presented the proposed Basic, Advanced and Instructor Courses on Disaster Health Management Training Programme based on the minimum requirements and qualifications for members of EMT agreed by PWG 1, counterpart training between Japan and Thailand. The proposed programmes are to be delivered through e-learning and self-learning and pre-requisite evaluation, three-to-five days classroom consisting of interactive sessions and simulation exercises, and assessments. The presentation also includes proposed timeline in the implementation of the

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trainings. The proposed concept papers of the trainings, and the presentation appear as **Annex 9**.

- The Meeting noted the presentation and expressed appreciation to the proposal of the ARCH Project Team. The ARCH Project requested the Meeting to further review the proposed training programmes, and to provide inputs if any.
- The Meeting also exchanged views and proposed to consider:
 - Country context and existing national training programmes of ASEAN Member States in the further development of the training programmes
 - Importance of cross-learning between clinical/technical and logistics teams in maximizing impact of training programmes.
 - Selection criteria and processes for the different tiers of trainings
 - Development of training kits and manuals for instructors and participants
 - Explore certification of officers who have completed the proposed trainings and linking this with the ASEAN Competency Standard on Disaster Management.
- The Philippines also shared that part of their development plan is the establishment of an institute on public health and emergency management.

d. Updates on the Fourth AMS Training

- The ARCH Project Team presented the objectives, programme and schedule, and expected participant profiles for the EMT Coordination Cell Training scheduled in February 2019 in Bangkok, Thailand. The training is adapted from the EMTCC courses delivered by WHO and will be conducted with WHO. The presentation appears as **Annex 10**.
- The ARCH Project Team requested the Meeting to consider coordinating with WHO country offices in the identification of appropriate participants (WHO had recently organised trainings for member states in South East Asia and Western Pacific).

e. Closing

- The Chair thanked Members of Project Working Group 2 and ASEAN Member States for their contribution to the achievement of objectives and outputs of the working group.

4. Benefits of Hosting Regional Collaboration Drills

- Thailand, Viet Nam and Philippines, host countries of the regional collaboration drills conducted in July 2017, March 2018 and December 2018, since the start of the Project shared insights and reflections in the organization of the drills. The presentations appear as **Annex 11**.

- The presentations stressed that hosting the drills contributed to strengthening relationships among ASEAN Member States, as well as internal capacity in terms of:
 - Exposure to an international drill
 - Identification of gaps in national response that could be followed up after the drill
 - Awareness and support of leaders and other stakeholders on national and regional emergency medical response
 - Coordination and cooperation among national emergency response stakeholders dealing with international assistance
 - Enhancing current procedures and guideline, such as the EMT Operational Guide for finalization and the National Contingency Plan for the Big One of the Philippines
 - Confidence in organizing further drills
- For a successful drill with the higher purpose of improving cooperation to save lives, the importance of a solid scenario based on the experience and procedures of the host country, always going back to objectives of the drill, formation of working committees and conduct of dry runs were highlighted.
- The Meeting was informed about the extension of phase 1 of the ARCH Project which will continue to support the conduct of regional collaboration drills. The ARCH Project Team requested ASEAN Member States to internally discuss the potential of hosting the next drill, and to get back to the ARCH Project Team through the ASEAN Secretariat.

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