

Event	<u>1st Consultation Meeting for 5th RCD in Myanmar</u>
Dates	20 January 2020
Venue	Novotel on Siam Square Hotel, Bangkok Thailand
Participants	20 participants from Myanmar, Mentors from Indonesia, Philippines, Thailand, Japan, JICA and ASEC
Agenda	<ul style="list-style-type: none"> ● Requirements for Hosting the Regional Collaboration Drill ● Scope and Compulsory components of RCD ● Necessary RCD documents ● EMTCC ● Quality Assurance ● Comprehensive Team Information ● RCD Preparation Guidebook ● Feedback from the 4th RCD ● Plan for 5th RCD ● Discussion for preparation steps and schedule
Summary of Discussion	<ul style="list-style-type: none"> ● The meeting discusses the necessary preparation to host the 5th RCD in Mandalay, Myanmar on 26-30 October 2020. ● In order to prepare the host country, ARCH Project organizes a Mentor team consisting of 2 from Indonesia, 2 from Philippines, Thailand and Japan. The mentor team will visit the Ministry of Health and Sports and assess the venues on 7-10 April 2020 in Naypidaw and Mandalay. ● The meeting reviewed the Requirements for Hosting RCD and agreed to list necessary preparation items with timeline as follows (refer to “RCD Preparation Chart for more details)

	<ul style="list-style-type: none"> ● The scenario of the 5th RCD will be an earthquake. It is necessary to discuss later the possibility to include CBRNE as a part of injects. However, the complete proposal shall be submitted to ARCH Project in March. ● 1st training course for Coordination of Disaster medical operation shall be organized in August to strengthen their EMTCC as RCD Preparation
Important Decisions	<ul style="list-style-type: none"> ● 1st Mentor Visit will be scheduled on 7-10 April 2020 in Naypyidaw and Mandalay ● The proposal shall be submitted to ARCH Project by 13 March 2020
Attachments	<ul style="list-style-type: none"> ● List of Participants ● Overall Programme ● Presentations and Documents

	Country	Name	Contact
1..	Myanmar	Dr. Than Latt Aung	Senior Consultant, Emergency Medicine Department, Bedded General Hospital, Naypyitaw [REDACTED]
2.	Myanmar	Dr Maw Maw Oo	Professor Department of Emergency Medicine University of Medicine ,Yangon [REDACTED]
3.	Myanmar	Dr. Nyan Win Myint,	Deputy Director Department of Public Health
4.	Philippines	Dr. Alfonso Cruz Danac	Chief of Medical Professional Staff II Jose B. Lingad Memorial Regional Hospital [REDACTED]
5.	Philippines	Ms. Janice Palad Feliciano	Nutritionist-Dietitian V Health Emergency Management Bureau [REDACTED]
6.	Indonesia	Dr. Ina Agustina Isturini	Head of Prevention and Mitigation Section, CHC MoH [REDACTED] [REDACTED]
7.	Thailand	Dr. Phumin Silapunt	Deputy Director of Chulabhorn Hospital [REDACTED]
8.	Thailand	Dr. Prasit Wuthisuthimethawee	Deputy Director of Songklanagarind Hospital

				prasit0552002@yahoo.com	
9.	Thailand		Dr. Kriangsak Pintatham	Emergency Physician, Chiangrai Prachanukroh Hospital [REDACTED]	
10.	Thailand		Ms. Sansana Limpaporn	National Institute for Emergency Medicine [REDACTED]	
11.	Thailand		Ms. Kittima Yuddhasaraprasiddhi	National Institute for Emergency Medicine [REDACTED]	
12.	Thailand		Ms. Dangfun Promkhum	National Institute for Emergency Medicine [REDACTED]	
13.	Japan		Mr. Tsukasa Katsube	JICA [REDACTED]	
14.	Japan		Mr. Sho Amemiya	JICA [REDACTED]	
15.	Japan		Dr. Tatsuro Kai	Chairman of JAC [REDACTED]	
16.	Japan		Mr. Yosuke Takada	JAC Member [REDACTED]	
17.	ASEC		Mr. Michael Glen	[REDACTED]	
18.	ARCH Project		Mr. Shuichi Ikeda	Chief Advisor of ARCH Project [REDACTED]	
19.	ARCH Project		Ms. Ninuma Dullaphan	Project Assistant	



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

Consultation Meeting for the 5th RCD

Tentative Programme

Date: 20 January 2020
Location: Bangkok, Thailand
Venue: Novotel Bangkok on Siam Square Hotel
Participants: ASEAN Member States, JICA, Other related organizations

Time	Activity	Presenter
08:30-09:00	Registration	
09:00-09:10	Participants Introduction	
09:10-09:40	Requirements for Hosting the Regional Collaboration Drill (including Objective of the RCD)	Mr. Ikeda
09:40-10:00	Scope and Compulsory components of RCD	Mr. Ikeda
10:00-10:15	<i>Coffee Break</i>	
10:00-11:00	Necessary RCD documents (from Pre-deployment, such as SASOP forms, ARCH forms & WHO forms)	Dr. Prasit
11:00-11:30	EMTCC	Dr.Kai/Mr.Katsube
11:30-12:00	Quality Assurance	Dr.Danac & Ms.Janice
12:00-13:00	<i>Lunch</i>	
13:00-13:20	Comprehensive Team Information	Mr. Katsube
13:20-14:00	RCD Preparation Guidebook	Mr. Katsube
14:00-14:45	Feedback from the 4 th RCD	Dr.Prasit & Mr.Katsube & Indonesia



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on Disaster Health Management
(ARCH Project)**

14:45-15:00	<i>Coffee Break</i>	
15:00-15:30	Plan for 5 th RCD	Myanmar
15:30-17:00	Discussion for preparation steps and schedule	(Ikeda & Myanmar)

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Requirements for Hosting the Regional Collaboration Drill

October 2019

1. Purpose of the Regional Collaboration Drill

- To test host country's strategy or guideline and procedures for its disaster response including acceptance of I-EMTs, assuming a large-scale disaster such as can be anticipated to happen in the host country.
- To familiarize AMS participants with the regional tools developed by the ARCH
- To clarify necessary measures and directions for capacity development so that each AMS I-EMT can efficiently and effectively deploy to other country in the ASEAN.

2. Ideal Schedule of RCD

Day	Contents	Venue
3 Days before the arrival of AMS participants	Pre deployment simulations through AHA Centre website; There will be a Request for Assistance from the Host Country (Form 3 SASOP) in which requests ASEAN Member States to respond with an Offer of Assistance (Form 4 SASOP) and WHO Registration Form.	Online
Day 0	Arrival of participants	
Day 1	Pre-learning Workshop on tools and guidelines for the Regional Collaboration Drill (RCD)	Hotel
Day 2	Tabletop Exercise of the RCD	Hotel
Day 3	Field Exercise of the RCD	Field
Day 4	Tabletop Exercise (De-Mobilization) and After-Action Review Workshop of the RCD	Hotel
Day 5	Departure of participants	

3. Participants

List	Number of Participants
ASEAN Member States EMT	50 (5x10 AMS)
Lecturers and facilitators	20-30
Actors and supporting staff	Host Country shall assign the number and roles

4. Venue and Accommodation

The venue for the field exercise, meetings and accommodation (particularly for overseas participants) will be identified by the Host Country and in consultation with the ARCH Project Team.

- The regional collaboration drill
 - Meeting room for Pre-learning Workshop for RCD (Day 1), Table-Top Exercise (Day 2&4) = 3 days

in total.

- Field for field exercise: one day for set-up and one day for the field exercise (Day 3)= 2 days in total, preferably approx. 7000 to 9000 m².
- It is recommended that the rehearsal for field exercise shall be conducted prior to the actual event.
- Location
 - Easy to access from a major international airport by land transportation.
 - Security and safety of the participants must be ensured.
 - Accommodation shall be within walking distance or easy to access by land transportation from the meeting venue or shall be located at the same hotel.
 - Location of field exercise shall be located within one-hour drive from the accommodation.

5. Equipment

The equipment needed for the drill and meetings will be provided and paid by the Host Country.

Depending on the scenario, the regional collaboration drill at the minimum will require the following equipment:

- Tents and medical kits for EMTs (at least four)
- Furniture for EMTs and EOC

When the drill scenario is developed, the Project Team will communicate with the Host Country on detailed requirements for necessary equipment. It may be a few months before the event.

6. Personnel of the Host Country

The personnel needed to run and support the drill and meetings will be identified and made available by the Host Country. Allowance and transportation to and from the drill venue will be provided by the Host Country.

Depending on the scenario, the regional collaboration drill at the minimum will require the following personnel:

- Facilitators or lecturers for Day 1, 2 and 4
- Exercise Controllers for the field exercise (Day 3)
- Coordinators for each AMS I-EMT
- Actors (patients, villagers, and etc.)
- Supporting staff

7. Responsibility of the Host Country

The Host Country shall be responsible for:

- Identifying the proposed venues (field and meeting rooms) and accommodations;
- Developing the scenario and guidance in cooperation with the ARCH Project Team and mentor team;
- Preparing and providing necessary equipment and personnel;
- Hosting a reception or dinner; and
- Providing logistic arrangements for RCD participants in collaboration with ARCH Project Team.

8. Responsibility of the Project Team

The Project Team shall be responsible for:

- Making final decision on the venue and accommodation;
- Supporting the Host Country to develop the scenario and necessary guidance and documents;
- Making travel arrangements and providing international air ticket and per-diem allowance for overseas participants;
- Payment for the venue with meals, and accommodation for the participants from out of the country;
- The project team will organize the mentor team consisting experts from the previous RCD host countries as well as JAC and Thai taskforce to provide necessary advice and guidance for RCD preparation.

9. Cost Sharing

Cost sharing between the Host Country and the ARCH Project Team is summarized in the table below.

Please note that necessary adjustments can be discussed later between the Host Country and the Project Team.

Overall	ARCH	Host Country
Air ticket (AMS exc. Host Country)	•	
Accommodation (AMS exc. Host Country)	•	
Daily Allowance (AMS exc. Host Country)	•	
Airport Transportation (AMS exc. Host Country)	•	
Air ticket (Host Country, if needed)		•
Accommodation (Host Country: VIP)		•
Accommodation (Host Country) (if needed)		•
Daily Allowance (Host Country)		•
Airport Transportation (Host Country, if needed)		•
Meeting package at hotel (AMS exc. Host Country)	•	
Meeting package at hotel (Host Country)		•
Media (projector, screen)	•	
Gala dinner (Dinner Party)		•
Rehearsal Day for National Capacity (Before the RCD)	ARCH	Host Country
Meeting Package at hotel		•
Equipment		•
Allowance for actors (if needed)		•
Allowance for volunteers (if needed)		•
Bus rental (if needed)		•
Pre-learning Workshop (Day 1)	ARCH	Host Country

Note taker	•	
Video cameraman	•	
Interpreter	•	
Table-Top Exercise (Day 2)	ARCH	Host Country
Note taker	•	
Video cameraman	•	
Interpreter	•	
Field Exercise (Day 3)	ARCH	Host Country
Lunch box	•	
Coffee/ Tea Break/ Snack	•	
Water bottles		•
Equipment (electricity, water, toilet, field support, security, handy talky, repeater, medical equipment, tent for audience, tent for EMTCC, sound system, multimedia display)		•
Equipment (medical equipment, ambulance, tents for EMT, velbed, moulage kit, cloths for actor and volunteer, matras triage)		•
Allowance for actors (if needed)		•
Allowance for volunteers (if needed)		•
Bus rental for AMS and Mentor teams	•	
Bus rental for Project team	•	
Video cameraman		•
Workshop Review (Day 4)	ARCH	Host Country
Note takers	•	
Video cameraman	•	
Interpreter (if needed)	•	

10. Preparatory Steps of RCD

Preparatory Steps	
Timeline	Description
1 Month before PWG 2 Meeting (1 year ago)	AMS willing to host drills event submits a Statement of Interest and a proposal as outlined in Section 11.
During PWG2 Meeting (1 year ago)	The Host Country of upcoming events shall be confirmed and the mentor team will be organized in PWG 2 Meeting.
10 Month before RCD	1 st consultation meeting will be held. The host country needs to prepare a draft of overall program and propose the exercise site (s) and meeting venue (s).
9 Month before RCD	1 st venue visit by mentor team will be organized. This is to decide the exercise site and meeting venue.

3 Month before RCD	2 nd venue visit by mentor team is organized.
1 Month before RCD	Host Country conducts a rehearsal.
	Nomination of participants from AMS
3 Days before the arrival of AMS participants	Pre-deployment simulations through AHA Centre (online), request for assistance and offer of assistance
A day before RCD	Pre-learning Workshop on tools and guidelines
RCD Days	The Regional Collaboration Drill is hosted

11. Proposal

AMS willing to host any of events are requested to submit a proposal that includes the following information:

- Background of the proposal;
- Relevant experiences in organizing emergency drills, and related meetings;
- Official letter to express willingness to host the event;
- Focal person and members of the team responsible for the regional collaboration drill and related meetings;
- Proposed venue (field and conference room) and accommodation with cost estimation;
- Location and access to the venue from the major international airport, between the accommodation and the venue; and
- Methodology including key steps with timelines to prepare necessary equipment and personnel.

Any inquiries could be sent to the ARCH Project Team through the following contacts. Expressions of interest and proposal shall be submitted to the same contacts through e-mail;

ARCH Project: archpro1@outlook.com

With copies to:

Health Division, ASEAN Secretariat: health@asean.org

Mr. Shuichi IKEDA, Chief Advisor: sikeda3620@outlook.jp

Ms. Sansana Limpaporn, NIEM: sansana@email.com

Guidebook for Preparation of ARCH Regional Collaboration Drill (RCD)

ARCH Secretariat
1st Edition, Nov. 2019

ARCH Project:

Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management/ Since 2016, NIEM Thailand and JICA Japan.

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 - Mentor Group
 - ARCH Secretariat / Project Team
 - AMS Countries
 - ASEAN Secretariat / AHA Centre
- 1-4. Expected Participants
- 1-5. Expenditure

- 2. [REDACTED]
- 4. [REDACTED]

ANNEX:

Introduction of this Handbook:

This guidance is designed to support a host country to successfully organize a Regional Coordination Drill (RCD) under the ARCH Project. The contents are divided into several steps, starting from choosing the host country, planning and preparation, conducting, and reviewing and recommendation process for the next RCD.

The purpose of developing this guidance is as follows:

- (1) To ease host burden for preparation
- (2) To standardize the process
- (3) To maintain quality of the achievement in RCD
- (4) To keep institutional memory of conducting RCD

Readers of this guidance will find orientations as to how to prepare for the event, and equally importantly, those already involved in this event in the past may contribute to improve the efficiency and effectiveness of RCD by adding the knowledge into this. In this regard, this guidance will be treated as a “living document” and should flexibly

revise the contents accordingly.

How to Contact ARCH Project:

Any inquiries may be sent to the ARCH Project Team through the following contacts. Should a country intend to host the event, the proposal shall be submitted to these contacts too.

TO ARCH Project: archpro1@outlook.com

With copy to: health@asean.org (Health Division, ASEAN Secretariat)
sikedada3620@outlook.jp (Mr. Shuichi IKEDA, Chief Advisor, ARCH)
sansana@email.com (Ms. Sansana Limpaporn, Thailand NIEM)

Record of Revision:

- The concept note was drafted in July 2019 by Shuichi IKEDA, Chief Advisor, ARCH Secretariat.

Abbreviation

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1. [REDACTED]

1-1. Purpose of RCD

-To test host country's strategy or guideline and procedures for its disaster response including acceptance of I-EMTs, assuming a large scale disaster such as can be anticipated to happen in the host country.

-To familiarize AMS participants with the regional tools developed by the ARCH to clarify necessary measures and directions for capacity development so that each AMS I-EMT can efficiently and effectively deploy to other country in the ASEAN region.

1-3, Overall Program

The standard duration of the RCD program is 4 days, shown as following rough distribution of contents:

Day 1. Workshop for pre-learning on tools or guidelines

Day 2. Preparatory Sessions

Day 3. Field Exercise

Day 4. TTX (De-Mobilization) and After Action Review

➤ *[Attachment] Annex 2. Template and Sample Program*

1-2. Stakeholders of RCD

-Host Country:

The host country has the primary responsibility in managing the preparation as well as conducting the RCD. RCD is an opportunity to test their national response plan in practical manner therefore it is expected to lead the process with ownership together with the Mentor Group as well as the ARCH Secretariat.

-Mentor Group

The responsibility of the mentor group is to provide technical knowledge from the perspective of ARCH project, medical practice in international disaster medicine, and methodology of conducting simulation exercise and so on in order to improve the quality of the RCD. The group is normally formed every year for each RCD, and this is composed of members of Thailand and Japan together with the previous host country.

-ARCH Secretariat / Project Team

The role of the ARCH secretariat is to ensure the RCD is being prepared or conducted in the way that ARCH intends to. Also, this provide budgetary support for the events as well as its preparation process. This serves as a primary contact to the host country as well as all the stakeholders.

-AMS

AMS normally contribute to the RCD by providing a skeleton team composed of 5 members from its origin country. AMS use the RCD as an opportunity to train their members in regional and international context.

-ASEAN Secretariat (ASEC) / AHA Centre

ASEAN Secretariat and AHA Centre provide the regional context in ASEAN. ASEAN works as a primary link in relation to the greater context of ASEAN disaster management based on the AADMER, and relevant key strategic agenda in the Disaster Health Management. AHA Centre is a resource especially for regional coordination in disaster management, and will involve in the RCD process to ensure the regional coordination methodology is appropriately reflected in preparation and conducting the RCD.

1-4. Expected Participants

Other than the stakeholders above, the following group of people may be involved in the RCD:

-WHO

-Emergency Medical Teams in the host country (Government and NGOs)

-Relevant international organizations such as Red Cross

-Relevant National official agencies (e.g. Customs and airport officials)

1-5. Expenditure

Cost sharing for organizing the RCD by the ARCH project and the Host country.

➤ *[Attachment] Annex 2. Expected Expenditures and Cost Sharing*

2.**2-1. Selection of a Host Country**

-A host of the next RCD is decided by the following process.

-A country which has an interest to host the RCD should submit its **statement of**

interest to the ARCH project office and ASEC by at least two month before the previous RCD event.

➤ *[Attachment] Annex 2. Template of the Statement of Interest*

-PWG 2 meeting at least one year before the RCD will discuss on a concept plan submitted by the host candidate and approve it.

➤ *[Attachment] Annex 3. Template of the Concept Plan*

2-2. Planning and Preparation Process

Road map will be added here to visualize the preparation process

Step 1:

Information sharing by ARCH Secretariat of the Guidance on RCD Preparation

-Making sure if the host can follow the framework of the RCD (duration of the event, contents, cost sharing, concept, exercise management method and so on)

-Sharing of compulsory contents in RCD

➤ *[Attachment] Annex 1. List of Compulsory Contents in RCD*

-Specifications for accommodation, indoor facilities for presentations such as a hotel, and outdoor venues for field exercise will be informed.

➤ *[Attachment] Annex 1. Criteria for RCD Event facilities*

-As this Step1 is very important to form the foundation of the RCD, this could be more than simply an "information sharing". For example, at this stage, a workshop may be beneficial for the purpose.

Step 2:

Organizing Mentor Group

-The Mentor Group is usually composed of members from Thailand, Japan and the previous host country. Also, experienced resources who can contribute to the planning process may be invited.

-The number of the mentor group is flexible but the core members should be kept up to 10 people (3 per each country) in order to maintain efficiency and effectiveness in its advisory work.

-The mentor group member will be selected after the next host is decided.

-The mentor group discusses on objectives of the RCD that ARCH project envisages to accomplish.

Step 3:

Organizing an internal decision making system in the Host Country

-In the host country, Internal decision making system needs to be formed. This may

include the following sections:

- Planning, Operations, Logistics, Communications, Supports, Admin and Finance and so on (How the system works varies from one country to another therefore the system may be established differently.)
- Task allocation and member selection of these sections
- Setting meeting frequency (each section as well as the inter-section meeting)
- Designation of a focal point to the Mentor Group and ARCH Secretariat

Step 4:

Developing a rough framework of the RCD in the host country

The host country develops a rough framework of the RCD to confirm a general direction of the preparation. This plan will include the followings:

- Working committees with names and responsibilities, including orientation
- Timetable of activities which is a sort of schedule of all the activities leading to the RCD
- Work and Financial Plan
- Rough draft of Master scenario
- Country profile
- Relevant regulations, Laws, protocols, SOPs and so on
- Program of activities
- Candidate list of the accommodation and field exercise venue
- If not done yet, mentor visit schedule is confirmed.

NOTE: These files above do not have to be completed at this stage, and this will be developed in consultation with mentor group later. The detailed information such as the following will not be prepared at this stage, but latter stage.

- Drill design with data on victim cases
- List of logistics
- Layout and possible venues
- Forms to be used
- Injects List
- Session Plan
- List of Excons, Exercise Support, Informant

Step 5:

1st Consultation meeting with Mentor Group

-The developed framework in the Step 4 will be used as a baseline information for this meeting. The purpose of this consultation meeting is for the mentor teams to provide professional advices on all the drafted outline of the RCD event from every aspect of managing the RCD. Based on experience by the mentor group, the drafted ideas will be further developed during this meeting.

NOTE: The location of this meeting may not be in the host country. It can be held as a

side meeting of Regional Consultation Committee (RCC) or Projective Working Group (PWG).

The expected outcomes of this meeting will be as follows:

- The date of the RCD is confirmed
- Work approach is mutually agreed.
- Details of the cost sharing is agreed.
- 1st draft of the overall program is reviewed and updated.
- All the relevant members make them acquaintance each other.
- A roadmap leading up to the event is developed with some major milestones, and this became a common planning tool for all the stakeholders.
- Expected objectives of both the host country and the Mentor Group is discussed and both are incorporated in the RCD program by consent.

Step 6:

1st Mentor Group Visit in the Venue

-This is the first visit of venues for both indoor and outdoor facilities of the program. This is an opportunity to discuss great details of the overall program. This can cover from administrative issues

Necessary documents prepared for this meeting as follows

- Program Curriculum
- Timeline for the preparation
- Hotel and Venue for the Field Exercise shall be decided.

Step 7: Final Mentor Visit and consultation meeting

Necessary documents prepared for this meeting as follows:

- Script for the Master scenario by each scene
- Inject plan for each AMS
- Layout plans for the venues (hotel rooms and field exercise)
- Logistical requirement
- Case description for patients and other role players

Step 8: Rehearsal

Step 9: Invitation Letter to AMS

Step 10: Flight Arrangement and Logistical Support for the Participants from AMS

3. [REDACTED]

Prior to the actual execution of the RCD, the Mentor Group needs to arrive earlier in the venue at least 3 days before the Day 1 of the RDC, so that the Mentor Group will be able to have full 2 working days in order to complete the final preparation of the event.

This 2 days will be spent for:

- Checking the Venue setting

- Confirming staff allocation plan
- Administrative Payment arrangement for accommodation fee, Daily allowance for the participants, transportation arrangement, meeting with senior officials
- Reconfirming the Session plan
- Sub meeting for each training component (e.g. Quality Assurance Visit)

Step 1:

Pre-deployment procedures (Request of Assistance and Offer of Assistant through the AHA center channel)

Step 2:

Day 1 for Workshop on tools (Practice of ARCH regional tools, WHO forms and SASOP forms)

Step 3:

Day 2 for TTX (from occurrence of disaster to RCD registration)

Step 4:

Day 3 for Field Exercise

Medical emergency drill by i-EMT

Mobile Communication

Medical Reports Making

EMTCC meeting

Patient Referral

Health Needs Assessment

Quality Assurance Visit to I-EMT by EMTCC

Demobilization (Making and submission of Emergency Medical Team Exit Report)

Step 5:

Day 4: After-action Review

Internal discussion in each team for feedback presentation session:

- Presentation for AMS teams feedback
- Internal discussion in the mentor group while other prepare for their presentation session:
- Feedback from the mentor group at plenary
- Summary report from ARCH secretariat
- Closing remarks

4. [REDACTED]

Step 1: Reviewing from planning to conducting the RCD in the PWG 2

Step 2: Organizing a new mentor team for next RCD

Step 3: Choosing a host country for next RCD

Step 4: Mentor Team will start consultation with the next host country based on the recommendations made by the PWG 2 (Step1)

DRAFT

ARCH Project
As of 10Dec, 2019

5. [REDACTED]

All the relevant documents and templates are stored the following location:
<https://XXXXXXXXX.com>

Attachment (Guidelines and Templates / Samples)

ANNEX1: Title of Annex here

ANNEX2: Title of Annex here

ANNEX3

ANNEX4

ANNEX5

ANNEX6

ANNEX7

ANNEX8

Integration of EMTCC Concept in RCD

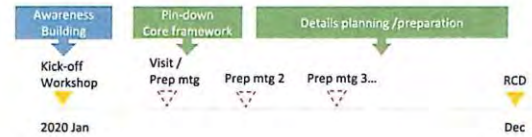
For RCD 2020 in Myanmar

Session Objectives

- (1) For all participants including MMR to understand the importance/benefit of including EMTCC component in RCD.
- (2) MMR side to be aware of the expectation of Mentors in relation to including EMTCC.
- (3) All to agree on the basics and be ready for the next step: Site visit and details planning.

Where we are now

- We are at starting now, and no need to worry too much about detail planning.
- Details planning should be happening afterwards with designated members.



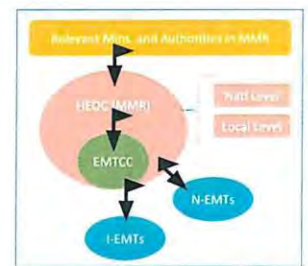
WHY Why this practice should be included in the drill as a training component?

- For Capacity Development of Response Coordination Mechanism in Myanmar
- ▣ For GoM/MoH to understand the concept on how the EMTCC concept assists MMR response mechanism.
- ▣ For those will actually be in HEOC/MMR to practice on its methodology including IM* and relevant forms.
- ▣ For relevant ministries and coordination staffs in Myanmar to improve their inter-operability with Intl EMTCC.
- ▣ For relevant ministries to review and strategize how the EMTCC concept can be integrated into the existing response mechanism.
- For AMS to practice engagement with EMTCC

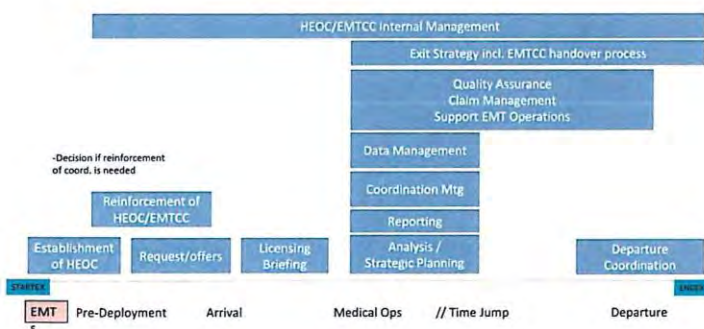


*IM=Information

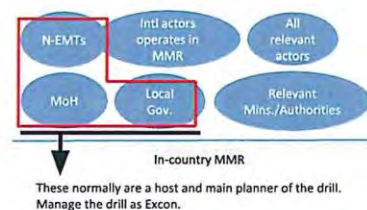
WHA What kind of training elements could be included?



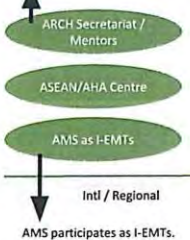
Typical Example of the Drill Timeline: in relation to HEOC/EMTCC work



WHO Who should be involving in this?



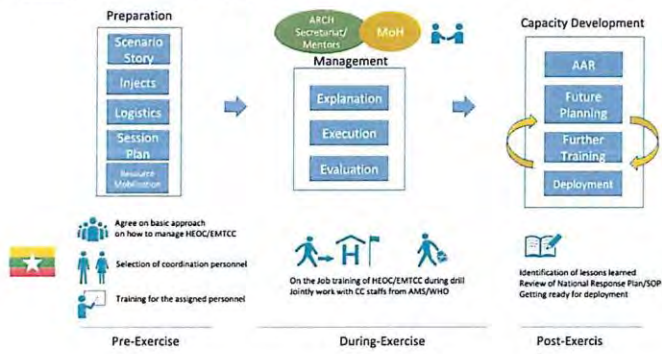
Work together with the host to support. Serves as Excon support during the drill.



→ These could be also a participants/trainee for the drill being as HEOC/EMTCC staffs.

HOW

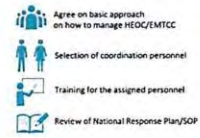
How this could be better prepared and conducted?



Internal Planning

How in the past hosts prepared?

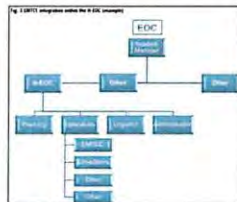
Welcome Mentors to Speak up of Your Experience!



Case of THL, VIN, PHL, INA
Explains here

Organization

How in the past RCD, HEOC/EMTCC looked like?



Case of THL, PHL, INA
Explains here

Comprehensive Team Information (CTI)

Instruction for your Presentation

- You are expected to deliver a presentation on your EMT (or your desire EMT).
- You have only **8mins sharp** to deliver your presentation.
- Please fill your information in the given questions in the following slides.
- Please do not hesitate to ask questions with supporters at the same table.
- You have **90 mins to prepare** for the presentation tomorrow morning.
- Please do not only answer with YES/No, your imagination and thinking process is the most important.
- Please use this template for your presentation.



Workshop for
Comprehensive Team
Info 2019 Bangkok



WHAT

- NAME OF THE SHEET
- "Comprehensive Team Information"
- ASSUMPTION
- Not many teams are clear about detail planning of their EMT
- PURPOSE OF THE SHEET /CONCEPT
- For all the AMS to be able to consider potential EMT establishment
- to prepare for the detailed information
- To facilitate the process by answering the sheet
- SET OF QUESTIONS
- There are 40+ questions
- Based on WHO's existing forms, complemented by ARCH project
- THEN WHAT IS THIS?
- A planning tool
- Memo to share with your colleagues in home country and record relevant discussion histories
- Presentation Report

Template for
Compre...Info.xlsx

COMPOSITION

Main Sheet

Key Questions

7 Subset of appendix

Org Chart

EMT Org Chart

Staffing Details

List of Tech Capability

Footprint

Detailed Log Provision

Training Programme

Overview of the Sheet

EMT'S TEAM STATUS SHEET BY AMS COUNTRIES

CATEGORY	NO	QUESTION KEYWORD	DESCRIPTION	ANSWER / DISCUSSION	STATUS	SUPPORTING DOC (if any)
1	1	NAME OF THE SHEET	- "Comprehensive Team Information"			
2	2	ASSUMPTION	- Not many teams are clear about detail planning of their EMT			
3	3	PURPOSE OF THE SHEET /CONCEPT	- For all the AMS to be able to consider potential EMT establishment - to prepare for the detailed information - To facilitate the process by answering the sheet			
4	4	SET OF QUESTIONS	- There are 40+ questions - Based on WHO's existing forms, complemented by ARCH project			
5	5	THEN WHAT IS THIS?	- A planning tool - Memo to share with your colleagues in home country and record relevant discussion histories - Presentation Report			

(YOU FILL HERE)

QUESTION FIELD

ANSWER FIELD

EXAMPLE: Function of Japan Disaster Relief Medical Team

Ministry of Foreign Affairs
JICA
Technical Committee
Advisory Committee
Registered Members

1 Org Chart 2 EMT Org Chart 3 Staffing Details 4 List of Tech Capability 5 Footprint 6 Detailed Log Provision 7 Training Programme

EXAMPLE: HOW TO FILL THE FORM

CATEGORY	NO	QUESTION KEYWORD	DESCRIPTION	ANSWER / DISCUSSION	STATUS	SUPPORTING DOC (if any)
2	2	Involve Administrative Agencies	Which ministry has the leading role for EMT management? And are there any other ministries and agencies involving in this initiative?	Ministry of Foreign Affairs JICA Technical Committee Advisory Committee Registered Members	N.A. CONFIRMED PLANNING DESIRE	

(1) Fill your answer

(2) Select the status

(3) Introduce if this exists

(4) Draw and explain by Charts
Use Annex Tab

ANSWER (Example)
-Min of Health has the leading role.
-XXX hospitals are also involving in terms of proving technical staffs

ANSWER (Example)
-National Act 999, 2012
-for staffing procedure-

Country Name Here

Country flag here

- General Status
- 1-1 Country Plan Paste/fill in your answers here
 - 1-2 Establishment of National EMTs deployed to abroad
 - 1-3 Establishment of National EMTs, which operates in domestic situation
 - 1-4 Issues around establishment of EMTs
 - 1-5 Estimated time



Organization Chart

EXAMPLE: Government Organization Chart, Japan Disaster Relief Team



- 3-4 Standard Staff Number How many team members are in your EMT? Is there any fixed number for the standard operations?

Your answer here:

- 3-5 Registered Staff Roster How many team members are registered in the roster as deployable staff?

Your answer here:

- 3-14 Other Specialized Unit Is there any other specialized capability than type 1 fixed?

Your answer here:

- 4-10 Logistics support required

Is there any identified logistics support that you intend to acquire from local environment?

ANNEX: LIST OF DETAILED LOGISTICS PROVISION

NO.	LOGISTICS PROVISION	AVAILABILITY STATUS	STATUS DESCRIPTION	Unit	Standard Number
1	Water, Portable Drinking, Hand washing				
2	Power & Lighting				
3	Food				
4	Shelter				
5	Medical & General Waste Disposal				
6	Sanitation				
7	Communication				
8	Transport				
9	Interpreters				
10	Drugs				
11	Emergency Procurement				
12					
13					
14					

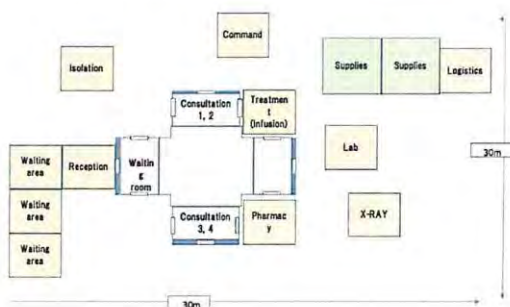
*The list is designed based on the EMT Type 1 Fixed, Outpatient Emergency Care, "Self Assessment Minimum Standards"

What is the most difficult item to achieve?

Your answer here:

Footprint

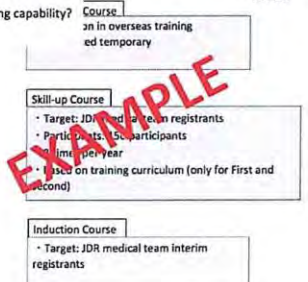
EXAMPLE: Footprint of Japan Disaster Relief Medical Team



- 5-1 Establishment of Training Program

Does your team have an established training program for keeping and developing capability?

TRAINING PROGRAM FOR EMT, Japan Disaster Relief Team
as of 2017



Your Questions to Other
Teams

Supporters in pair		*Red indicates those who submitted
Hathairat	Dr. Yamanouchi	Brunei and Cambodia
Dr. Rapeeporn	Dr. Nakamori	Lao PDR and Indonesia
Dr. Kriangsak	Dr. Oba	Malaysia and Myanmar
Dr. Bhumarin	Takamura	Philippines and Singapore
Dr. Nopmanee	Taguchi	Thailand and Vietnam
Dr. Danac	Janice	Progress checker

FOR INQUIRY, PLEASE CONTACT:

Tsukasa Katsube
katsube.tsukasa.3@jica.go.jp 

Senior Advisor in Humanitarian Response
 Secretariat of Japan Disaster Relief Team
 Japan International Cooperation Agency

Conclusions, Recommendations from the fourth Regional Collaboration Drill

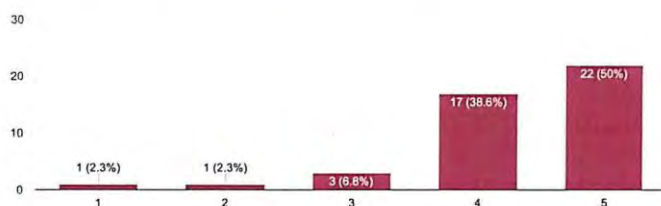


Drills



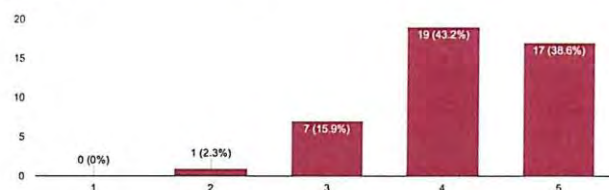
1. The duration of the 4th Regional Collaboration Drill is appropriate.

44 responses



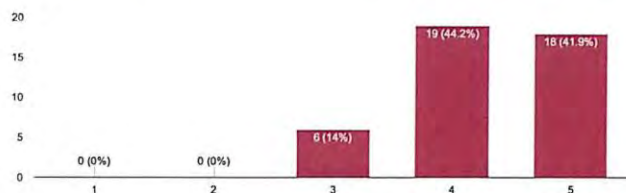
6. The format of the activity (introductory session, SOPs, Table top exercise, field exercise and AAR) is appropriate for the content presented.

44 responses



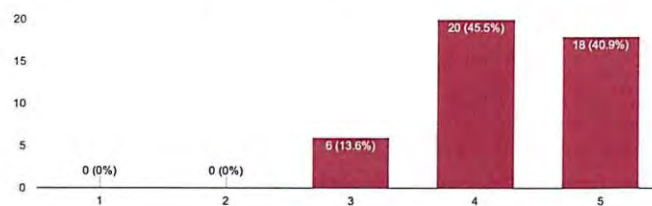
7. Introductory sessions (25-26 November 2019) are helpful to keep up with issues associating with the 4th regional collaboration drill.

43 responses



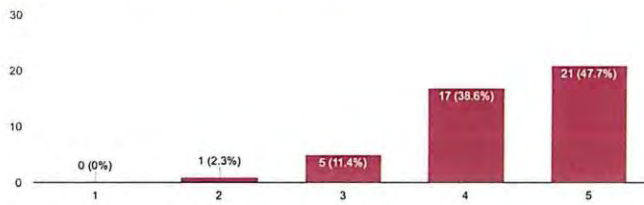
10. The drill scenario is well-planned and encouraging.

44 responses

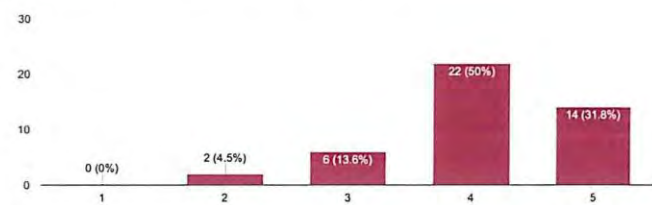




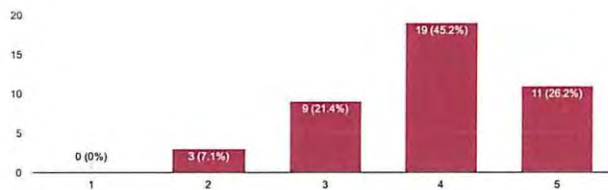
12. Drill activities are well-managed throughout the day.
44 responses



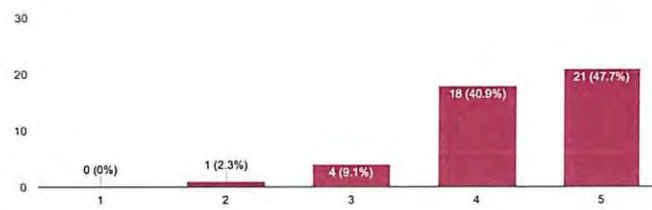
13. Document (i.e. reporting forms, SOPs) are readily-prepared.
44 responses



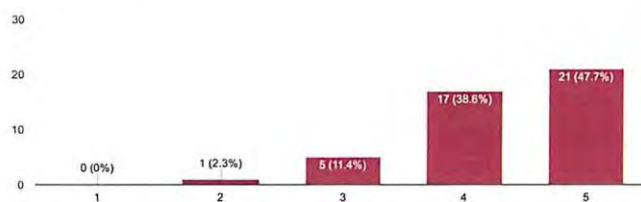
14. Drill materials and equipment (i.e. radios, tents, medical equipment, etc.) are enough and readily prepared.
42 responses



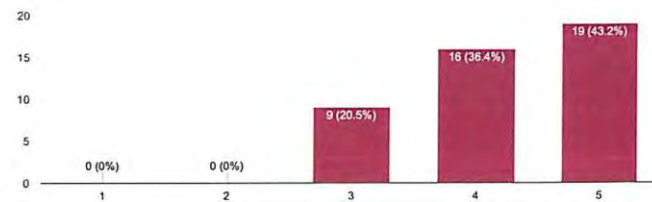
15. Instructors and facilitators are informative and helpful.
44 responses



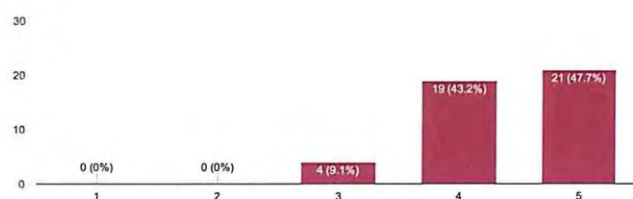
16. The overall activity is satisfying.
44 responses



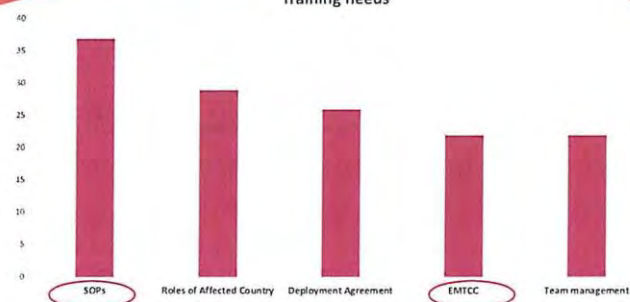
17. You plan to attend the 5th regional collaboration drill.
44 responses



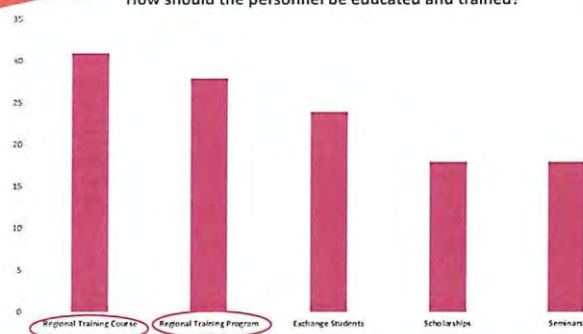
18. You will recommend this activity to your friend or colleague.
44 responses



Training needs



How should the personnel be educated and trained?



Skill/knowledge of EMT

	1 st DRILL Phuket, Thailand	2 nd DRILL Danang, Vietnam	3 rd DRILL Manila, Philippine	4 th DRILL Bali, Indonesia
Pre-deployment process	+	+	++	+++
RDC process	+	+	+++	+++
EMTCC	++	++	++	++
Composite team	-	-	-	++
EMT quality assurance	-	-	-	++

Skill/knowledge of EMT

	1 st DRILL Phuket, Thailand	2 nd DRILL Danang, Vietnam	3 rd DRILL Manila, Philippine	4 th DRILL Bali, Indonesia
Forms filling	++	++	+++	+++
Health need assessment	++	++	+++	+++
Information and data management	+	+	++	++
Demobilization phase	+	++	+++	+++

Recommendations for next drill

- More patient detail e.g. EKG, CXR, etc
- Mass casualty incident (more number of patients/composite team)
- Separate area/Separate EMTCC
- Information management should be included.



Recommendation for next drill

- Endemic for diseases e.g. diarrhea, poisoning, etc (call for help from the head of community)
 - include chemical/biological threats due to impact of disaster
 - include public health component in the EMT SOP, therefore to expand and enhance the capacity of EMT, the future drill can include different scenario among others CBRN threats, that will expand the capacity of EMT to all hazards.
- Actual data submit to EMTCC for analysis and presentation
- Set up RDC at the airport
- Using contractual arrangement form

SELF EVALUATION OF THE 4TH REGIONAL COLLABORATION DRILL,

BY THE INDONESIA COMMITTEE

Committee Structure

- Chairman
- Administration, Finance and Logistics Division
- Reception and Documentation Division
 - Reception Section
 - Documentation Section
- Capacity Building and Operation Division
 - Capacity Building Section
 - Operation Section

Task : Administration, Finance and Logistics Division

- Correspondence
- Budget Planner
- Managing accommodation & finance
- Preparing logistics for meetings and simulation.

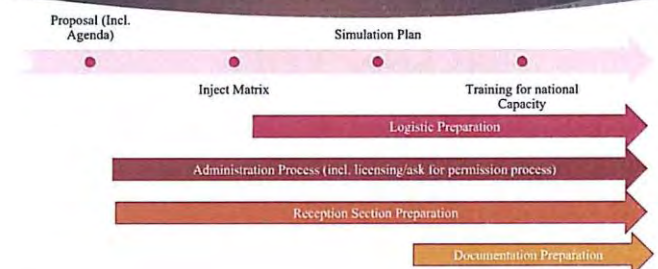
Task : Capacity Building and Operational Division

- Designing concepts and details of drill activities
- Identify local participants, players, facilitators, speakers
- Preparing curriculum for 4th RCD and curriculum for local capacity training.
- Organize training activities for local capacity in preparation for 4th RCD.
- Coordinate & Supervise the implementation of the drill.

Task : Reception and Documentation Division

- Preparing to welcome & hospitality for international and VIP guests.
- Preparing the opening ceremony & gala dinner
- Preparing the remarks by officials
- Responsible for the process of taking photos and videos during activities.
- Publishing the documentation

PREPARATION PROCESS



CHALLENGES IN PREPARATION PHASE

1. This project involves multi stakeholders from various institutions. Any changes or new ideas require the agreement of stakeholders involved.
2. Involves hundred member of committees, facilitators & players who are from various institutions in different cities. Most of them are from several institutions in Bali.
3. The preparation process is a cycle that is interrelated with one another, and this principle must be understood by the whole committee members
4. A change in leadership led to several policy changes

DRILL IMPLEMENTATION : *What went well?*

- All of programs base on the agenda are delivered
 - ✓ Pre Deployment practice : 18-22 November 2019
 - ✓ Pre Workshop : 25 November 2019
 - ✓ 4th RCD : 26 - 28 November 2019
- All of the programs started 5-10 minutes late and finished on time or earlier.
- The objectives of each session based on the curriculum are achieved
- Field exercise : in general went well and achieve the learning objectives

DRILL IMPLEMENTATION : *What went not so well?*

- There were some changes to the original schedule for several reasons, including adjusting to changes in the speaker's schedule and adjusting to the dynamics of the situation
- There are some logistical problems such as lack of radio communication and its channels, there are vehicles that were still passing during the HNA and composite team simulation, there's no loudspeaker in EMT CC room & HEOC room, etc.
- The heat of the air during simulation session 1 and 2
- Some players who acted as victims did not come

LESSON LEARNT

- Good preparation is **THE KEY**...
- The importance of providing understanding to all committee members regarding their tasks & work system/SOP (need strong leadership)
- Take advantage of ASEAN meetings, in coordination with the AHA Center & ASEAN secretariat, to disseminate their roles in the RCD & the forms that will be used.
- During the drill requires strong coordination & communication of the committees, facilitators and players, including to solve problems in the field according to the dynamics of the situation

THANK YOU



Quality Assurance

Myanmar Mentor's Meeting • January 20, 2020 • Bangkok, Thailand

OUTLINE OF PRESENTATION

1. Quality Assurance as part of EMTCC Activities
2. Concepts in Quality Assurance Visits
3. Quality Assurance Visit during the 4th RCD
4. Recommendations

EMTCC scope



Functions of an EMTCC

- **Collecting and updating data** for the classification of the actual type, capacity and services of the incoming EMTs throughout the whole response
- **Screening incoming EMTs** based on approved global professional standards leading to their eventual on site authorization by the MOH/DOH



Functions of an EMTCC

- **National registration of authorized EMTs**, based on the global classification and registration formats, including self-declaration from the EMT leader that the team adheres to the global standards
- **Ensuring and reinforcing** the EMTs accountability to the health authorities, including **compliance with existing national guidelines and reporting requirements**



Functions of an EMTCC

- **Mapping** of “who does what, where, and when” and “how” through **quality assurance field visits**



EMTCC activities

Emergency Medical Team	Coordination Cell
4. Operations <p>Deploy to tasked site and begin operations</p> <p>Information provided in the previous steps can facilitate the deployment to assigned sites (e.g. through logistic support and liaison with local authorities). Reducing the time between deployment and beginning of operations is crucial at this stage for life saving service delivery.</p>	<ul style="list-style-type: none"> Map in real-time all EMT deployments Establish and maintain regular contacts with EMTs and local (districts) authorities. Conduct Field Quality Assurance and Support visits to EMTs

EMTCC activities

Emergency Medical Team	Coordination Cell
4. Operations <p>Periodic Reporting: Standardized periodic reporting (initially on a Daily basis) to the EMTCC/MOH allows monitoring of the service demands and rapid identification of residual gaps. It also allows notification of urgent issues to the EMTCC/MOH so that appropriate response or support can be given.</p> <p>Confirm Operational Plan and Exit Strategy (including informing EMTCC of anticipated departure date): Coordinated departure is important to ensure smooth handover of care and continuity of service provision. Early communication of exit strategy and of anticipated departure date (at least 1-2 weeks prior) to the EMTCC/MOH will assist in coordinating either handover of services to another EMT or MOH, or closure if appropriate.</p>	<ul style="list-style-type: none"> Collate, input and analyze reporting data from EMTs Compile situation reports to inform EMTCC/MOH leadership and Humanitarian System, and feedback to EMTs Keep track of all anticipated EMT departure dates and identify/ address possible gaps in service provision Identify key steps for transitioning (mainstreaming) the EMTCC within the National Health System and/or HC Conduct Field Quality Assurance and Support visits to EMTs Provide Departure Package, including departure SOPs

Quality Assurance Visits

- Joint field visits with MOH representatives to all EMT sites of operation should be undertaken once EMTCC operations are reasonably well established, ideally after the first week of operation
- Not only focus on verification of EMT operations, but also on providing support and guidance



Quality Assurance Visits

- Share information (including overall situation updates, new or updated SOPs and guidelines)
- Confirm EMT operations, including site of operation, type of service, compliance with standards, acceptance from the community, and exit strategy
- Support EMT operations, including feedback on potential improvements, assistance on operational issues, and others



Design of the 4th RCD

- Two (2) rounds of visit in both rounds of the EMT Patient Care
- Five (5) countries visited in each round
- Members of the team from Japan, Thailand, Philippines, and Indonesia
- Two (2) QA visit teams formed
- QA visit form used based on the EMT Self-Assessment Checklist



What went well in the 4th RCD

- Awareness about the quality assurance visit
 - Appreciation of its purpose and objectives
 - Something unique for the 4th Regional Collaboration Drill, and related to the Comprehensive Team Information towards the goal of strengthening/organizing EMTs in the ASEAN



What went well in the 4th RCD

- **Application of the EMT and EMTCC concepts**
 - Ownership by the Ministry of Health of the host country
 - Result of the EMTCC Training conducted in 2019



What went well in the 4th RCD

- **Quality Assurance Team acts as mentors**
 - Friendly environment
 - Willingness to assist and support the ASEAN Member States
 - Mixture of members from different organizations/countries (with various expertise)
 - Stimulus for the AMS to initiate/organize EMTs in their country



Issues and challenges

- Interferes with clinical management
- Language barrier
- Different level of understanding
- Not scheduled with the EMTs of the AMS
- Not everyone is aware of the EMT Blue Book principles



Recommendations

1

- **Familiarization with the Blue Book**
 - Buy-in of the AMS focusing on the benefits of organizing the EMTs for their country
 - Guiding principles, core and technical standards
 - Self-assessment checklist
 - Team composition
 - Logistics requirements
 - Capacity building requirements
 - Possible through e-learning method/workshop



Recommendations

2

- **Learn from the experience of Thailand EMT**
 - Presentation from the Thailand EMT on their experiences and challenges in forming their team
 - Possible ocular visit of the camp set-up with complete logistics, and meeting with the members
 - Sharing of the Standard Operating Procedures, list of logistics, team composition, and others

3

- **Roadmap for the organization of the EMTs for each AMS**
 - Guide on the steps that each AMS will undergo in organizing their EMTs
 - Identify the actual status (what they have, don't have, and should have)
 - Basis for the assistance needed by the AMS (ASEAN level mentoring)



Recommendations

4

• For the 5th RCD

- Dedicated time for the conduct of the quality assurance visit (not while the patient care is ongoing)
- The conduct of the QAV to be included during the EMTCC meetings/briefings
- Clear scenario for the AMS to avoid confusion
- Close to real deployment of EMT Type 1 Fixed, from registration to deployment to demobilization
- Familiarity on the QAV Tool

Recommendations

4

• For the 5th RCD

- Bringing/preparation of the SOPs, Comprehensive Team Information, layout, manuals etc.
- Accessing the VOSOCC for the QAV
- Host country to train and practice the EMTCC concepts and principles, as part of the learning environment
- The real members of the EMTCC should be member of the QAV Team
- The participants of the EMTCC Training (in 2019) to join the drill



Thank you!

RCD Planning

develop ○
Complete/Confirm ●

No.	Major Preparation Items	Timeline									
		9month Prior 20-Jan 1st Prep Workshop	MMR Prep by 13MAR	6 months Prior 8-9 April Mentor Visit	Very Intensive PrepWork (Apri-June) Telecon to Check Progress	3-4months prior June or July PWG2	Telecon to Check Progress	2 months prior Early August (TBC) 2nd Prep visit	Final Tuning	Execution 26-30 Oct RCD	AAR

1 Work Organization

- Mentor Team Identification
- Identification of relevant Agencies in Host
- Task force members are identified in MMR side
- communication protocol among Mentor and MMR
- logistics plan for 1st visit

2 Rough Framework (1st Draft)

- (Developing the early rough plan as follows)
- Rough Framework Form is developed with following factors:

- Event Date
- Duration of the Event
- Location / Venue
- Size of the event (no. of ppl, nat/intl)
- Budget / Cost Sharing Plan
- Purpose / Goal
- Specific Requirement from mentors
- 1st Draft ver of Master Scenario
- PHL template
- Country Profile / Disaster Type
- Link with National Policy Framework

3 Details Planning

- (Start developing the followings)
- Event Program
- Exercise Contents are identified
- Mentor Task Allocation is agreed
- Templates to be used are identified

Plan for further Details

- Session Plan
- (Session Plan Tool)
- INA template
- Inject Matrix
- PHL / INA template
- Logistics Plan
- (Logistics Preparation Matrix)
- PHL template
- Accommodation
- Evaluation Plan
- THL template

If not completed by PWG2,
definite deadline is 2nd prep
visit

-Resource Mobilisation Plan (people)

*THL chart

-Time line of Activities

*INA / PHL template

-Annotated Agenda

-PHL template

5 Logistics Implementation

6 Communication with AMS

Issue Invitation to all the AMS prior to 2 months

7 Comprehensive Team Information

-Review products by AMS from Bali RCD

-Sharing of the current version of CTI

-Remind and follow up by CTI Workshop

-Submit of latest version of CTI for RCD2020 use

8 EMTCC integration to RCD

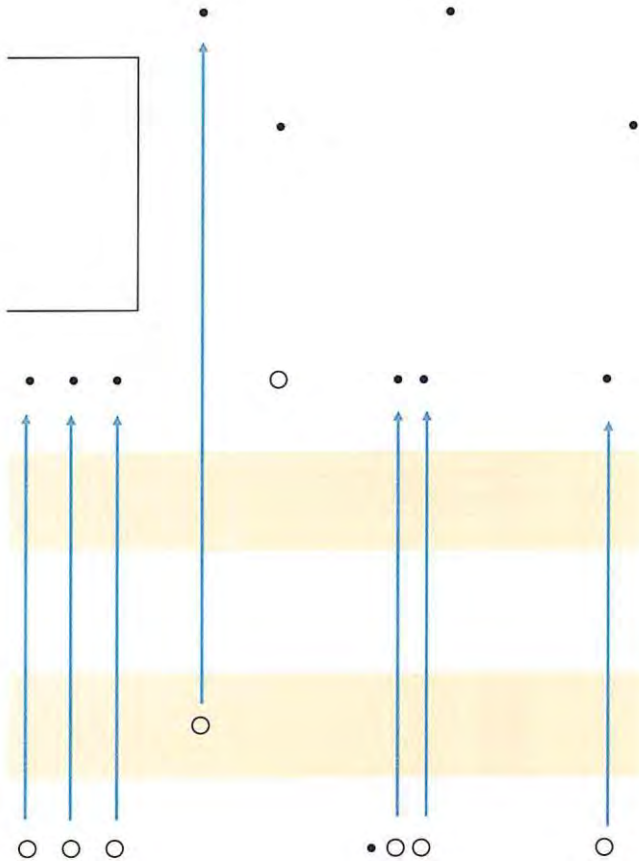
-Buy-in among MMR relevant actors

-Selection of candidates for EMTCC/HEOC training

-Resource mobilization of EMTCC trained in AMS

-Training contents/materials

-Conduct internal training for the candidates



OUTPUT 3: TOOLS FOR EFFECTIVE REGIONAL COLLABORATION ON DISASTER HEALTH
MANAGEMENT ARE DEVELOPED

- Integration of AMS I-EMT SOP into SASOP
- ASEAN Collective Measures

**OUTPUT 3: TOOLS FOR EFFECTIVE REGIONAL COLLABORATION ON DISASTER HEALTH
MANAGEMENT ARE DEVELOPED**

Event	<u>Tabletop Exercise (TTX) to Test Draft of AMS EMT SOP</u>
Dates	7-8 November 2019
Venue	Pullman Hotel Jakarta Indonesia
Participants	40 Participants from ASEAN Member States, ARCH Project, ASEC, AHA and related organization
Agenda	<ul style="list-style-type: none"> - Deployment - Mobilization of EMTs - On Sites Operations of EMTs - Demobilization and exit phase - Post-Deactivation phase
Summary of Discussion	<ul style="list-style-type: none"> - Issue raised on can MOH focal point access WebEOC, - WebEOC will remain as a collaborative tool between AHA Centre, NDMO, and ERAT. - NDMO is the lead/ single point of contact - Information sharing should not be limited to NDMO. - Subscribe to AHA Centre's information products to get Information sharing for Health Sector. - Other EMT forms beyond EMT registration form needs to be simplified. - Affected AMS will only receive one form (contractual arrangement), which will be as detailed as possible, including the EMT registration form (required by WHO, MOH can look directly at this form relevant to them) as an annex. - Mandate of SG-AHAC – coordinate and mobilize resources from AMS, including access to available funds, and to mobilize resources from ASEAN dialogue partners and other partners. - Role of SG-AHAC is bigger than the EMT SOP, but on a bigger scale, if there are challenges faced by EMTs or whoever involved in the disaster response, the SG-AHAC can be tapped on for his/her political push (as guided by ACDM). - Role of WHO and Health partners shall be discussed further more with WHO presence, might be during ARDEX.
Attachments	<ul style="list-style-type: none"> - TTX Next Step

	<ul style="list-style-type: none">- Summaries and Way Forward- Presentations and Documents
--	---

**Tabletop Exercise to Test the
Draft Standard Operating Procedures for the Coordination of
Emergency Medical Teams in ASEAN**
7-8 November 2019, Jakarta, Indonesia

Next Steps

Action	Timeline (by)
1. ARCH Project Team, AHA Centre and ASEAN Secretariat to revise draft EMT SOP based on recommendations from the TTX	December 2019
2. Consultation with TTX participants for inputs/feedback and/or endorsement of revised draft EMT SOP	January 2020
3. Consultation with ASEAN Health Cluster 2 Country Coordinators, and ACDM Working Group on Preparedness and Response for inputs/feedback and/or endorsement of revised EMT SOP (for testing)	February 2020
4. Consultation with ACDM regarding: [a] need for testing of EMT SOP in ARDEX 2020; and [b] form which EMT SOP will be integrated with ASEAN SASOP	March 2020
5. If testing in ARDEX not needed, consultation with SOMHD and ACDM for inputs/feedback and/or endorsement of revised EMT SOP [integration into SASOP may be deferred after ARDEX?]	March 2020
6. If testing needed, inclusion of EMT SOP in ARDEX 2020	June 2020
7. If no further changes proposed after ARDEX 2020, consultation with SOMHD and ACDM for inputs and/or endorsement a. Integration of EMT SOP to ASEAN SASOP, according to guidance by ACDM	July 2020 August 2020
8. If there further changed after ARDEX, the following are the indicative next steps a. ARCH Project Team, AHA Center and ASEAN Secretariat to revise EMT SOP accordingly b. Final consultation with AHC2CC and ACDM WG P&R for inputs and/or endorsement c. Final consultation with SOMHD and ACDM for inputs and/or endorsement d. Integration of EMT SOP to ASEAN SASOP, according to guidance by ACDM	July 2020 August 2020 September 2020 October 2020

**Tabletop Exercise to Test the
Draft Standard Operating Procedures for the Coordination of
Emergency Medical Teams in ASEAN
7-8 November 2019, Jakarta, Indonesia**

**Matrix of Concerns Raised, and Recommendations
and Ways Forward**

Concerns Raised	Recommendations/Ways Forward
Cost of deployment/ expenses of EMT from assisting country	<ul style="list-style-type: none"> • EMTs should be self-sufficient (as much as possible)
<p>Health sector disaster information sharing</p> <ul style="list-style-type: none"> • Can the MOH of affected country share the flash/situation updates submitted by NDMO to AHA Centre to MOH/AMS through the ASEAN EOC Network? <ul style="list-style-type: none"> - Can EMT/MOH focal points access WebEOC for real time updates? (Will NDMOs allow that?) - Will the NDMOs allow direct access/contact between AHA Centre & MOH? • Executive briefing – MOH brought in for AHA Centre briefings? • Can ASEAN health networks – such as ASEAN EOC Network, or MOH EMT contact points – be mobilized for health information-sharing in response, facilitate expedient health response – recognizing that final decisions are with NDMO or MOFA? <ul style="list-style-type: none"> - Or can this be facilitated by AHA Centre? • For consideration: Enhance coordination between MOH and NDMO on sharing situational awareness information, in addition to use of AHA Centre's Situation Updates 	<ul style="list-style-type: none"> • ASEAN EOC Network, MOH, and anyone can and perhaps should subscribe to AHA Centre's information products, even as these products are widely available to the public • WebEOC is not communication tool (WhatsApp is better); it is a collaborative tool • Philippines NDMO & MOH: NDMO as single focal point for coordination. Information sharing can be for more (including MOH). • Malaysia MOH agree with Philippines • Brunei NDMO agree with Philippines & Malaysia, also agree that WebEOC is a collaborative tool. • ED AHA Centre: WebEOC will remain as a collaborative tool between AHA Centre, NDMO, and ERAT. • Malaysia MOH offer ASEAN EOC Network as another platform for information sharing and for the purpose to explore other possibility to provide assistance • Within internal national DM network, can there be 1 focal point from MOH to access information being shared in WebEOC. Response from DED AHA Centre: Yes, in principle, access can be granted for 1 focal point, but there may be staff rotation. • DMHA ASEC: SG ASEAN can provide other information and convey requests of assistance. ED AHA Centre: But this information should be the same as what the AHA Centre has and can provide. SG more for political.

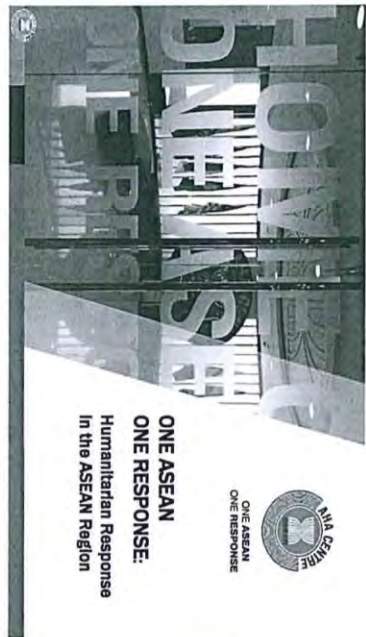
Concerns Raised	Recommendations/Ways Forward
	<ul style="list-style-type: none"> ED AHA Centre: differentiate between ASEAN EOC Networks (ASEAN public health EOC network) <p><i>Agreements:</i></p> <ul style="list-style-type: none"> NDMO is the lead/ single point of contact Information sharing should not be limited to NDMO Executive briefings (held at AHA Centre Jakarta) by AHA Centre: they will decide who will be brought along (invited to AHA Centre Jakarta or through video conference with NDMOs) Information sharing for health sector: ASEAN EOC public health network subscribe to AHA Centre's information products
<p>EMT registration form</p> <ul style="list-style-type: none"> To whom is this submitted to and used by? What is the purpose of submitting through V-OSOCC? For consideration: EMT registration as attachment to offer of assistance form. <p>EMT forms</p> <ul style="list-style-type: none"> Can EMT forms be simplified (cut or merged) in order to save time for decision-making and to ensure rapid deployment? For consideration: Conduct of annual review of forms; sharing of how AMS fill up forms 	<ul style="list-style-type: none"> Health ASEC: Submission of EMT registration form through V-OSOCC should be deleted from the EMT SOP Health ASEC, agreed by ED AHA Centre: EMT registration form should be attached to offer of assistance or contractual agreement form ED AHA Centre: it is confirmed that mandatory documents are offer of assistance and contractual agreement, and EMT registration form should be attached in these 2 documents Brunei NDMO propose that contractual agreement should be approved first, before submission of EMT registration forms can be done through V-OSOCC. DED AHA Centre: V-OSOCC not the approving authority for EMT registration, hence submission of forms there is not needed in that regard. However, information sharing of their registration is important for visibility of ASEAN's response. Other EMT forms beyond EMT registration form needs to be simplified.
<p>EMT medical equipment</p> <ul style="list-style-type: none"> Include in EMT SOP (as an annex) list of medical equipment that are to be brought in to affected country. 	<ul style="list-style-type: none"> MOPH Thailand: Agreed to include the list as an annex in the EMT SOP MOH Indonesia: agree with MOPH Thailand on medical equipment, but how about non-medical equipment?

Concerns Raised	Recommendations/Ways Forward
	<ul style="list-style-type: none"> • ED AHA Centre: NDMO plays a role in consolidating the lists for inclusion in the offer of assistance/ contractual agreement form • Health ASEC: agreed with ED AHA Centre on inclusion in official forms, but not necessary to include the lists in the EMT SOP annex, especially as it will be long • DED AHA Centre proposal: list of medical equipment included in the contractual agreement (as this form captures all the details of assistance, e.g. teams going in), does not need to be in offer of assistance <p><i>Agreement</i></p> <ul style="list-style-type: none"> • Affected AMS will only receive one form (contractual arrangement), which will be as detailed as possible, including the EMT registration form (required by WHO, MOH can look directly at this form relevant to them) as an annex
<p>EMT development/management</p> <ul style="list-style-type: none"> • Who will facilitate their development/ organization? How will this be structured? 	<ul style="list-style-type: none"> • MOPH Thailand: Development and structure of EMT depends on each AMS, their individual needs. • ED AHA Centre: AMS already have plenty of assets in Type I EMTs. Hence, we should build towards having Type II & III EMTs, so that we can provide useful assistance. • Health ASEC: raise this issue at the ASEAN committee meeting and the sub-working group in the ARCH project • Malaysia MOH: agreed that should build towards Type II & III. In their experience, setting up of the Type II field hospitals were done together with the Malaysian Armed Forces (relying on their resources for infrastructure) → perhaps can collaborate between AMS to pool resources • Brunei MOH: agree with Malaysia MOH on pooling of resources
<p>RDC Management</p> <ul style="list-style-type: none"> • How is EMT reception and departure managed considering potential deployment of ERAT, and EMTCC/MOH (in light of importance of CIQ process)? 	<ul style="list-style-type: none"> • Health ASEC: Recommend ARCH project to look into EMT SOP if there is a missing component to be included on RDC management • Philippines MOH: EMTs first received at PIHARC and have their point of contact there. Important to establish the point of

Concerns Raised	Recommendations/Ways Forward
	entry and contact for EMTs to go through and to upon arrival.
<p>Field multisectoral coordination</p> <ul style="list-style-type: none"> • EMT coordination with local EMTCC/PHEOC or health authorities • Coordination mechanism at the local level between/among DM, health and other sectors seems missing. • Coordination/links between local and national mechanisms also to be elaborated 	<ul style="list-style-type: none"> • Health ASEC: Coordination between JOCCA and EMTCC at the local level should be put in the EMT SOP • ED AHA Centre: JOCCA (set up by ERAT) at the local level co-located with affected NDMO post on the ground (there is also coordination at the national level with the NDMO, often in capital city), so is EMTCC also co-located in a similar manner? EMTs can link up with ERAT and tap on the information they have. • DED AHA Centre: ERAT and JOCCA will not coordinate EMTs, USAR, etc., but will want to link up with EMTCC to obtain information and perform gaps analysis → JOCCA & EMTCC linkage limited to information exchange • Indonesia NDMO: regarding location of coordination centres on the ground, EMTCC needs to be located on the ground in such a way that they can be linked up to the system, but for Indonesia's case, connection to the district/village level should only come about if requested. • EMTCC at national level, also JOCCA, at MAC (Indonesia case), while sub-EMTCC at provincial and district level • Indonesia NDMO: want to strengthen the regional mechanisms first, hence they request in previous disasters for coordination by the AHA Centre.
<p>Pre-agreed arrangements</p> <ul style="list-style-type: none"> • Can AMS consider pre-disaster agreements/arrangements regarding deployment of EMT based on agreed criteria, and in consultation with relevant authorities (NDMO, MOFA)? This may be refer to SAR experience. 	<ul style="list-style-type: none"> • ED AHA Centre: point was raised because in Central Sulawesi experience, SAR & EMT arriving after 48 hours will not add any value to Indonesia's response. Pre-agreed arrangements also being looked at by ACDM (e.g. in logistics, Malaysia earmarked 1x C-130 & 1 A400M for transport of relief items from Subang, Malaysia) – what things in health/EMT that can be deployed (1) within 48 hours, (2) after 48 hours that are still useful? • ED AHA Centre: Role of AHA Centre to set up ASEAN Standby Arrangements, in which AMS are requested to submit list of assets

Concerns Raised	Recommendations/Ways Forward
	<p>available for mobilization. Also, think about how to make full use of these assets.</p> <ul style="list-style-type: none"> • ED AHA Centre: next AJDRP should include EMT assets • Malaysia MOH: tough to deploy >Type I assets within 48 hours (e.g. took 72 hours to set up Type II field hospital) • Indonesia MOH: require logistics and medicine equipment preparation before anything happens so that these assets are available near the disaster zones, back-up doctors and nurses in primer healthcare are tapped on during disasters ← preparing capacities before disaster • AMS moving towards nationally-led responses, regional just to enhance <p>• <i>Requires further discussion</i></p>
<p>Code of conduct for deployed EMT</p> <ul style="list-style-type: none"> • For example, local practices in the engagement of EMT with press/media • For consideration: Affected AMS to provide guidance to incoming EMT through information packages, and briefings (at RDC or EMTCC) • For consideration: as a matter of principle, assisting EMT to recognize that each country has existing mechanisms in place. 	<ul style="list-style-type: none"> • General code of conduct in line with socio-cultural context of country • Thailand MOH: EMT must sign code of conduct to work overseas, with minimum standards in the code. Also, SOP for media conduct – no sharing on social media.
<p>SG-AHAC</p> <ul style="list-style-type: none"> • Can we explore SG-AHAC role in providing political support in addressing challenges/problems in the deployment of EMT (such as logistics support)? 	<ul style="list-style-type: none"> • DMHA ASEC: Mandate of SG-AHAC – coordinate and mobilize resources from AMS, including access to available funds, and to mobilize resources from ASEAN dialogue partners and other partners. • DMHA ASEC: MOFA is the first one that receives briefing from SG-AHAC • DED AHA Centre: SOP is an operational document <p><i>Conclusion</i> (as raised by DED AHA Centre, and agreed by DMHA ASEC):</p> <ul style="list-style-type: none"> • Role of SG-AHAC is bigger than the EMT SOP, but on a bigger scale, if there are challenges faced by EMTs or whoever involved in the disaster response, the SG-AHAC can be tapped on for his/her political push (as guided by ACDM).

Concerns Raised	Recommendations/Ways Forward
Role of WHO and health partners <ul style="list-style-type: none"> • What could be the role of WHO in EMT development or coordination in ASEAN? • How are offers of EMT assistance by dialogue and other partners dealt with? 	<ul style="list-style-type: none"> • DED AHA Centre proposal: discuss with WHO's presence, for example during ARDEX



The AHA Centre is the primary ASEAN regional coordinating on disaster management and emergency response. Our office also houses the Emergency Operations Centre (EOC), which serves as the central location in monitoring disasters and coordinating ASEAN's response to disasters

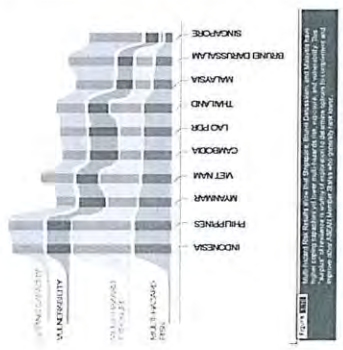
The ASEAN region has been the host of "catastrophic disasters" in the past decades ...

- 2004 Indian Ocean Tsunami (affecting Indonesia, Malaysia, Thailand and Myanmar)
- 2008 Cyclone Nargis in Myanmar
- 2013 Typhoon Haiyan in the Philippines

Combined damage costs from these disasters are estimated at a staggering US\$22.5 billion, with 278,000 fatalities



Multi-hazard Risk Results show that Singapore, Brunei Darussalam and Malaysia have higher coping capacities, yet lower multihazard risk, exposure and vulnerability. This "surplus" of resilience show opportunities to complement and improve other ASEAN Member States who generally rank lower.



... as well as high-level direction from the ASEAN Ministers in charge of Disaster Management, and the ASEAN Leaders (Heads of State/Government) ...

Disaster Management

ASEAN is well placed to become a global leader given its vast experience, knowledge and expertise in disaster management and emergency response by 2025... However, this current focus of the AHA Centre may need to be expanded in the next ten years ...

(ASEAN Vision 2025 on Disaster Management)

Resilience

Affirm that the AHA Centre is the primary ASEAN regional coordinating agency on disaster management and emergency response

AHA Centre, at a later stage, to enable ASEAN to respond to disasters outside the region, where appropriate, in partnership with regional and international agencies and centres ...

(ASEAN Declaration on One ASEAN One Response)



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Article 20

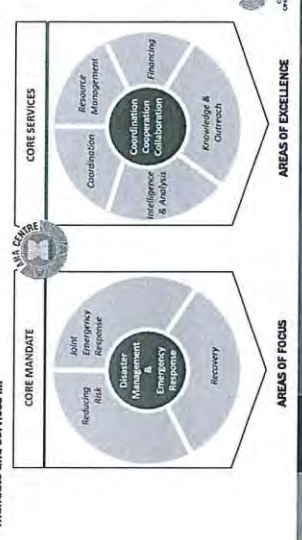
The ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre) shall be established for the purpose of facilitating the response to disasters affecting the Pacific and Southeast Asian region, and international cooperation, in promoting regional collaboration, disaster management and emergency response.

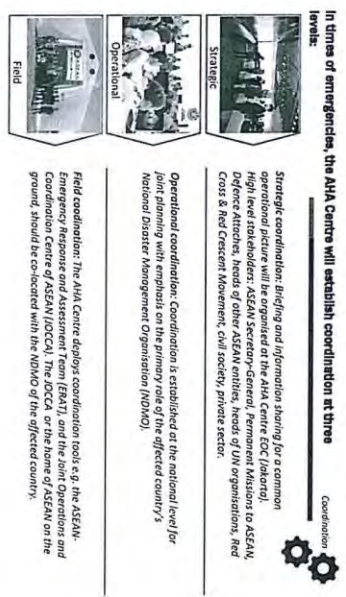
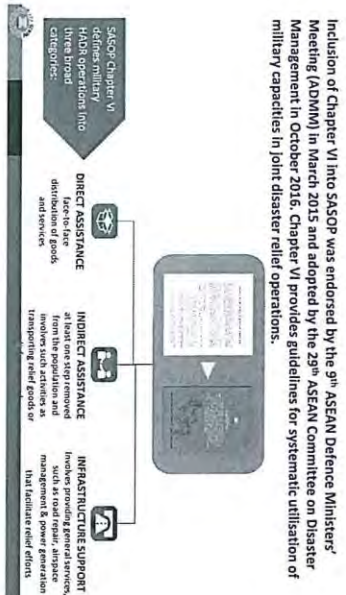
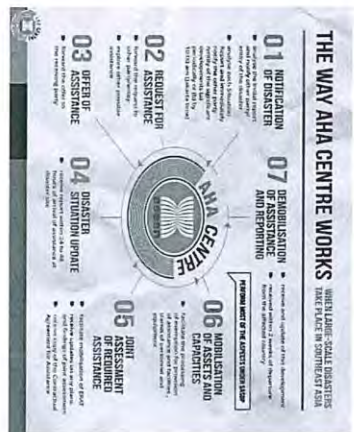
Article 3

The purpose of the AHA Centre is to facilitate the response to disasters affecting the Pacific and Southeast Asian region, and international cooperation, in promoting regional collaboration, disaster management and emergency response.



Based on the purpose of the establishment, the AHA Centre shall have the following core mandate and services ...





For post-Central Sulawesi earthquake & tsunami last year, the AHA Centre provided field coordination support

Field Coordination Support

The AHA Centre provided field coordination support for the post-Central Sulawesi earthquake & tsunami last year. The support included the deployment of the ASEAN Emergency Response and Assessment Team (ERAT) and the Joint Operations and Coordination Centre of ASEAN (JOCCA) to the affected area.

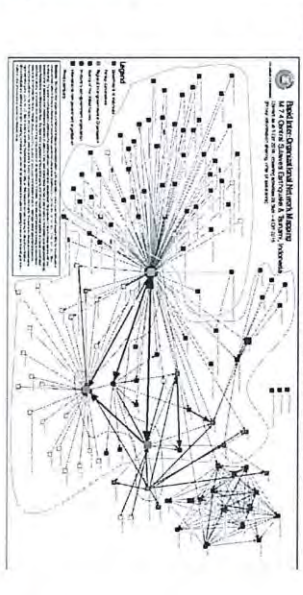
Joint Operations and Coordination

The AHA Centre provided joint operations and coordination support for the post-Central Sulawesi earthquake & tsunami last year. The support included the deployment of the ASEAN Emergency Response and Assessment Team (ERAT) and the Joint Operations and Coordination Centre of ASEAN (JOCCA) to the affected area.

Support to NDMO on Maritime

The AHA Centre provided support to the National Disaster Management Organisation (NDMO) on maritime operations for the post-Central Sulawesi earthquake & tsunami last year. The support included the deployment of the ASEAN Emergency Response and Assessment Team (ERAT) and the Joint Operations and Coordination Centre of ASEAN (JOCCA) to the affected area.

The AHA Centre played a coordination role within the first week of emergency response to help the Government of Indonesia manage incoming crisis of international assistance



The AHA Centre provides a platform for information sharing among ASEAN Member States and partners, as well as data intelligence and analysis services

Core Service 2: Intelligence and Analysis

The AHA Centre provides a platform for information sharing among ASEAN Member States and partners, as well as data intelligence and analysis services. The platform includes a Common Operating Picture (COP) and Information Products.

Common Operating Picture

The AHA Centre provides a Common Operating Picture (COP) for information sharing among ASEAN Member States and partners. The COP includes data on disaster-affected areas, relief operations, and other relevant information.

Information Products

The AHA Centre provides Information Products for data intelligence and analysis services. The products include reports, maps, and other data-related information.

The AHA Centre manages the database of standby resources of ASEAN Member States to fill the gaps and needs of affected country



Core Service 3:
Resource
Management



The AHA Centre is managing the Disaster Emergency Logistic System for ASEAN (DELSA), which consists of a stockpile of relief items located in Subang, Malaysia. Two other satellite warehouses in the Philippines and Thailand will be operational soon by end of 2019.



The AHA Centre is also managing the ASEAN-ERAT that can be deployed as a regional response team

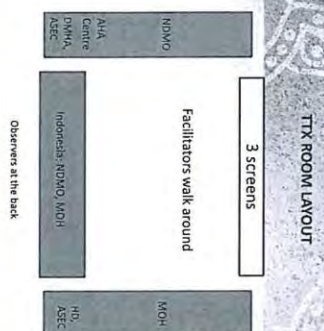
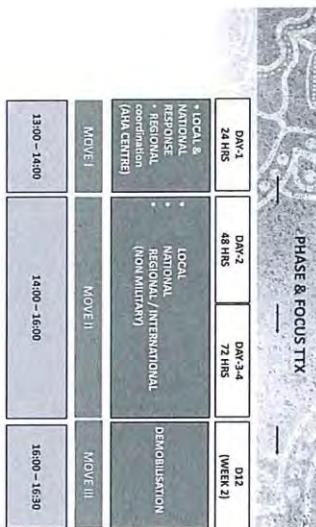


- Regional rapid response team
- Deployed upon request – free of charge
- In support of the National Disaster Management Organisation
- Currently over 320 in the roster and will grow more & go bigger in-country
- Immediate deployment - within 24h arrive in the affected country
- Fully self-sufficient
- Set-up a Joint On-Site Operations and Coordination Centre (JOCCA)
- Coordination, rapid assessment, logistic support, early recovery, civil-military coordination
- Deployed for approximately 10-14 days



- ### ISSUES TO BE TESTED
1. Coordination mechanism between NDMO of the Affected State and AHA Centre for issuance of the updated integrated information.
 2. Coordination between NDMO and AHA Centre related to the offer and acceptance of assistance, e.g. deployment of ASEAN-EMT, establishment of Joint Operations and Coordination Centre of ASEAN (JOCCA), Reception and Departure Center (RDC), EMTCC, etc.
 3. Coordination between NDMO and Ministry of Health related to the offer and acceptance of assistance, e.g. request for EMT and deployment of EMT, EMTCC.
 4. Demobilisation phase.

- ### GROUND RULES
1. Scenario: Sunda Megathrust in Indonesia.
 2. The scenario and injects have been developed as means of exploring organisational roles, responsibilities, and areas for enhanced cooperation, through facilitated discussion.
 3. The exercise is designed to stimulate discussion to identify the whole-of-government requirements for responding to disaster requiring Emergency Medical Teams.
 4. Do not fight the scenario.
 5. Players to participate openly.
 6. Facilitators may pause the exercise at any time to discuss the scenario, answer questions, or clarify information presented.
 7. Facilitators may also ask additional questions or provide more information that is tailored to the situation of Players.
 8. Interruptions from Observers are not permitted.



PLAYERS

No.	NAME / REPRESENTATIVE	Region	Notes
1.	Brunei Darussalam	Brunei Darussalam	Mr. Abdul Rahman bin Haji Ali
2.	Cameroon	Cameroon	Mr. Peter Fomoro
3.	Indonesia	Indonesia	Mr. Agus Supriatno Mr. Agus Supriatno Mr. Agus Supriatno Mr. Agus Supriatno
4.	Laos PDR	Laos PDR	Mr. Soukhoum Phommavith
5.	Malaysia	Malaysia	Mr. Abdul Razak bin Yusoff
6.	Myanmar	Myanmar	Mr. Aye Win
7.	Philippines	Philippines	Mr. Jose Miguel A. Mangosing
8.	Singapore	Singapore	Mr. Lim Guan Eng
9.	Thailand	Thailand	Mr. Anurudh Chavakul
10.	Vanuatu	Vanuatu	Mr. John Phillip Torg
11.	Yamalo-Nenets Autonomous Okrug	Yamalo-Nenets Autonomous Okrug	Mr. Yury Yuryevich
12.	Yamalo-Nenets Autonomous Okrug	Yamalo-Nenets Autonomous Okrug	Mr. Yury Yuryevich



FACILITATORS

1. Mr. Arnel C. Capili – AHA Centre
2. Dr. Prasit Wuthisuthimethawee – Prince Sonkla University, Hat Yai, Thailand
3. Mr. Jim Catampongan – Health Division, ASEAN Secretariat



OBSERVERS

1. ASEAN Center of Military Medicine (ACMM)
2. Security Cooperation Division 2, ASEAN Secretariat
3. Ministry of Public Health, Thailand
4. ARCH Project

THANK YOU



Tabletop Exercise to Test Draft of ASEAN EMT SOP

Event	1st SWG on ASEAN Collective Approach/ Measure Meeting
Dates	20 January 2020
Venue	Novotel Bangkok on Siam square
Participants	10 Participants from ARCH Project, Indonesia, Myanmar, Philippines, Thailand, Viet Nam, ASEAN Secretariat and Consultant
Agenda	<ul style="list-style-type: none"> - Expected Outputs/ Products (Proposal from Japan- Thailand Bilateral Meeting) - Report from Consultant (relevant International/ National policy and guideline) - Discussion on Contents/ Details of each Output/ Product - Briefing on Questionnaire for target countries & Field trip plan
Summary of Discussion	<ul style="list-style-type: none"> - The meeting discussed and agreed on the expected outputs/ products as well as their details in reference to/ based on the recommendation given by the Bilateral meeting. - Consulted about Questionnaire development in line with the previously agreed - Expected outputs/ Products and their accompanying activities. <ol style="list-style-type: none"> 1.) Customs Clearance <ul style="list-style-type: none"> - By June; Identify specific procedure in line with RDC, EMTCC protocol. - Identify EMT items and medicine by referring WHO Interagency Emergency Health Kit (IEHK) 2017 by WHO. 2.) Waste Management <ul style="list-style-type: none"> - Research existing EMT waste management guidelines by referring JDR Medical Waste Management Guideline. - Identify applicable parts of national waste management guidelines for AMS I-EMT in target countries. - Find issues and challenges to fill gaps between the existing EMT guidelines and requirements of waste management in target countries. 3.) Medical Malpractice <ul style="list-style-type: none"> - Develop new insurance scheme is very difficult task. - Collect opinions/past experiences regarding Government to Government compensation arrangement for medical malpractice by EMT 4.) Logistic Issue <ul style="list-style-type: none"> - Identify restrictions of import/ export regarding equipment brought by AMS I-EMT (e.g. Satellite phone) 5.) Legal Issue

	<ul style="list-style-type: none"> - Registration process of foreign medical practitioner (Medical doctor, Nurse, EMT) example; Medical Doctor: ASEAN Mutual Recognition Arrangements (MRA) on Medical Practitioners - Confirm necessity to obtain work permit in addition to MRA
Important Decisions	<ul style="list-style-type: none"> - Products/ Recommendation will be presented at 2nd SWG meeting (June 2020) - Agreed on the process ahead regarding the Questionnaire finalization, distribution and submission, which shall be completed by the end of February as well as implementation of Online discussion as required.
Attachments	<ul style="list-style-type: none"> - List of participants - Overall Programme - Meeting Document <ul style="list-style-type: none"> i) Expected Output ii) Example of Questionnaire of Indonesia iii) Summary Report Presentation

Participant List

1st Meeting of Sub-working Group (SWG) for ASEAN collective measure/ approach for AMS I-EMT, 20 Jan 2020

	Name	Title/ Organization
Indonesia	Dr. Rakhmad Ramadhanjaya	Head of Emergency Response Section, Center for Health Crisis, Ministry of Health
Myanmar	Dr. Zaw Soe Htike	Emergency Department, Nay Pyi Taw General Hospital, Ministry of Health and Sports
Philippines	Ms. Elmie Joy Villegas	Health Program Officer, Health Emergency Management Bureau, Department of Health
Thailand	Dr. Narumol Sawanpanyalert	Chief of Medical Emergency Response unit, Department of Medical Services, Ministry of Public Health
Viet Nam	Mr. Tran Quang Hung	Official, International Cooperation Department, Ministry of Health
AHA Center	absent	
ASEC	Mr. Jim Catampongan	Senior Officer, Health Division, Human Development Directorate, ASEAN Secretariat
Japan Advisory Committee	absent	
Facilitator	Dr. Kriangsak Pintatham	Thailand Task force team, ARCH Project
Co- facilitator/ SWG Secretariat	Mr. Taro KITA	Project Coordinator, ARCH Project
SWG Secretariat	Ms. Chiaki Kido	Consultant, Koei Research & Consulting Inc.



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

**First Meeting of Sub Working Group (SWG) for ASEAN Collective
Measure/ Approach for AMS I-EMT**

Date: 20 January 2020
 Location: Bangkok, Thailand
 Venue: Novotel Bangkok on Siam square
 Participants: Representatives of SWG (Indonesia, Myanmar, Philippines, Thailand, Viet Nam, AHA Center, ASEAN Secretariat, Japan)

Programme

Time	Activity	Presenter
08:30 - 09:00	Registration	
09:00 – 09:15	Participants Introduction	
09:15- 09:45	Background presentation	Mr. Kita
09:45 -10:00	Expected Outputs/ Products (Proposal from Japan- Thailand Bilateral Meeting)	Mr. Kita
10:00 - 10:15	<i>Coffee Break</i>	
10:15- 11:15	Discussion on Expected Outputs/ Products	Mr. Kita, SWG
11:15-12:00	Report from Consultant (relevant International/ National policy and guideline)	Ms. Kido
12:00 - 13:00	<i>Lunch</i>	
13:00-14:45	Discussion on Contents/ Details of each Output/ Product	Mr. Kita, SWG
14:45– 15:00	<i>Coffee Break</i>	
15:00 - 16:00	Briefing on Questionnaire for target countries & Field trip plan	Ms. Kido
16:00 - 17:00	Way forward - Next steps and schedule	Mr. Kita, Ms. Kido

ASEAN Collective Measure/ Approach - Work Plan

Details/ Activities

Customs Clearance	
① Guidance (Information) on Customs clearance procedure in 5 AMSs	System and procedures, Required documents, Relevant authority, Existing special arrangement during emergency, Customs broker list (Private agent)
June 2020	Identify EMT items and medicine (Type1 mobile or fixed) possibly categorized as controlled items, prohibited to export, Requires approval or authorization of use, according to Law/ Regulation. By referring WHO Interagency Emergency Health Kit (IEHK) 2017 by WHO
	Identify specific procedure in line with RDC, EMTCC protocol
② Proposal on special arrangement	Needs of special arrangement are identified If needed, such as Exemption of customs duties, taxes, tariffs or governmental fees, Waiver or reduce inspection requirements
June 2020 (as required)	

Waste Management	
① Draft "Collective measure" on Waste management for AMS I- EMT to meet EMT minimum requirement	Study relevant Law, Regulation, Protocol to specify minimum standard in target countries Research existing EMT waste management guidelines. Develop Guideline (hereinafter called "Collective measure") (by referring JDR Medical Waste Management Guideline)
June 2020	Identify applicable parts of national waste management guidelines for AMS I-EMT in target countries Find issues and challenges to fill gaps between the existing EMT guidelines and requirements of waste

	management in the target countries
② Draft Proposal on (special arrangement) for support provided by receiving countries (If required)	Support Needs, provided by receiving country, are identified such as "collection of Medical /Hazardous waste" by receiving country
June 2020	

Medical Malpractice	
① Possible development of Insurance scheme for AMS I-EMT	Identify/ interview Insurance company for possible development of malpractice insurance scheme in target countries
	Identify necessary contents of insurance
③ Proposal on special arrangement for support/ compensation	Propose to establish compensation mechanism by the respective governments.
④	Collect opinions/past experiences regarding Government to Government compensation arrangement for medical malpractice by EMT

Logistics issue	
① Development of Database of logistic information of Target countries	Information, that receiving country could provide for the AMS I-EMT, is identified for Database
June 2020	Designated point of entry (Airport, Seaport or Land-route)
	Available Space for EMT equipment
	Facilitation of Domestic transportation
	Facilitation of providing Security information (Background, Risk)
	Facilitation of Security provider (Organization, Private Company etc.)
	Facilitation of Logistic Service provider (Water, Food,

	Medical Oxygen)
②List of support for AMS I-EMT provided by receiving countries	Logistic support provided for AMS I-EMT provided by receiving country is identified
June 2020	Facilitation in providing necessary information by the receiving government - Communication (Local SIM card, Local phone, Radio equipment, Satellite phone, Internet connection, mobile Wifi)
	- Local human resources (Driver, Interpreter, Volunteer)
	- Fleet (Car, Ship, Boat)
	Identify pre-positioned stock for AMS I-EMT by AHA center
	Identify restrictions of import/ export regarding equipment brought by AMS I-EMT (e.g. Satellite phone)

Legal issue	
①Information on emergency application of relevant foreign licenses	Information is collected: Registration process of foreign medical practitioner (Medical doctor, Nurse, EMT) Medical Doctor: ASEAN Mutual Recognition Arrangements (MRA) on Medical Practitioners Nurse: ASEAN Mutual Recognition Arrangement on Nursing Services Emergency Medical Technician: TBC
June 2020	Information is collected: Application process of foreign driver's license 1985 AGREEMENT ON THE RECOGNITION OF DOMESTIC DRIVING LICENCES ISSUED BY ASEAN COUNTRIES
	Confirm necessity to obtain work permit in addition to MRA
② Draft Proposal on special arrangement (as required)	Needs of special arrangement is identified

Situation Survey for ASEAN Collective Measure to Support AMS I-EMT Deployment

Country Questionnaire: Indonesia

This questionnaire consists of 5 parts:

- Part 1 Customs clearance for EMT items
- Part 2 Laws and regulations related to medical wastes
- Part 3 Regulations and compensation for medical malpractice
- Part 4 Logistics
- Part 5 Procedures for overseas medical qualified persons

Please send back the filled questionnaire to (メーリングリスト?) by Feb xx (現地調査の前に設定)

During the country survey (仮にインドネシア、フィリピン、タイを 2/2～13、

ミャンマー、ベトナムを 3/1～11) , a survey team from Japan will do interviews to the person-in-charge in your country based on the filled questionnaire.

Thank you for your cooperation.

Part 1 Custom clearance procedure on EMT related items

Q1. In the case of goods importing with international organizations and foreign non-government organizations, your government seems giving wavier for import duties and excise according to prevailing regulations for customs and excise and Exemption of import tax (PDRI – Pajak dalam Rangka Impor) according to prevailing tax law. In that case, international organizations or foreign non-government organizations need to submit a request to BNPB to facility for permit procedure on imported good restriction and facility on import and export procedures.

1) Is the above mentioned regulation and procedure is collect? Please let me know more detailed application.

2) Is there a recommendable custom agency which EMT can use?

Part 2 Laws and regulations related to medical wastes

2-1 Laws and regulations

Q1. We have recognized laws and regulations in your country related to medical wastes disposal, listed below. To develop EMT guideline for medical waste disposal, which ones your country would like to utilize as (a) reference(s) to set a minimum requirement in your country? Please check the box ☒.

Category	Name	To be used as (a) reference
Law and regulation	National legislation on hazardous waste (1999)	<input type="checkbox"/>
	Legislation on all waste (2008)	<input type="checkbox"/>
	Legislation on hospitals and environment protection and management (2009)	<input type="checkbox"/>
Policy	Policies about health standards for hospital environment	<input type="checkbox"/>
	Policy of healthy city	<input type="checkbox"/>
guideline	Draft of clean hospital and primary health care guidelines (Are they still draft?)	<input type="checkbox"/>
	Draft of solid waste management in hospitals (Are they still draft?)	<input type="checkbox"/>
	Guidelines on waste management in primary health care	<input type="checkbox"/>
	Guidelines on hospital liquid waste management	<input type="checkbox"/>

Q2. Please attach electric copies of checked documents (in English) in Q1.

2-2 Types of medical waste and method of their disposal

Q3. We would like to know "type of medical waste" which needs special treatment or segregation by EMT in your country. Please check the box if it needs special treatment or segregation.

Type of waste	Requirement of special treatment or segregation by EMT	Please specify the method of treatment or segregation	Are there any exclusive waste disposal site for the specified medical waste?
Infectious waste	<input type="checkbox"/>		<input type="checkbox"/>
Chemical waste	<input type="checkbox"/>		<input type="checkbox"/>
Radioactive waste	<input type="checkbox"/>		<input type="checkbox"/>
Pressurized containers	<input type="checkbox"/>		<input type="checkbox"/>
General waste	<input type="checkbox"/>		<input type="checkbox"/>
Pathological waste	<input type="checkbox"/>		<input type="checkbox"/>
Sharps	<input type="checkbox"/>		<input type="checkbox"/>
Pharmaceutical waste	<input type="checkbox"/>		<input type="checkbox"/>
Waste with high content of heavy metals	<input type="checkbox"/>		<input type="checkbox"/>
(Please specify if it's necessary to add other categories)	<input type="checkbox"/>		<input type="checkbox"/>

Part 3 Regulations and compensation for medical malpractice

3-1 About regulations for medical malpractice

Q1. Does your country have regulations for medical malpractice? Please check the box ☒.

Yes ☐

No ☐

Q2. Do you think it's necessary to develop a special insurance product for the activity of EMT in the affected country? Please check the box ☒.

Yes ☐

No ☐

Q3. Is there any private property and casualty insurance companies in your country which might be interested in developing a special insurance product for the activity of EMT? Please check the box ☒.

Yes ☐

No ☐

Q4. If your answer to Q3 was Yes, please specify names of the companies.

Name of the company	Why do you recommend the company?

PART 4 Logistics

4-1 Minimum requirement of medical equipment and Medicine (items and quantity)

- Q1. Does your country stock medical equipment and medicine in order to response for disaster and I-EMT can access? If there is list, could you share ?

4-2 Transportation assistance (Fleet, Ship, Boat etc.) :

- Q2. Do you have plan to assist I-EMT regarding with transportation? Please describe the plan.

- Q3. Do you have plan to collect information of domestic transportation and main road situation in disaster situation? In that case, which institution is in charge of? Please describe the plan.

4-3 Local Human resource regarding logistics (Driver, Interpreter, Volunteer) :

- Q4. Please let me know estimation of how much human resource regarding logistics, such as driver interpreter volunteer, available in disaster situation?

4-4 Assistance to access Local SIM card, Phone, Radio Equipment, Satellite phone, Internet connection, mobile wifi:

- Q5. Is there any plan to assist in point of view of Local SIM card, Phone, Radio Equipment, Satellite phone, Internet connection, mobile wifi for I-EMT in disaster situation?

4-5 Available frequency

- Q6. Does your country have certain frequency which will be used for disaster situation been already set for wireless communication?

4-6 Safety measure

Q7. Is there any safety measure of I-EMT and N-EMT team?

4-7 Airport which accepting I-EMT

Q8. Which airport do you assign for accepting I-EMT team in disaster situation?

Q9. Please let me know the airport capacity such as runway length and strength.

4-8 Available and accessible warehouse

Q10. Do you assign any warehouse near airport for I-EMT team to access?

4-9 Foreign country activity which can be helpful to ease accepting I-EMT and N-EMT

Q11. Is there any activity that dispatching I-EMT country can take in order to ease accepting procedure in your country? If there is, please describe.

Part 5 Procedures for overseas medical qualified persons

5-1 Medical license permission procedure for overseas medical personnel

- Q1. "International medical country report, METI Japan" says; The recommendation and permission of medical council (KKI) are required for practicing medical treatment by foreign doctors. The medical council recommendation / permission given is generally temporary one, and if you want to perform multiple medical treatment, you must apply each time. Is this collect? Could you describe detailed procedure?

5-2 Legal basis such as visa, work permit, driving license, legal registration to enable employment and contract

- Q2. "Foreign company establishment procedures and required documents, JETRO" says as follows;

- 1) Visa, Work permit : Work is allowed for a resident visa (C312) which is valid for 1 year
- 2) Legal registration : Establishment of company, acquisition of business registration number, acquisition of location permit, acquisition of foreign employment permit, acquisition of environmental permit, acquisition of construction permit, acquisition of business launch permit, acquisition of capital goods and raw materials is required
- 3) Driving license : You can drive using an international driving permit that has been issued in Indonesia, as well as your driver's license from your home country. Alternatively, you can have the international driving permit issued in your home country before you leave, but this may need to be endorsed by the Indonesian licensing office in Jakarta once you arrive.

Is there any additional legal procedure such as visa, work permit, driving license, legal registration to enable employment and contract other than mentioned above?

- Q3. Is there any measure of easing regulation for taking visa, work permit, driving license, legal registration for I-EMT team during large-scale disasters?

- Q4. In the case your country dispatch EMT to disaster occasion in other country in AMS, do you have any preference on rescuing target with nationality? Such as do you prefer to save your country citizen rather than citizen of the affected country?

The end of this questionnaire. Thank you so much for your cooperation.

ASEAN Collective Measure/ Approach for AMS I-EMT

RCC-DHM, Bangkok Thailand

Taro KITA, ARCH Project

Steps and procedures

- Framework and TOR of Sub Working Group(SWG) was endorsed by PWG1 meeting in July 2019
- Preliminary discussion was carried out at Japan- Thailand bilateral meeting in October 2019
- Information collection by Consultant team (and by SWG members as required) and Analysis on related International Guideline/ Initiative
- "Expected Outputs/ Products", Details/ Contents, Questionnaire (1st SWG meeting)
- Questionnaire distribution, Online discussion, (Field visit as required)
- Analyze, draft proposal toward ASEAN Collective Measure/ Approach
- Products/ Recommendation will be presented at 2nd SWG meeting (June 2020)



Legal issues

Issue	Indonesia	Myanmar	Philippines	Thailand	Vietnam
a. Foreign Medical license permission procedure	<ul style="list-style-type: none">• There is ASEAN Mutual Recognition Arrangements (MRA) on Medical Practitioners, Nurse				
b. Legal basis such as visa, work permit, driving license, legal registration to enable employment and contract	<ul style="list-style-type: none">• Need to collect more information about challenges in the operational process				
c. Easing regulation during large-scale disasters					

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AMS I-EMT

- ✓ Emergency Medical Team in each AMS for overseas deployment for large scale disaster in ASEAN region shall be referred to AMS I-EMT.
- ✓ Acknowledged by other AMS that it can rapidly deploy across the border in the ASEAN region.
- ✓ Sufficient capacity to appropriately conduct medical supports for victims in affected area, in accordance with the WHO Minimum Standards.

8th PWG1 meeting, 11 Jul 2019

ASEAN Collective Measure/ Approach

- ✓ Logistic/ Legal/ Technical issues, which AMS have difficulties immediately satisfying the WHO EMT minimum standards.
- ✓ Discuss and agree on ASEAN collective measures or regional rules to complement self-sufficiency of each AMS I-EMT for swift and smooth deployment in the actual disaster.

8th PWG1 meeting, 11 Jul 2019

Logistic issues

Issue	Indonesia	Myanmar	Philippines	Thailand	Vietnam
<ul style="list-style-type: none"> • Local Human resource regarding logistics (Driver, Interpreter, Volunteer) • Assistance to access communication tool such as Local SIM card, Phone, Radio etc. and available frequency • Safety measure of I-EMT • Airport which accepting I-EMT • Storage which I-EMT can access to 	So far, detailed information is not available				

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Medical malpractice

Issue	Indonesia	Myanmar	Philippines	Thailand	Vietnam
a. Existence of regulations including legal penalties and compensations for medical malpractices	So far, detailed information is not available.				
b. Insurance company selling insurance package for medical malpractice for hospital workers	There are many private insurance companies selling medical malpractice insurance, such as Chubb (US), AEGIS (Vietnam), QBE Insurance (Australia), Asei (Indonesia), Malayan Insurance (Philippines) and Lockton (Thailand)				
c. Status of insurance system development to deal with compensation regarding EMT activities				Meetings with 52 domestic insurance companies (2019). Not successful	

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TOR- SWG for ASEAN Collective M/A

- ✓ SWG shall be set up under the PWG1 to study and discuss the ASEAN Collective measures or regional rules from a professional point of view.
- ✓ Results of discussion and recommendations will be submitted to the PWG1.
- ✓ Consultant team shall collect necessary information on the priority issues from relevant international/ national policy, guideline.
- ✓ SWG shall discuss on the information collected by the consultant and the through online communication among the members.
- ✓ SWG meetings will be organized twice in the extension phase.

8th PWG1 meeting, 11 Jul 2019

Target Countries

- ✓ Disaster prone and potential to receive AMS I-EMT as well as having experience hosting or plan to host RCD (Indonesia, Myanmar, Philippines, Thailand, Vietnam)
- ✓ Each target country shall nominate an appropriate member to the Sub-Working Group(SWG)

8th PWG1 meeting, 11 Jul 2019

Waste management

Issue	Indonesia	Myanmar	Philippines	Thailand	Vietnam
Guidelines	Draft of clean hospital and primary health care guidelines Draft of solid waste management in hospitals Guidelines on waste management in primary health care Guidelines on hospital liquid waste management	The hospital infection control guideline (2011), The hospital management manual (2011) SOP and guidelines for health-care waste management is in the process of developing.	Health-care waste management manual (2004)	Guidelines for management of waste from immunization activities	Circular No. 18/2009/TT-BYT on the guidelines on the implementation of infection control in health-care facilities

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Waste management

Issue	Indonesia	Myanmar	Philippines	Thailand	Vietnam
Policy	Policies about health standards for hospital environment Policy of healthy city		Republic Act No. 6969, An act to control toxic substances and hazardous and nuclear waste control act 1990 DOH administration order No. 2008-0021 on gradual phase-out of mercury in all Philippine health-care facilities and institutions	Existing but document name was not found out	

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SWG Structure

Member

- 5 AMSS (Indonesia, Myanmar, Philippines, Thailand, Vietnam)
- AHA Center
- ASEAN Secretariat
- Japan Advisory Committee

Secretariat

- ARCH Project
- Koei Research and Consulting (KRC)

Priority issues

- A) Customs compliance on all goods and materials for EMT operation
- B) Waste management
- C) Indemnity and malpractice
- D) Logistic support
- E) Registration of medical practitioners to practice in affected countries

Waste management

Issue	Indonesia	Myanmar	Philippines	Thailand	Vietnam
Existence of Law/ Regulation	National legislation on hazardous waste (1999) Legislation on all waste (2008) Legislation on hospitals and environment protection and management (2009)	No separate legislation on health-care waste management	Republic Act No. 8749/ The Philippine clean air act (1999) Republic Act No. 9003/ The ecological solid waste management act Republic Act No. 9003/ The ecological solid waste management act	Legislation on management of biomedical waste (2002)	Decision No. 43/2007/QĐ-BYT, MOH. Promulgating regulation on health-care waste management



Customs clearance

Issue	Indonesia	Myanmar	Philippines	Thailand	Vietnam
a. Medicine and medical equipment required to be brought with I-EMT Type 1	<ul style="list-style-type: none"> Interagency Emergency Health Kit 2017 explained about package of medicine and medical equipment which is necessary for various emergency situation 				
b. Restricted items to be brought in	<ul style="list-style-type: none"> Most of country restricts food and medicine without English label. 				
c. Speeding up measure for custom clearance in event of a large-scale disaster	<ul style="list-style-type: none"> "ASEAN SASOP Contractual Arrangement Form" can be used as verification of customs clearance. Need to collect more information about challenges in the operational process. 				

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Steps and procedures

- Framework and TOR of Sub Working Group(SWG) was endorsed by PWG1 meeting in July 2019
- Preliminary discussion was carried out at Japan- Thailand bilateral meeting in October 2019
- Information collection by Consultant team (and by SWG members as required) and Analysis on related International Guideline/ Initiative
- **"Expected Outputs/ Products", Details/ Contents, Questionnaire (1st SWG meeting, 20 January 2020)**
- Online discussion, (Field visit as required)
- Analyze, draft proposal toward ASEAN Collective Measure/ Approach
- Products/ Recommendation will be presented at **2nd SWG meeting** (Jun 2020)

1st SWG meeting for ASEAN collective measure/ approach 20 January 2020

Progress

- The SWG reviewed recommendation, which consists of expected outputs/ products and recommended activities on 5 issues, as a conclusion of preliminary discussion on the ASEAN CMI/A carried out at Japan- Thailand Bilateral meeting in October 2019.
- Reminded about its Terms of reference. Structure and Timeframe of the activity, in which 2nd SWG meeting in June 2020 shall be the goal of the activity.
- The SWG discussed and agreed on the expected outputs/ products as well as their details in reference to/ based on the recommendation given by the Bilateral meeting.

Interim Report from Consultant Team



Other Issues raised

	Issues	
Customs Clearance		
Waste Management		
Medical Malpractice	"Guideline or SOP" to prevent Medical incidents or reduce occurrence rate, as well as Reputation management, by including other issues such as patient information management.	⇒ TBC
Logistics issue	"Guideline" on developing Security/ Contingency plan, Insurance, and Logistic Management issues.	⇒ Training Needs ?
Legal Issue		

*SWG concluded that above items shall be separately discussed.



Expected Outputs / Products (by 2nd SWG, June 2020)

Expected Outputs / Products (by 2nd SWG, June 2020)

Expected Outputs/ Products	
Customs Clearance	① Guidance (information) on Customs clearance procedure in 5 AMSs ② Draft proposal on special arrangement (as required)
Waste Management	① Collective measure on Waste Management for AMS I-EMT ② Draft proposal on special arrangement for support provided by receiving countries (as required)
Medical Malpractice	① Pursue possible development of insurance scheme for AMS I-EMT ② Draft proposal on special arrangement for support/ compensation provided by the respective governments (as required)
Logistics Issue	① Development of database of logistic information of receiving countries ② List of support for AMS I-EMT provided by receiving countries
Legal issue	① Guidance (information) on emergency application of relevant foreign licenses ② Draft proposal on special arrangement (as required)

Other Issues raised



Activities (by 2nd SWG, June 2020)

Expected Outputs/ Products	
① Guidance (information) on emergency application of relevant foreign licenses	Information is collected: Registration process of foreign medical practitioner (Medical doctor, Nurse, Emergency Medical Technician) Driving license Confirm necessity to obtain "Work permit" By referring existing regional agreement [Medical Doctor: ASEAN Mutual Recognition Arrangements (MRA) on Medical Practitioners] [Nurse: ASEAN Mutual Recognition Arrangement on Nursing Services]
② Draft proposal on special arrangement (as required)	



Activities under each Expected Output / Product (by 2nd SWG, June 2020)

Activities (by 2nd SWG, June 2020)

Expected Outputs/ Products	
①Guidance (Information) on Customs clearance procedure in 5 AMSs	Customs Clearance Identify EMT items and medicine (Type1 mobile or fixed) possibly categorized as controlled items, prohibited to import/ export, requires approval or authorization of use, according to Law/ Regulation. [WHO Interagency Emergency Health Kit (IEHK) 2017]
②Draft proposal on special arrangement (as required)	Identify/ restrictions of import/ export regarding EMT equipment (e.g. Satellite phone). In addition to ordinary process, specific procedure in line with RDC, EMTCC protocol shall be studied. such as Exemption of customs duties, taxes, tariffs or Governmental fees, Waiver or reduce inspection requirements

Activities (by 2nd SWG, June 2020)

Expected Outputs/ Products	
①Development of database of logistic information of receiving countries	Logistics Support Information, that receiving country could provide for the AMS I-EMT, is identified for Database Designated point of entry (Airport, Seaport or Land-route), Available Space for EMT equipment, Domestic transportation, Security information, Security provider, Logistic service provider (Including facilitation in providing necessary information)
②List of support for AMS I-EMT provided by receiving countries	Logistic support for AMS I-EMT provided by receiving country is identified Communication (Local SIM card, Local phone, Radio equipment, Satellite phone, Internet connection, mobile Wifi), Local human resources (Driver, Interpreter, Volunteer), Fleet (Car, Ship, Boat) Identify pre-positioned stock possibly used by AMS I-EMT (AHA center)



Activities (by 2nd SWG, June 2020)

Expected Outputs/ Products	
① Pursue possible development of insurance scheme for AMS I-EMT	Identify/ interview insurance company for possible development of malpractice insurance scheme in target countries Identify necessary contents of insurance
② Draft proposal on special arrangement for support/ compensation provided by the respective governments (as required)	Study previously arranged compensation mechanism for EMT under Bilateral agreement



Activities (by 2nd SWG, June 2020)

Expected Outputs/ Products	
① Collective measure on Waste Management for AMS I-EMT	Research existing EMT Waste Management Guidelines. Study relevant Law, Regulation, Protocol to specify EMT minimum standard in target countries Develop collective measure by referring [EMT Medical Waste Management Guideline]
② Draft proposal on special arrangement for support provided by receiving countries (as required)	Such as "collection/ disposal of Medical/ Infectious/ Hazardous waste" by receiving country

OUTPUT 5: CAPACITY DEVELOPMENT ACTIVITIES FOR EACH AMS ARE IMPLEMENTED

- **Standard Curriculum Development**
- **Study for capacity development on DHM in AMS**
- **Field study in Lao PDR and Cambodia**

OUTPUT 5: CAPACITY DEVELOPMENT ACTIVITIES FOR EACH AMS ARE IMPLEMENTED

Event	<u>1st Sub-Working Group on Curriculum Development</u>
Dates	13-14 February 2020
Venue	Pullman Bangkok Grande Sukhumvit, Bangkok Thailand
Participants	40 participants from AMS, JICA, Chulabhorn Royal Academy
Agenda	<ul style="list-style-type: none"> ● Review of the ASEAN Health Cooperative Framework ● Brief on Project Working Group 2 (PWG2) Priorities ● Purposes, Objectives and Outcomes of SWG meeting ● Conclusions of requirements from ARCH project activities for Disaster Health Management training course ● Purpose for Basic Disaster Health Management Training Courses ● Brainstorming for Basic Disaster Health Management Training Courses ● Purpose of EMT coordination during disaster training course ● Conclusions of requirements from ARCH Project activities for EMT coordination during disaster training course ● Brainstorming for EMT coordination during disasters training course ● Draft of the Basic Disaster Health Management Training Course ● Draft on the EMT coordination during disasters training course
Summary of Discussion	<p>The sub-working group was established to develop standard training curriculum on Disaster Health Management. The meeting reviewed the ASEAN Health Cooperative Framework and noted components of ASEAN Health Cooperation that are related to Disaster Health Management.</p> <p>The meeting noted that the ARCH project has now entering the Extension Phase, and are introduced with the newly established structure; including SWG on Curriculum Development (under PWG 2). The meeting also reviewed key activities under PWG2 such as RCD, International Seminar and etc.</p> <p>The meeting noted SWG should develop TWO training curriculums by August 2020, details are as follows;</p>

	<ul style="list-style-type: none"> ● “Basic course for domestic deployment of national EMT” is expected to be 5-day course, and has been designed based on the tool developed by the Project Working Group 1: Minimum Requirements and Qualifications for Members of Emergency Medical Team (EMT). ● “EMT coordination during disaster training course” aims to build the personnel who have ability to <ul style="list-style-type: none"> ○ Coordinate and integrate with local disaster authorities and health system ○ Facilitate and give suggestion in managing Disaster Health Management team ○ Evaluate and analyze specific health needs <p>The training will be Four days including e-learning. However, a pilot course should be done in 3 days.</p>
Important Decisions	<ul style="list-style-type: none"> ● 2nd and 3rd meeting will be tentatively scheduled in May and June ● 1st training course for Coordination of Disaster medical operation shall be organized in August in Myanmar to strengthen their EMTCC ● 1st training course for domestic deployment of national EMT will be organized by Chulabhorn Royal Academy in 2021
Attachments	<ul style="list-style-type: none"> ● List of Participants ● Overall Programme ● Summary and Way Forward ● Presentations and Documents <ul style="list-style-type: none"> ○ Overview on Work of PWG2, ○ ASEAN Academic Network & Curriculum Development ○ Conclusion of requirements from ARCH Project activities for Disaster Health Management training course ○ Disaster Health Management Training Courses ○ Purpose for EMT Coordination during Disasters’ Training Course ○ Disaster Health Management Training Courses (Part 2) ○ Coordination of Disaster Medical Operation Team Training Course ○ Summation

Registration of First Meeting of Sub-Working Group (SWG) for Curriculum Development

On 13 – 14 February 2020 at Pullman Bangkok Grande Sukhumvit

No.	First name – Last name	Signature
1	Dr.Rajin Arora	
2	Dr.Phumin Silapunt	
3	Dr.Phummarn Saelim	
4	Dr.Isara Ariyachaipanich	
5	Dr.Varalee Aphinives	
6	Mr.Sompong Duengngon	
7	Ms.Niranuch Peekeaw	
8	Ms.Keavalin Chaisirilap	
9	Ms.Suvatee Apibartpuvanart	
10	Ms.Narisorn Bunrunghphan	
11		
12		
13		
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15		
16		
17		
18		
19		
20		

Registration of First Meeting of Sub-Working Group (SWG) for Curriculum Development
on 13-14 February 2020 at Pullman Bangkok Grande Sukhumvit

No.	First name – Last name	Signature
1	Dr.Narain Chotirosniramit	
2	Dr.Kriangsak Pintatham	
3	Dr.Prasit Wuthisuthimethawee	
4	Dr.Nopmanee Tantivesruangdet	
5	Ms.Sansana Limpaporn	
6	Ms.Kittima Yuddhasaraprasiddhi	
7	Ms.Dangfun Promkhu	
8	Mr.Taro Kita	
9	Ms.Ninuma Dullaphan	
10		
11		
12		
13		
14		
15		
16		

Registration of First Meeting of Sub-Working Group (SWG) for Curriculum Development
On 13 – 14 February 2020 at Pullman Bangkok Grande Sukhumvit

No.	First name – Last name	Country	Signature
1	Mr.Leo Chiong	Philippines	
2	Ms.Bernadett Velasco	Philippines	
3	Ms.Thi Hanh Trang Do	Vietnam	
4	Mr.Tien Dung Nguyen	Vietnam	
5	Mr.Sokoeu Ean	Cambodia	
6	Mr.Samsong Phom	Cambodia	
7	Ms.Somphone Soulapthy	Laos	
8	Ms.Oulaivanh Phonesavanh	Laos	
9	Ms.Norazlina Suryani Abd Rahman	Brunei	
10	Ms.Nora Md Yusof	Brunei	
11	Mr.Myo Hein	Myanmar	
12	Mr.Phyo Bo Bo Myint	Myanmar	
13	Mr.Fatahul Laham Bin Mohamed	Malaysia	
14	Ms.Madelina Ariani	Indonesia	

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

Attachment I

OVERALL PROGRAMME

**First Meeting of Sub-Working Group (SWG) for Curriculum Development
Bangkok, Thailand**

Date: 13-14 February 2020
 Location: Bangkok, Thailand
 Venue: Pullman Bangkok Grande Sukhumvit
 Participants: Representatives from ASEAN Member States, ASEAN Secretariat

Day 1: 13 February 2020

Time	Agenda
08:30 - 09:00	Registration
09:00 - 09:15	Welcome remarks
09:15 - 09:45	Introduction of participants
09:45 - 10:00	Group photo
10:00 - 10:30	Minute of the seventh meeting of PWG2
10:30 - 10:45	<i>Break</i>
10:45 - 11:15	Purpose, objectives, and outcomes of SWG meeting on curriculum development
11:00-11:30	Conclusion of requirements from ARCH project activities for Disaster Health Management training course
11:30-12:00	Purpose for Basic Disaster Health Management training course
12:00 - 13:00	<i>Lunch</i>
13:00-14:30	Brainstorming for Basic Disaster Health Management training course
14:30 - 15:00	<i>Break</i>
15:00-15:45	Conclusion and Q&A
15:45 - 16:00	Closing for Day 1

Day 2: 14 February 2020

Time	Agenda
08:30 - 09:00	Registration
09:00 - 09:30	Purpose for EMT coordination during disasters training course
09:30 - 10:00	Conclusion of requirements from ARCH project activities for EMT coordination during disasters training course
10:00 - 10:30	<i>Break</i>
10:30-12:00	Brainstorming for EMT coordination during disasters training course
12:00 - 13:00	<i>Lunch</i>
13:00-13:45	Draft the Basic Disaster Health Management training course
13:45-14:30	Draft the EMT coordination during Disaster training course
14:30 - 15:00	<i>Break</i>
15:00-15:30	Conclusion
15:30 - 15:45	Closing Remarks

Summary of the First Meeting of Sub-Working Group (SWG) on Curriculum Development 13-14 February 2020 in Bangkok, Thailand

1. The 1st Meeting of Sub-Working Group (SWG) on Curriculum Development was hosting by Chulabhorn Royal Academy, National Institute for Emergency Medicine and Japan International Cooperation Agency on 13-14 February 2020 at Pullman Bangkok Grande Sukhumvit.

2. Review of the ASEAN Health Cooperative Framework

- Review of the ASEAN Health Cooperative Framework was delivered by representative from the ASEAN Secretariat, Health Division.
- The meeting noted components of ASEAN Health Cooperation that are related to Disaster Health Management; including,
 - ASEAN Post 2015 Health Development Agenda (APHDA)
 - ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats
 - The Project on ASEAN Regional Capacity Strengthening on Disaster Health Management or ARCH Project.
- ASEAN Post 2015 Health Development Agenda has been operationalized with four Health Clusters and 20 health priorities. Disaster Health Management is in Health Cluster 2, and becomes the 12th Priority in the APHDA. ASEAN ARCH Project is one of the activities that are planned to be executed under 12th Priority in the APHDA apart from the Declaration/Joint Statement on Disaster Health Management.
- ASEAN ARCH Project was developed based on the Regional survey on status of disaster medicine which found that each ASEAN Member State (AMS) has diverse needs, capacity, institutional arrangements, and human resources. The project aims to enhance AMS capacity, while strengthen regional coordination in disaster health response, and with Phase one being completed the project provided the following results;
 - Regional coordination platform is set up.
 - Framework for regional collaboration practices is developed.
 - Tools for effective regional collaboration on disaster health management are developed.
 - Academic networking in AMS is enhanced.
 - Capacity development activities for each AMS are implemented.
- The meeting noted that the ARCH project has now entering the Extension Phase, and are introduced with the newly established structure; including,
 - Regional Coordination Committee on Disaster Health Management (RCCDHM) which was organized for the first time in January 2020.
 - Sub-Working Group on Collective Measures (under Project Working Group 1)
 - Sub-Working Group on Curriculum Development (under Project Working Group 2)

3. Brief on Project Working Group 2 (PWG2) Priorities

- The meeting noted inputs from the Fourth Regional Collaboration Drill;
 - Consider mass casualty incident management, acute disease outbreak or CBRNE resulting from impact of main disaster, as part of scenario/injects; and,
 - Enhance information management.
- Academic Network will be developed to support academic activities on DHM in every AMS.
- International Seminar is planned to be organized in the first quarter of 2021.
- A Study on Academic/Training, Systems and Needs for Capacity Development in DHM in AMS have been conducted through questionnaire-based survey and field study to identify possible training institutes, training needs, needs for external support and possible institutes that may be members of academic network.

- Standard Training Curriculum will be developed to address common regional needs and adapted to local context. Sub-Working Group on Curriculum Development will develop training curricula and facilitate the verification and certification processes.
- Regional Disaster Health Training Center then will deliver the training curricula.

4. Purposes, Objectives and Outcomes of SWG meeting

- The meeting noted there will be two meetings of SWG on Curriculum Development; including in February, May and June/July 2020.
- The meeting noted the plan for the SWG meeting on Curriculum Development;
 - SWG should develop TWO training curriculums by August 2020.
 - Basic course for domestic deployment of national EMT
 - Coordination of Disaster medical operation
- The 1st training course for Coordination of Disaster medical operation shall be organized in August in Myanmar to strengthen their EMTCC.
- The 1st training course for domestic deployment of national EMT will be organized by Chulabhorn Royal Academy in 2021.
- Dr. Prasit, representative from Thailand, added on purposes of having standardized curriculums on Disaster Health Management. He adds that every country will have International EMTs that reach WHO standards; however, ASEAN needs to set its standard team by using same standards and training curriculums, so that AMS can help each other although they haven't met WHO standard.
- Dr. Phumin, speaker of the session, further delivered a proposal for coordinating body of academic network. He proposed that ARCH project team should be coordinating body of the academic network in the first stage while RCCDHM designs and setups the appropriate body.
- This issue will be discussed in next project working group 2meeting and present to next RCCDHM meeting in the Philippines.

5. Conclusions of requirements from ARCH project activities for Disaster Health Management training course

- The meeting noted inputs from four Regional Collaboration Drills.
- In each RCD, different concepts had been injected with gradual progress.
 - Pre-Deployment process were being more practiced in the third and fourth RCD.
 - Composite team and quality assurances had been introduced in the fourth RCD.
 - Other issues included RDC process (Reception and Departure Center), EMTCC, Reporting Form, Health Needs Assessment, Information management and Demobilizing phase.
- Dr. Prasit introduced a Learning Pyramid and stated each drill deploys different learning approaches.
- Dr. Prasit summarized the inputs from AMS towards training needs (Table 1);
 - 1st RCD: AMS needs many capacity-building topics.
 - 2nd RCD: AMS concerned on differences in triage system.
 - 3rd RCD: AMS raised the needs to include other public health issues not related to trauma.
 - 4th RCD: AMS needs an emphasis on Team management.

Table 1. Inputs RCDs associated with Basic Disaster Health Management training course

1 st RCD	2 nd RCD	3 rd RCD	4 th RCD
-Public health -Team management -Protocol of working -Standardize facility, equipment and medicine -Legal provision -Checklist and action card (role and responsibility) -EMT curriculum	-Standardize equipment and medicine -Standard triage -ICS -AMS standard knowledges and skills -Understand roles and responsibility	-Other health issues e.g. heat -public health mixed team -CBRNE -EMT standard	-SOPs -Team management -Regional training course (basic & instructor) -Regional training programs

1 st RCD	2 nd RCD	3 rd RCD	4 th RCD
-SOPs for EMT -5Cs (command, control, coordination, communication, cooperation)			

6. Purpose for Basic Disaster Health Management Training Courses

- The meeting noted purposes, background and conceptual framework of Basic Disaster Health Management Training Courses delivered by Dr. Phummarin.
- Training Course on Basic Disaster Health Management has been designed based on the tool developed by the Project Working Group 1: Minimum Requirements and Qualifications for Members of Emergency Medical Team (EMT).
- Conceptual Framework: Small EMTs will be trained with the basic course before gathered up to be a bigger team which will be trained in the advance course.
- Development of this curriculum will go through a process, starting from Planning, Developing Content, Selection of Education methods, Assessment and Education Environment.
- **Objectives of Basic Disaster Health Management Training Courses:**
 - Develop disaster-related healthcare team
 - Enhance competent knowledge, clinical and non-technical skills
 - Managing and coordination skills
 - Providing healthcare
 - Be self-sufficient

7. Brainstorming for Basic Disaster Health Management Training Courses

- The session allowed participants to propose topics that should be included in Basic Disaster Health Management Training Courses, methods of teaching and durations of the course.

A. Requirement and Core Competencies: The following list shows the proposed topics by AMS.

Requirement and Core Competencies
Incident Command System (ICS)
Standardized color coding and categorization for equipment
Regulations, legislations and laws on disaster management in affected countries
Training material, SOPs, Standardized participants, Qualification of EMT
Introduction on concepts of disaster health management
Management of donations
Pre-hospital/in-hospital setting
Standardized code alert system
Basic radio communication, installations, etc.
Information management
Other public health issues i.e. sanitation, rehabilitation, disease outbreak
Composition of EMTs (number/qualification)
Health Needs Assessment
Leadership management during disaster (Team management i.e. team dynamic)
Safety and security of team and facility
Dead bodies management
Critical resource management
Self-sufficiency skill/survival skill
Logistics management
Business continuity plan and Contingency Plan
Minimum standard for humanitarian response

Requirement and Core Competencies
Intersectionality
Ethical issues
Demobilization plan
Public Health Surveillance
Hospital Evacuation
Civil-military coordination
Linkage of health clusters to other agencies
Introduction to working in hostile environment
Risk Communication
Finance and administration skill
GPS and map reading, navigation
Emergency Operation Center (EOC) (Team coordination)
Triage system (Physical and Psychological)
Hazard vulnerability analysis
Disaster Risk Reduction
Infection prevention and control i.e. PPE, quarantine, etc.
Disease outbreak
Waste management
Field Exercise and Table Top Exercise

B. Learning Activities

Activities	Details
Lecture	15% of the course With E-learning as prerequisite and Pre-test (CAI)
Brainstorming	60% of the course Using Scenario-based approach (use real disaster, compiling of situation, specific situation)
Group Discussion	Using Scenario-based approach (use real disaster, compiling of situation, specific situation) Guide questions (facilitator-led discussion) Identify roles and responsibility
TTX	Agreed to be utilized.
FTX	Agreed to be utilized.
Post-test	Use MPL with repetition of test.
Game-based approach	Prize-driven
Simulation	Specific skill (lifting and transporting skill)

*Remark: standardized training materials, less clinical aspect, different languages, individual and team score (MPL)

C. Duration of the course:

Five days with pre-course learning

8. Purpose of EMT coordination during disaster training course

- The meeting noted purposes of the EMT coordination during disaster training course delivered by Dr. Phummarin.
- **Objective of EMT coordination during disaster training course:**
 - to build the personnel who have ability to
 - Coordinate and integrate with local disaster authorities and health system
 - Facilitate and give suggestion in managing Disaster Health Management team
 - Evaluate and analyze specific health needs
- The meetings provided feedbacks on the concepts of the course regarding the composition between domestic coordination and international coordination based on WHO EMTCC Handbook. Therefore, the following options are made;

Options	Details
A. Same or little deviation from WHO EMTCC but use in the ASEAN training	Reduce challenges from expenditure
B. Basic or Domestic Coordination training course as baseline course before extended to WHO EMTCC course on international deployment	Create another course for the locality to be integrated further.
C. Make a supplementary chapter in WHO EMTCC Handbook	
D. Combination of all above options	

- The meeting suggested that Option A will be the fastest option if there are only 6 months and two meetings of SWG left. Dr.Prasit proposed that all options can be combined.

9. Conclusions of requirements from ARCH Project activities for EMT coordination during disaster training course

- Dr.Prasit introduced the concept of the drill to the participants in which the drill divided scenario into regional and provincial levels and the drill used WHO EMTCC concept to run the scenario.
- Dr.Prasit summarized inputs from AMS towards training needs for EMT Coordination (Table 2).

Table 2. Inputs RCDs associated with EMT coordination during disaster training course

1 st RCD	2 nd RCD	3 rd RCD	4 th RCD
-Referral system -RCD roles and functions -Coordination with other units e.g. ERAT, SAR, social welfare -Language -Communication platform and facility	-CIQ, RDC and other coordination procedures -Information management	-Logistics and communications - I-speed utilization	-Roles of affected country -Deployment agreement -Coordination procedures

10. Brainstorming for EMT coordination during disasters training course

- The session allowed participants to propose topics that should be included in EMT coordination during disasters training course, methods of teaching and durations of the course.

A. Requirement and Core Competencies: The following list shows the proposed topics by AMS

Requirement and Core Competencies
Protocol for national and international pre-deployment
Concept for RDC
Logistics and communication (Affected country) i.e. Transportation
Cultures and beliefs
Language barriers
Data and Information management
Incident management system and EOC system (EMTCC Structure and functions)
Standard Facility installation
EMTCC handbook
Pre-deployment assessment and preparation (i.e. insurance, professional approval process)
Demobilization procedures
Overview of all relevant agencies (i.e. AHA Centre, JOCCA, SASOP, AADMER)
CIQ process
Scene assessment and safety
Roles, responsibilities and capacities of EMTs and EMTCC members
Concept of VOSOCC (Virtual OSOCC), WebEOC, JOCCA
Press Conference
Health Needs Assessment and Evaluation (planning) and prioritization and matching needs and resources
Communication and Advising skills, empowerment and advocacy
General concept of Disaster Management with focus on Disaster Health Management (Cycle, Management process, Concepts, Public health, risk assessment)
Minimum standard of EMT coordination from EMT Coordination Handbook
Sub-clusters under health cluster system (i.e. Mental health)
Concept of EOC function
Psychological first aid, PTSD (volunteer, victim, team) and post evaluation
Post-deployment plan
Quality assurance and supportive functions
Learning mindset (local mechanism, adaptation, etc.)
Code of conduct and ethical issues
Safety and Vulnerable group
Management of non-compliant team
Strengthening the capacity of EOC staff

B. Learning Activities

Activities	Details
Lecture	30% of the course with E-learning as prerequisite and pre-test Pre-test: Doesn't have to set minimum score (MPL) and can be used as reward.
Brainstorming and Group Discussion	30% of the course Scenario-based discussion, lesson learned from real incident Demonstration can be part of group discussion
Simulation	Can be conducted on Communication system and VOSOCC
Exercise	Scenario-based
Post-test	Use multiple choices questions

C. Duration of the course:

Four days including e-learning. However, a pilot course should be done in 3 days. The meeting proposed that the course should be evaluated by the third party.

11. Draft of the Basic Disaster Health Management Training Course

- Dr. Phummarin compiled the inputs given by the participants and propose the draft curriculum.

A. Core Competencies

Core competencies will be categorized into 6 groups as follows;

1. Describe disaster health management and disaster risk reduction framework
2. Recognize identity/entities and mechanism of disaster health management
3. Demonstrate communication and information management
4. Demonstrate self-sufficiency in the disaster area
5. Demonstrate Critical resource management
6. Demonstrate specific a.) medical care and b.) logistic support

B. Sub-competencies

Each core competency has its sub-competencies and topics as illustrated in Table 3.

Table 3. Sub-competencies in each core competency

Core competencies	Sub-Competencies/topics
1. Describe disaster health management and disaster risk reduction framework	1.1 Introduction on concepts of disaster health management
	1.2 Other public health issues i.e. sanitation, rehabilitation, disease outbreak, public health surveillance
	1.3 Health Needs Assessment
	1.4 Infection prevention and control i.e. PPE, quarantine, etc.
	1.5 Hazard vulnerability analysis (HVA)
	1.6 Disaster Risk Reduction
2. Recognize identity/entities and mechanism of disaster health management	2.1 Composition of EMTs (number/qualification)
	2.2 Regulations, legislations and laws on disaster management in affected countries
	2.3 Minimum standard for humanitarian response
	2.4 Emergency Operation Center (EOC) (Team coordination)
	2.5 Incident command system (ICS)
	2.6 Ethical issues
3. Demonstrate communication and information management	3.1 Communication theories (information >> Tool >> Reception)
	3.2 Risk Communication
	3.3 Information management (Minimum Data set)
IV. Demonstrate self-sufficiency in the disaster area	4.1 Self-sufficiency skill/survival skill
	4.2 Introduction to working in hostile (Austier) environment
	4.3 GPS and map reading, navigation
	4.4 Safety and security of team and facility

Core competencies	Sub-Competencies/topics
V. Demonstrate Critical resource management	5.1 Leadership management during disaster (Team management i.e. team dynamic)
	5.2 Intersectionality
	5.3 Demobilization plan
	5.4 Business continuity plan and Contingency Plan
	5.5 (SOPs) Standardized color coding and categorization for equipment
	5.6 (SOPs) Waste management
	5.7 (SOPs) Dead bodies management (Certificates of death)
VI. Demonstrate specific medical care and Logistic support	
a. Medical care	6.1a Pre-hospital/in-hospital setting
	6.2a Triage system (Physical and Psychological)
	6.3a Psychological issues for EMT, volunteer, victims (first aid)
b. Logistic support	6.1b Basic radio communication, installations, etc.
	6.2b Logistics management (Principles of logistics)
	6.3b Finance and administration skill

C. Other categories

International deployment	Management of donations
Coordination course	Civil-military coordination
	Linkage of health clusters to other agencies
	Risk Communication
	Emergency Operation Center (EOC) (Team coordination)
Practice concern	Training material, SOPs, standardized participants, qualification of EMT
	Field Exercise and Table Top Exercise
Affecting area aspect	Hospital Evacuation

D. Contents of the curriculum

Module	Learning Objectives	Time	Competency
Module 1. General knowledge in disaster	<ul style="list-style-type: none"> - To describe definition, types, extent of disaster. - To understand mechanism of each disaster's hazard. - To describe impact of disaster to affected area. - To understand disaster cycle and risk assessment. 	0.5 hour	1.1 1.5 1.6
Module 2. Disaster and disaster health management	<ul style="list-style-type: none"> - To describe general concept of disaster management in each process of disaster cycle. - To describe definition of health, health system and disaster health management. 	1 hour	1.2 1.3 1.4

Module	Learning Objectives	Time	Competency
	<ul style="list-style-type: none"> - To understand and discuss about disaster health management. - To compare general disaster management to disaster health management. 		
Module 3. Laws, regulations and administrations in disaster management	<ul style="list-style-type: none"> - To recognize important policy and framework. - To understand laws and regulations of disaster health management in local and national level. - To identify organizations which take part in disaster health management in local, national and ASEAN level. - To understand documentation, financial protocol and administration process in disaster management. 	1 hour	2.2 2.3 2.4 6.3b
Module 4. communication and coordination mechanism in disaster management	<ul style="list-style-type: none"> - To describe content, receiver, time interval, method and reason of communication in disaster situation. - To describe importance of minimal data set and reporting system in disaster management. - To describe coordination mechanism in local, national and ASEAN level in disaster situation. 	1 hour	3.1 3.2 3.3
Module 5. Role and capability of Basic disaster management team	<ul style="list-style-type: none"> - To describe role and responsibility of basic disaster management team. - To describe strengths and weaknesses of basic disaster management team. 	0.5 hour	2.1
Module 6. Survival theories	<ul style="list-style-type: none"> - To understand factors to survive in critical situations. - To describe how to survive in critical situations. - To describe self-preparedness and team preparedness to survive in critical situations. - To describe how to conduct safety, adequate food and water, establishment of accommodation. 	1 hour	4.1 4.2 4.3 4.4
Module 7. Obligation to the affected area	<ul style="list-style-type: none"> - To describe environmental control during settlement. - To describe waste management. 	0.5 hour	5.6
Module 8. Critical resource management theory	<ul style="list-style-type: none"> - To understand concept of perception and situation awareness. - To understand comprehensive and holistic thinking. - To understand projection and critical thinking to resolve problems. 	1.5 hour	5.1 – 5.7
Module 9. Ethic and humanitarian issues	<ul style="list-style-type: none"> - To understand ethical issues in disaster management. - To understand humanitarian issues on WASH, shelter and health system approach. 	0.5 hour	2.6

Module	Learning Objectives	Time	Competency
Module 10a. Basic disaster emergency response	(Health personnel ONLY) - To describe concept of disaster emergency response (CSCATTT). - To describe psychological response in disaster.	0.5 hour	6.1 – 6.3
Module 11a. Specific hazard 1 - Earthquake / tsunami - Typhoon - Eruption - Building collapse - Social unrest	(Health personnel ONLY) - To describe concept of abrupt onset disaster. - To describe specific concern in clinical practice - High velocity laceration - Burn - Crush syndrome - Bomb injury/ chemical injury/ Radiation injury - etc.	1 hour	
Module 12a. Specific hazard 2 - Flooding - Drought - Wildfire - Endemic disease	(Health personnel ONLY) - To describe concept of long-standing disaster. - To describe specific concern in clinical practice - Exacerbation of chronic disease - Weather related disease - Pollution related - Disease control and Health surveillance	1 hour	
Module 10b. Communication devices installment and operation	(Logistician ONLY) - To understand component and mechanism of communication devices such as radio transmitter (Single sided band), satellite communication, or other innovations. - To describe strengths and weaknesses of each type of communication devices - To describe how to set-up devices and how to operate and control devices.	1 hour	6.1b
Module 11b. Transportation and control	(Logistician ONLY) - To describe concept of transportation in disaster. - To describe appropriate type of transportation in each specific condition. - To describe how to perform safe transportation and control.	0.5 hour	6.2 b
Module 12b. Facility installment	(Logistician ONLY) - To describe concept of basic facility such as accommodation, electricity, light, water, waste, included clinical facilities. - To describe how to install the facilities effectively.	1 hour	6.2 b

E. Draft Schedule

	07.00 - 08.00	08.00 - 09.00	9.00 - 10.00	10.00 - 11.00	11.00 -12.00	Lunch	13.00 - 14.00	14.00 - 15.00	15.00 - 16.00	16.00 - 17.00	17.00 - 24.00
Day 1	Greeting / Registration	Course introduction	Group discussion : Disaster and disaster health management				Group discussion : Lesson learnt and storytelling	Lecture : Incident command system	Group discussion : Laws and regulations in disaster management		SDL*
Day 2	SDL*	General workshop :perception and situation awareness		General workshop : Comprehension, communication and decision making			General workshop : Team work (Games)		Group discussion : Roles and mission of Basic disaster management team		SDL*
Day 3	SDL*	Lecture : introduction to Medical team coordination	Group discussion : Ethics, accountability and humanitarian effort	Clinical workshop 1 Triage and disaster response procedures / psychosocial response in disaster			Clinical workshop 2 : Group discussion : specific hazard management		Clinical workshop 3 : Medical records health need assessment and minimal data set		SDL
				Technical workshop 1 : Review of lifting and moving skills			Technical workshop 2 : Transportation and safety		Technical workshop 3 : Communication devices installments and operation		
Day 4	SDL*	Table top exercise : PUTTING IT ALL TOGETHER					Brief team and self deployment	Field exercise : Field deployment / facilities establishment / communication system installment and operation / safety protocols / clinical facilities settlement / etc.			Field exercise : scenario encounter (about 6-8 hours)
Day 5	SDL*	Field exercise : scenario encounter continue Coordination cells meeting / daily report and after action review						Post-test examination		Course evaluation	

F. Feedback from participants

- The meeting adds “post-deployment plan” to core competency V.
- The meeting raised the issue on “Hospital Evacuation” whether I-EMTs can perform it or not, since it might be the authorities of the local. Dr.Prasit gave the idea that it is still the concept that I-EMTs need to know to the assess the situation before evacuating the patients, and administration personnel of hospitals can also benefit from this process. I-EMTs are supporters for this task.
- The meeting raised the question over the issuance of certificates.
 - The meeting noted that the certificates will be issued by RCCDHM.
 - The meeting noted the proposal of 5 year-certificates.
- The meeting raised a question over the frequency to organize this course.
 - The meeting noted that at least two courses could be organized before instructor and refresh courses.
- The meeting was reminded of the background differences between the individual. The course should discuss more on the Care of Carers, to prepare the personnel physically and psychologically. A scenario-based exercise can help facilitate this task.

12. Draft on the EMT coordination during disasters training course

- The meeting noted the draft schedule to conduct EMT coordination during disasters training course as presented by Dr.Kriangsak.

A. Focus on the course

1. Leadership and Coordination
2. Communication (with EMTs, the MOH, and other coordinating entities)
3. Quality Assurance (by promoting and applying EMT Minimum Standards)
4. Supportive Services (operational support for the EMTCC)

B. Draft schedule: (Table 4)

C. Feedback

- The meeting gave an idea that the course on the first day (General information on Disaster Health Management) could be interactive lecture.

D. The first course will be conducted in Myanmar in August 2020.

13. Conclusion

- The meeting noted that the draft schedules are for the pilot courses.
- Dr.Prasit proposed to name the EMT Coordination course as CO-DMOT which stands for “Coordination of Disaster Medical Operation Team”
- Way forward:
 - The meeting noted the importance of working as a team.
 - Objectives of each topic will be added to be submitted in the next SWG meeting.
 - Course materials will have to be developed.
 - All comments are welcomed.
- The meeting was informed that the third meeting of the Sub-working group might be changed to June or July 2020 and experts from Japan will join this meeting.

Table 4. Draft Schedule of EMT Coordination during disasters training course

	9.00 – 10.00		10.00 – 11.00		11.00 – 12.00		12.00 – 13.00		13.00 -14.00		14.00 – 15.00		15.00 – 16.00		16.00 – 17.00	
Day 1	Pretest	Introduction	LT: Coordination function/Incident management		TD: Standard facility installation		Lunch		TD: Predeployment process		TD : Communication setup	DM: Public information management	TD : Ethic/legal issue	TD: Special issues	TD: HNA	
Day 2	TD: Team briefing/local logistic issue	TD: Tasking and resource allocation		ST: Tasking and resource allocation		TD: data management			LT: SASOP and ASEAN mechanism in disaster response						DM: RDC process	
Day 3	ST: Coordination of disaster medical operation team								TD: Quality assurance/Mx non-compliant		TD: Demobilization /deactivation		Post test		Course Evaluation	

LT = Lecture TD = Topic discussion ST = Simulation
DM = Demonstration

Overview on Work of Project Working Group 2, ARCH Project

**First Meeting of
Sub-Working Group on Curriculum Development
13-14 February 2020 | Bangkok, Thailand**

Presented by:
Health Division, ASEAN Secretariat
Jakarta, Indonesia



Presentation coverage

- ASEAN Post 2015 Health Development Agenda (APHDA) and Governance and Implementation Mechanisms
- ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats, with focus on Health Priority 12 on Disaster Health Management
- Project on ASEAN Regional Capacity Strengthening on Disaster Health Management (ARCH Project)
 - Objectives, expected outputs, implementation arrangements,
 - Expected outputs under purview of Project Working Group 2 in extension phase



ASEAN Post-2015 Health Development
Agenda (APHDA)

APHDA Governance and Implementation
Mechanisms (GIM)



ASEAN Health Cooperation's articulation of their contribution to ASCC Blueprint 2025 Implementation



Vision
"A healthy, caring and sustainable ASEAN Community"

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



ASEAN Post-2015 Health Development Agenda (APHDA): Alignment and Complementarity

APHDA 2016-2020

- Vision and Mission
- Goals and Strategies
- Clusters and Health Priorities
- Cluster Work Programs
- Governance and Implementation Mechanism

ASEAN Vision, Mission, Blueprint



SDG, int'l. frameworks

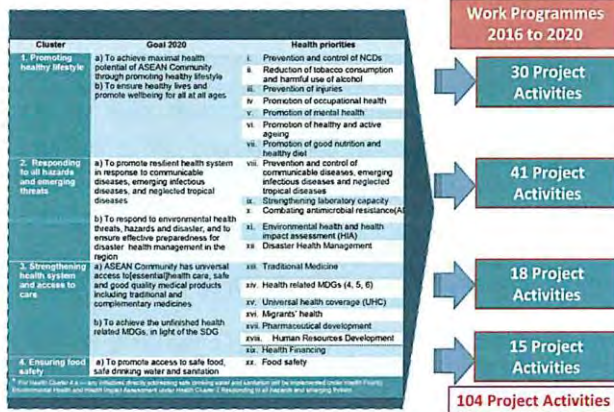


ASEAN Post-2015 Health Development Agenda

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

* For Health Cluster 4 a – any policies directly addressing safe drinking water and sanitation will be implemented under Health Priority Environmental Health and Safety

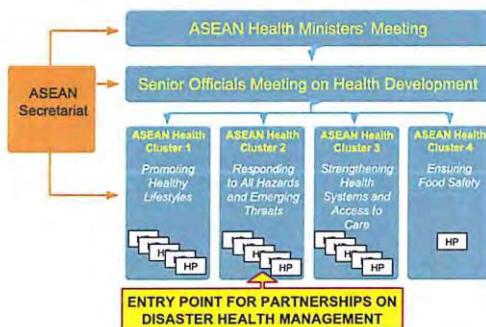
ASEAN Post-2015 Health Development Agenda



Governance and Implementation Mechanisms

- Aim at streamlining and strengthening the effectiveness of the ASEAN Health Cooperation in response to priority health issues in ASEAN, and capitalise on the comparative advantages of working together across the Region
- Main governing bodies of the ASEAN Health Cooperation:
 - ASEAN Health Ministers' Meeting (AHMM) whose function is at the policy level;
 - Senior Officials' Meeting on Health Development (SOMHD) whose function is at the strategic/executive level, covering the strategic and operational management.
- Implementation/operational bodies:
 - AHC 1 on Promoting Healthy Lifestyles
 - AHC 2 on Responding to All Hazards and Emerging Threats
 - AHC 3 on Strengthening Health Systems and Access to Care
 - AHC 4 on Ensuring Food Safety

Governance and Implementation Mechanisms



ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats

Health Priority 12 on Disaster Health Management (DHM)
including updates on programmes and projects under the Health Priority

ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats

Health Cluster 2 Strategy	Develop effective, efficient and resilient health system including strengthening capability, capacity and advocacy to prepare, detect, prevent, respond and mitigate all hazards including communicable diseases, neglected tropical diseases, emerging and re-emerging infectious diseases; strengthening laboratory capacity; addressing issues of anti-microbial resistance; tackling issues on environmental health and health impact assessment; and disaster health management.
Health Cluster 2 Priority Strategies	<ul style="list-style-type: none"> • Ensure a high level of capability, collaboration and capacity to detect, investigate, contain and manage communicable diseases, including outbreaks of emerging and re-emerging infectious diseases, neglected tropical diseases, and strengthening laboratory capacity as well as preparedness for pandemics and other public health emergencies including disasters in line with the SDG. • Advocacy to close down the occurrence and spread of AMR by improving prevention and control, strengthening regulation and optimizing use of antimicrobial, increasing awareness and developing and strengthening surveillance system for AMR and rational antimicrobial use • Strengthen capacity to manage ASEAN priorities on environmental health risks and issues, and health impact assessment.

Health Priority 12 on Disaster Health Management

Health Priority 12 Disaster Health Management	Outcome Indicators by 2020 <ul style="list-style-type: none"> • Establish Disaster Medicine and Emergency Medical System Network (including capacity building for ASEAN Member States) • Strengthen ASEAN collaboration on Disaster Health Management Target by 2020 <ul style="list-style-type: none"> • Collaboration mechanism and network on Disaster Health Management established in 2020.
Programme strategy	<ul style="list-style-type: none"> • Strengthen regional prevention, preparedness and response through capacity building as well as enhancing operation system on disaster/health emergency medicine at national level and disaster medicine at regional level by advocacy on ASEAN collaboration network through strong focal point in each AMS.
Projects from 2016-2020	<ul style="list-style-type: none"> • Develop national and community health emergency and disaster risk reduction through public health emergency operation centre committee and public health awareness and preparedness [Philippines, Malaysia] • Develop Declaration/Joint Statement on Disaster Health Management [Thailand, Philippines] • Implement the ASEAN ARCH Project (Project for Strengthening ASEAN Regional Capacity in Disaster Health Management) with its regional activities, targets, outputs and indicators [Thailand, Viet Nam, Philippines][JICA]

ASEAN Leaders' Declaration on Disaster Health Management (DHM)

Why there a need for a Declaration?

Provide a political commitment to operationalise Disaster Health Management in ASEAN

Provide collective action in strengthening disaster health management in ASEAN through the ASEAN Health Sector; and in responding to health impacts of disasters and emergencies, considering:

-Existence of ASEAN cooperative mechanisms in disaster management

-Disaster health management as one of the 20 Health Priorities of the ASEAN Post- 2015 Health Development Agenda 2016-2020

Provide strategic regional direction of the ASEAN Health Sector in contributing to the realisation of the ASEAN Declaration on One ASEAN One Response

ASEAN Leaders' Declaration on Disaster Health Management (DHM)

Strategic priorities

Strengthen **cooperation in enhancing capacities** of AMS in deployment and mobilisation of capacities for regional response to ensure delivery of services

Ensure **safe and resilient hospitals and health facilities** that can withstand impacts of disasters and emergencies

Develop **procedures for collaboration** for effective regional health response to disasters that are aligned with ASEAN mechanisms

Establish **regional disaster health training centre, and networking** with academic institutions for research, operational reviews and development of new solutions in protecting public health in disasters

Strengthen all hazards health emergency and disaster risk management **programmes**

Scale up efforts to ensure **financing of health response**, as well as in **institutionalising disaster health management**

Promote public and private **investments in disaster risk reduction**

Plan of Action to Implement the ALD on DHM

Five priority areas to implement the ALD on DHM

- Strengthening and enhancing regional collaborative frameworks on disaster health management
- Multi-sectoral participation in disaster health management
- Integration of DHM frameworks/concepts into national legal and regulatory framework
- Investment to improve and develop critical health facilities and infrastructure at national level

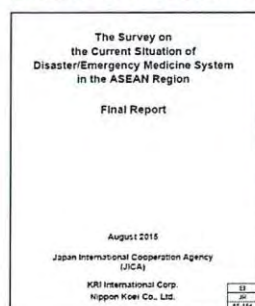
Implementing mechanism

- **Regional Coordination Committee on Disaster Health Management** supported by RCC DHM Coordinating Secretariat

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

ASEAN ARCH Project Phase 1

Regional survey on status of disaster medicine

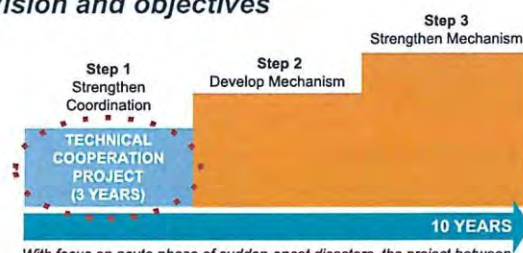


- Diverse needs, priorities, capacity, development plans, institutional arrangements, human resources
- Importance of collaboration and mutual support in preparedness and response seen
- Disaster health response has to be well-coordinated with other sectors



ASEAN ARCH Project Phase 1

Vision and objectives



With focus on acute phase of sudden-onset disasters, the project between July 2016 – Aug 2019 aims to:

- Enhance AMS capacity
- Strengthen regional coordination in disaster health response

ASEAN ARCH Project Phase 1

Objectives	<ul style="list-style-type: none"> Strengthen regional collaboration on disaster health management for rapid and effective response to disasters. Enhance capacity of each ASEAN Member State on disaster health management and emergency medicine
Project Results	<ul style="list-style-type: none"> Regional coordination platform is set up Framework for regional collaboration practices is developed Tools for effective regional collaboration on disaster health management are developed Academic networking in AMS is enhanced Capacity development activities for each AMS are implemented

Proposed regional collaboration tools in the delivery of emergency medical services (through EMT) in ASEAN

Standard operating procedures for the coordination of emergency medical teams in ASEAN (ASEAN EMT SOP)

Minimum requirements and qualifications for EMT members

Database for EMT in ASEAN

Health Needs Assessment Form

Medical Record Form

ASEAN ARCH Project Extension Phase

- From July 2019-April 2021, aims to ensure the outputs achieved during Phase 1 are sustained, and related capacity needs identified during Phase 1 are strengthened
- Priority components:
 - Standard training curriculum on disaster health management
 - Study to identify current capacities and critical capacity strengthening needs of AMS
 - Regional collective mechanism to ensure EMT deployment comply with WHO standards
 - Documentation of EMT deployment and coordination in disaster health response
 - Regional collaboration drills



ASEAN ARCH Project Phase 1 – Present

Implementation arrangements



Priorities during the Extension Phase

Project Working Group 1	Project Working Group 2
<ul style="list-style-type: none"> Draft workplan 2021-2025 for Health Priority 12 on Disaster Health Management Facilitate endorsement of regional collaboration tools Collect and share lessons learned from responses of actual disasters in ASEAN Study the possibility of ASEAN collective measures and approaches for ASEAN EMT 	<ul style="list-style-type: none"> Establish academic network on DHM and organize international academic seminar Develop standard training curriculum and establish regional training centres Study/survey on potential and needs for capacity development on DHM in ASEAN Member States Conduct regional collaboration drills

Brief on PWG 2 Priorities/Extension Phase

Regional Collaboration Drill (RCD)

- Reviewed conclusions and recommendations from 4th RCD based on after-action review, and put forward proposals for next RCD:
 - More patient details
 - Consider mass casualty incident management, acute disease outbreak or CBRNE resulting from impact of main disaster, as part of scenario/injects
 - Enhance information management
- Expressed support to proposal of Myanmar to host 5th RCD in October 2020 using severe EQ as severe scenario. Revised proposed discussed during consultative meeting in Jan 2020
- Reviewed and proposed revisions to the guidance note for preparation of RCD. Revised note will be test during 5th RCD

Brief on PWG 2 Priorities/Extension Phase

□ Academic Network and International Seminar

- Network to support academic activities on DHM in every AMS and mandated to:
 - Promote and support training activities
 - Organise regional conferences every two years
 - Publish ASEAN journal/e-bulletin twice a year
 - Conduct joint research annually
 - Conduct consultations in supporting DHM activities
- One national focal point per AMS as link with regional network and to coordinate with national institutes that are part of network. Revised TOR presented to RCC DHM which supported its design and setup.
- Noted proposed 3-day international seminar in Q1/2021

Brief on PWG 2 Priorities/Extension Phase

□ Academic/Training, Systems and Needs for Capacity Development in DHM in AMS [a]

- **Aims to identify:**
 - Possible educational and training institutes capable of conducting domestic trainings
 - Training/competency needs of personnel on DHM
 - Needs for external support in the organization of DHM training programmes, and
 - Institutes that may be members of academic network
- **Study processes:**
 - Questionnaire-based survey, July – Nov 2019
 - Field study, Feb – March 2020
 - Produce report, April 2020

Brief on PWG 2 Priorities/Extension Phase

□ Academic/Training, Systems and Needs for Capacity Development in DHM in AMS [b]

- **Areas of inquiry:**
 - Medical education system, especially focusing on EMS
 - Information on educational institutes in above system, especially on EMS
 - Situation of education or training on DHM, including pre-service education and in-service training
 - Needs for education and training on DHM
 - Capability of education institutes to conduct domestic DHM training programmes
 - Needs for external resources to carry out trainings
 - Consideration of multisectoral issues in DHM education and training

Brief on PWG 2 Priorities/Extension Phase

□ Standard Training Curriculum and Regional Disaster Health Training Centre

- Standard training curriculum developed that will address common regional needs and priorities, that can be adapted to national context for local delivery
- Proposed curricula developed for practitioners who are
 - Identified for regional/international deployments (though developed curricula are not requisite for regional deployments
 - National EMT members who have not been trained
- SWG on Curriculum Development will develop training curricula and facilitate verification and certification processes for centres intending to deliver developed training curricula
- Network of regional disaster health training centres delivering

Thank you for
your attention!



For more details,
please contact:

The Health Division
ASEAN Secretariat
health@asean.org



ASEAN ACADEMIC NETWORK & CURRICULUM DEVELOPMENT

Dr. Phumin Silapunt
Chulabhorn Royal Academy (CRA)



ASEAN HEALTH SECTOR

- ASEAN Health Minister Meeting (AHMM)
- Senior Official Meeting on Health Development (SOMHD)
 - Post 2015 ASEAN health development agenda : 20 Health Priorities
 - 4 Health Cluster
- Health Cluster 2: Health Priority 8th-12th
- 12th Health Priority : Disaster Health Management (DHM)
- Thailand are Lead country for ASEAN Health priority 12th DHM



12TH HEALTH PRIORITY'S WORK PLAN (2016-2020)

Output 1 - ARCH project phase I (as official ASEAN project)

- Completed
- Satisfy outcome
- Continue Extension phase

Output 2 - ASEAN Leader Declaration on DHM

- Adopted by ASEAN summit on November 2017, Manila.
- Plan of action to implement the Declaration was endorsed.



ARCH PROJECT

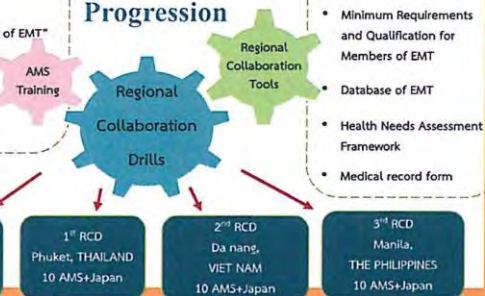
The project for Strengthening the ASEAN Regional Capacity on Disaster Health Management

- Developed by Japan International Cooperation Agency (JICA) and National Institute for Emergency Medicine (NIEM) (2014-2015)
- Endorsed by ASEAN Senior Officials' Meeting on Health Development (SOMHD) in 2015
- Project period (Phase I) : July 2016 – June 2019
- Extension phase I : July 2019 – March 2021



Activities & Progression

- 1st Training: (9 AMS)
"Human Resource Development"
- 2nd Training: (10 AMS)
"Capacity Development of EMT"
- 3rd Training: (10 AMS)
"International EMTs"
- 4th Training: "EMTCC"



- SOP for the Coordination of EMT in the ASEAN
- Minimum Requirements and Qualification for Members of EMT
- Database of EMT
- Health Needs Assessment Framework
- Medical record form

START-UP DRILL

- Bangkok, Thailand
- 17-19 January 2017
- No. of Participants : 9 Teams 45 persons



START-UP DRILL

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START-UP DRILL

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START-UP DRILL

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START-UP DRILL

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START-UP DRILL

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1ST REGIONAL COLLABORATION DRILL

CRA

- Phuket, Thailand
- 17-19 July 2017
- No. of Participants : 11 EMTs 60 persons

1ST REGIONAL COLLABORATION DRILL



1ST REGIONAL COLLABORATION DRILL



1ST REGIONAL COLLABORATION DRILL



1ST REGIONAL COLLABORATION DRILL



2ND REGIONAL COLLABORATION DRILL

- Danang, Viet Nam
- 26-28 March 2018
- No. of Participants : 11 Teams 55 EMTs

2ND REGIONAL COLLABORATION DRILL



2ND REGIONAL COLLABORATION DRILL



2ND REGIONAL COLLABORATION DRILL



2ND REGIONAL COLLABORATION DRILL



2ND REGIONAL COLLABORATION DRILL



3RD REGIONAL COLLABORATION DRILL



- Manila, The Philippines
- 3-5 December 2018
- No. of Participants : 11 Teams 58 EMTs

3RD REGIONAL COLLABORATION DRILL



3RD REGIONAL COLLABORATION DRILL



3RD REGIONAL COLLABORATION DRILL



DEVELOPMENT OF ASEAN DISASTER HEALTH MANAGEMENT DURING ARCH PROJECT



DRAFTED REGIONAL COLLABORATION TOOLS



- SOP for the Coordination of EMT in the ASEAN
- Health Needs Assessment Framework
- Medical record form
- Minimum Requirements and Qualification for Members of EMT
- Database of EMT

AMS TRAINING COURSE



- 1st Training: (9 AMS) "Human Resource Development"
- 2nd Training: (10 AMS) "Capacity Development of EMT"
- 3rd Training: (10 AMS) "International EMTs"
- 4th Training: (10 AMS) "EMTCC"

120 personels from ASEAN attend AMS training course

REGIONAL COLLABORATION DRILL (RCD)



- Start up drill – MOPH, Thailand : 5 persons x 8 AMS
- 1st RCD at Phuket, Thailand : 5 persons x 10 AMS
- 2nd RCD at Danang, Viet Nam : 5 persons x 10 AMS
- 3rd RCD at Manila, The Philippines : 5 persons x 10 AMS

38 EMT X 5 persons was participated
Trials MDS as 1 of WHO EMT coordination tools was done.

PLAN OF ACTION TO IMPLEMENT THE **ASEAN LEADERS' DECLARATION** ON DISASTER HEALTH MANAGEMENT

Goal

"Disaster resilient health system in the ASEAN community"

Five priority areas with **ONE** Mechanism

5 Priority Areas :

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. Promote investment to improve and develop critical health facilities and infrastructure at national level,
5. Knowledge management on disaster health management.

Mechanism:

1. Regional Coordination Committee on Disaster Health Management (**RCCDHM**)

Targets of the POA by 2025 : **Regional Level**

1. Regional Coordination Committee on Disaster Health Management would be established.
2. SOPs for the Coordination of International Emergency Medical Teams in ASEAN,
3. SOPs for the coordination of civil-military EMT operation,
4. Database of I-EMTs in ASEAN,
5. Standard reporting forms of EMTs,
6. ASEAN Standard of EMTs,
7. ASEAN disaster drills.

Targets of the POA by 2025 : **Regional Level**

8. Standard Training curriculum of ASEAN I-EMTs, EMTCC and other related topics,
9. Curriculum of Bangkok Principles for implementation of the health aspects,
10. Regional disaster health training centers would be established,
11. Network of the national academic institutions,
12. Regional Conference on Disaster Health Management,
13. Co-conduct research,
14. ASEAN Journal/E-Bulletin of Disaster Health Management

Academic
activities

Targets of the POA by 2025 : **National Level**

1. At least one I-EMT with ASEAN or WHO I-EMT minimum standards,
2. Emergency Medical Team Coordination Cell (EMTCC),
3. National Standard Operation Procedures (SOPs) for the Coordination of Emergency Medical Teams (EMTs),
4. Standard reporting system of EMTs,
5. Disaster health training system.
6. Disaster Health Management concept introduce in health education of relevant country,
7. Safe hospital projects and programmes.

ARCH PROJECT EXTENSION PHASE

July 2019 – March 2021

ARCH EXTENSION PHASE (JULY 2019-MARCH 2021)

PWG1	PWG2
To facilitate endorsement of Regional Collaboration Tools	To conduct Regional Collaboration Drills
Drafting Workplan 2021-2025 of ASEAN 12 th Health Priority (DHM)	To establish Academic network on DHM and organize international academic seminar
To collect & Share Lesson learned from response for actual disaster in ASEAN	To study/survey on Potential and needs for capacity development on DHM in AMS
To study on possibilities of ASEAN collective approaches for ASEAN EMT	To develop standard training curriculum and Regional Disaster Health Training Center

TOR OF ASEAN ACADEMIC NETWORK ON DHM

(presented at RCCDHM meeting January 2020)

OBJECTIVE

- To Facilitate and support academic activities on DHM in ASEAN both regional and national level.

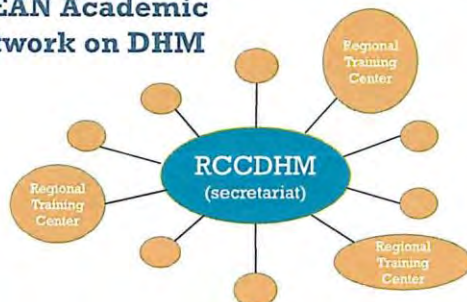
MANDATE AND FUNCTIONS

- Promote and support training activities by mobilize resource persons or provide training curriculum and material as requested by a member state.
- Organize regional conference on DHM every 2 years
- Establishment ASEAN Journal/E-Bulletin on DHM and published twice a year
- Conduct joint research
- Conduct consultations in supporting and assisting the development and implementation of disaster health management activities.

STRUCTURE AND MEMBERSHIP

- Each member state shall assign at least 1 institute to be national focal point member of the academic network
- All national focal point will be coordinated and facilitated by secretariat of RCCDHM.
- Members of the network are not limit to only 1 institute from each AMS and also open for non-ASEAN institute.

ASEAN Academic Network on DHM



RCCDHM : Regional Coordination Committee on Disaster Health Management

POINT FOR CONSIDERATION



- Coordinating body of the network
 - Apart of Coordination, This body should be responsible for establishment of website which provide E-Learning course, E-journal/bulletin, facilitate the development of training curriculum, organizing training activities and conducting joint research, etc.
 - Source of financial support

Suggestion

- ARCH project team will be coordinating body for the first stage while RCCDHM design and setup the appropriate body
- Issue of the coordinating body will be discussed in Next pwg2 meeting and present to next RCCDHM meeting in the Philippines.

ASEAN Academic Network on DHM



AIDHM : ASEAN Institute for Disaster Health Management

OBJECTIVES AND PLAN FOR CURRICULUM DEVELOPMENT



- To develop 2 training curriculums by August 2020.
 - Basic course for domestic deployment of national EMT
 - Coordination of Disaster medical operation
- 2 days x 3 meeting on February, May and August 2020.
- The 1st training course for Coordination of Disaster medical operation shall be organized in this August at Myanmar as part of 5th RCD to strengthen their EMTCC. (support by Arch project)
- The 1st training course for domestic deployment of national EMT will be organized by CRA on 2021.

CONCLUSION

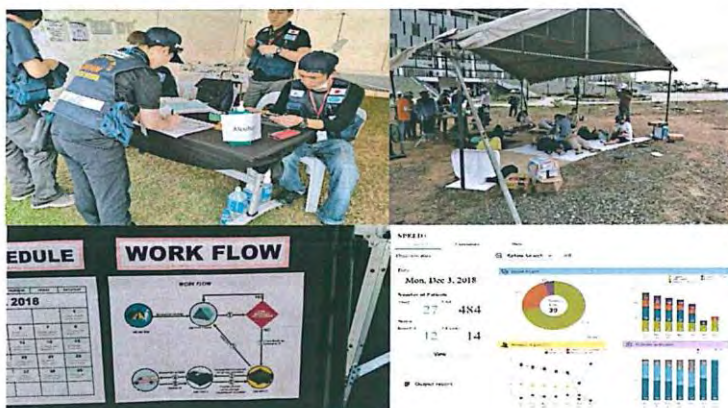


Today is the 1st day of 1st activity of ASEAN academic network on DHM .
It should be the memorial day of ASEAN DHM.

Conclusions of requirements from ARCH project activities for Disaster Health Management training course



Drills



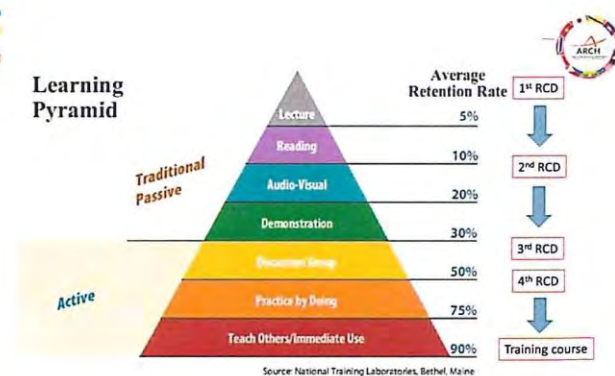
Skills/knowledges of EMT

	1 st DRILL Phuket, Thailand	2 nd DRILL Danang, Vietnam	3 rd DRILL Manila, Philippine	4 th DRILL Bali, Indonesia
Pre-deployment process	+	+	++	+++
RDC process	+	+	+++	+++
EMTCC	++	++	++	++
Composite team	-	-	-	++
EMT quality assurance	-	-	-	++

Skills/knowledges of EMT

	1 st DRILL Phuket, Thailand	2 nd DRILL Danang, Vietnam	3 rd DRILL Manila, Philippine	4 th DRILL Bali, Indonesia
Forms filling	++	++	+++	+++
Health need assessment	++	++	+++	+++
Information and data management	+	+	++	++
Demobilization phase	+	++	+++	+++

Learning Pyramid



1 st RCD	2 nd RCD	3 rd RCD	4 th RCD
Public health Team management Workflow or protocol of working Standardize facility, equipment and medicine Legal provision Checklist and action card (role and responsibility) EMT curriculum SOPs for EMT SCs (command, control, coordination, communication, cooperation)	Standardize equipment and medicine Standard triage ICS AMS standard knowledges and skills Understand roles and responsibility	Other health issues e.g. heat, public health, mixed team, CBRNE EMT standard	SOPs Team management Regional training course (basic & instructor) Regional training programs

EMT Training Pyramid



Conclusions of requirements from ARCH project activities for EMT Coordination during Disaster training course



1 st RCD	2 nd RCD	3 rd RCD	4 th RCD
Referral system RCD roles and functions Coordination with others e.g. ERAT, SAR, social welfare Language Communication platform and facility	Processes of CIQ, RDC and other coordination procedures Information management	Logistics and communications i-speed is very useful	Roles of affected country Deployment agreement Coordination procedures



"If we want to go fast, Go alone.

If we want to go far, **Go together.**"

-African Proverb

Disaster Health Management Training Courses

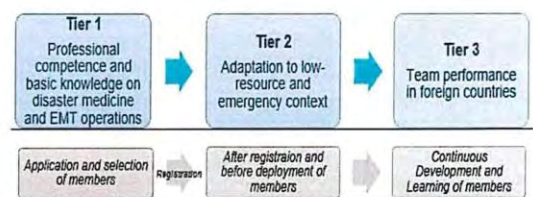
Agenda

- PWG1 : Minimum Requirements and Qualifications for Members of Emergency Medical Team (EMT)
- Conceptual framework of training programmes
- (DRAFT) Training objective and outcome

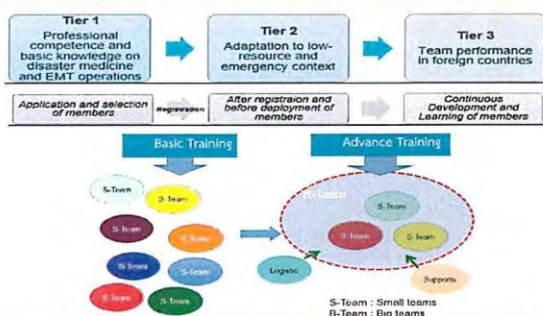
Disaster Management



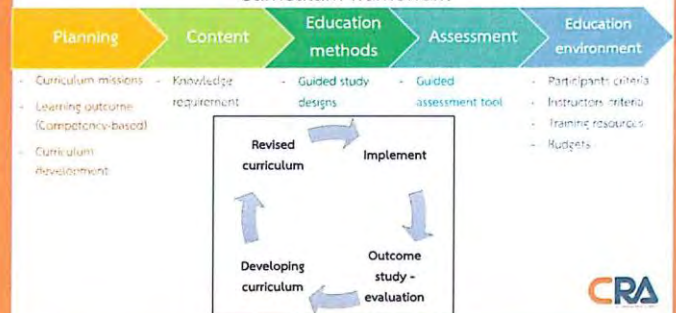
PWG1 : Minimum Requirements and Qualifications for Members of Emergency Medical Team (EMT)



Conceptual frameworks



Curriculum framework



- (DRAFT) Course objectives

- ▶ aims to develop disaster-related healthcare team
- ▶ competent knowledge, clinical and non-technical skills
 - Managing and coordination skills
 - Providing **healthcare**
 - Performing self-sufficient



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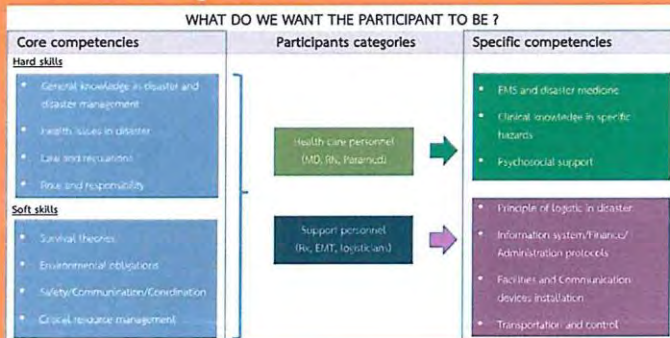
- (DRAFT) Course objectives

IDEAS ?



CRA

- (DRAFT) Training outcomes



- (DRAFT) Training outcomes

WHAT DO WE WANT THE PARTICIPANT TO BE ?

• IDEAS ?

CRA

'Purpose for EMT Coordination during Disasters' Training Course



Dr. Phummarin Saelim
Thai project team (ARCH Project)



During Disaster ...

- Increasing numbers of EMTs responding to large-scale emergencies, particularly sudden onset disasters (SOD), compounded by wide variations in the size, experience, standard of service, medical and logistical capabilities, specializations and mandate of each EMT (WHO, 2013).



That's why

- COORDINATION is very important!!!!
 - Matching supply and demand
 - Assessing the specific health needs
 - Integrating with local health system
 - Planning and facilitating to achieving the operation outcomes
 - Supporting others logistic needs



Name of the course?

- IDEAS?



(DRAFT) COURSE OBJECTIVES

- Aim to build the personnel who have ability to
 - Coordinating and integrating with local disaster authorities and health system
 - Facilitate and give suggestion in managing Disaster Health Management team
 - Evaluating and analyzing specific health needs



(DRAFT) COURSE OBJECTIVES

- IDEAS?





(DRAFT) Scope of EMT coordination

Divided into four broad areas.

- 1. Leadership and Coordination
- 2. Communication (with EMTs, the ministry of health and other coordinating entities)
- 3. Quality Assurance (by promoting and applying EMT Minimum Standards)
- 4. Supportive Services (operational support for the EMT coordination)



(DRAFT) Scope of EMT coordination IDEAS?



»Thank You

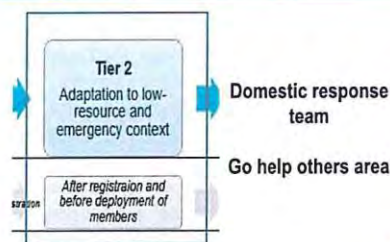
Disaster Health Management Training Courses (PART 2.)



Agenda

- Review objective
- Competency from literature
- (DRAFT) Matching
- (DRAFT) Contents

• PWG1 : Minimum Requirements and Qualifications for Members of Emergency Medical Team



6 competencies of DHMT

- I. Describe disaster health management and disaster risk reduction framework
- II. Recognize identity/entities and mechanism of disaster health management
- III. Demonstrate communication and information management
- IV. Demonstrate self sufficiency in the disaster area
- V. Demonstrate Critical resource management
- VI. Demonstrate specific a.) medical care and b.) Logistic support

Core competencies

I. Describe disaster health management and disaster risk reduction framework

Sub-competency/topics

- 1.1 Introduction on concepts of disaster health management (disaster)
- 1.2 Other public health issues i.e. sanitation, rehabilitation, disease outbreak, public health surveillance
- 1.3 Health Needs Assessment
- 1.4 Infection prevention and control i.e. PPE, quarantine, etc.
- 1.5 Hazard vulnerability analysis (HVA)
- 1.6 Disaster Risk Reduction

Core competencies

II. Recognize identity/entities and mechanism of disaster health management

Sub-competency/topics

- 2.1 Composition of EMTs (number/qualification)
- 2.2 Regulations, legislations and laws on disaster management in affected countries
- 2.3 Minimum standard for humanitarian response
- 2.4 Emergency Operation Center (EOC) (Team coordination)
- 2.5 Incident command system(ICS)
- 2.6 Ethical issues

Core competencies	Sub-competency/topics
III. Demonstrate communication and information management	3.1 Communication theories (information >> Tool >> Reception)
	3.2 Risk Communication
	3.3 Information management (Minimum Data set)

Core competencies	Sub-competency/topics
IV. Demonstrate self sufficiency in the disaster area	4.1 Self-sufficiency skill/survival skill
	4.2 Introduction to working in hostile (Austier) environment
	4.3 GPS and map reading, navigation
	4.4 Safety and security of team and facility

Core competencies	Sub-competency/topics
V. Demonstrate Critical resource management	5.1 Leadership management during disaster (Team management i.e. team dynamic)
	5.2 Intersectionality
	5.3 Demobilization plan
	5.4 Business continuity plan and Contingency Plan
	5.5 (SOPs) Standardized color coding and categorization for equipment
	5.6 (SOPs) Waste management
	5.7 (SOPs) Dead bodies management (Certificates of death)

Core competencies	Sub-competency/topics
VI. Demonstrate specific medical care and Logistic support	
a. Medical care	6.1a Pre-hospital/in-hospital setting
	6.2a Triage system (Physical and Psychological)
	6.3a Psychological issues for EMT, volunteer, victims (first aid)
b. Logistic support	6.1b Basic radio communication, installations, etc.
	6.2b Logistics management (Principles of logistics)
	6.3b Finance and administration skill

Other concerns

International deployment	Management of donations
Coordination course	Civil-military coordination
	Linkage of health clusters to other agencies
	Risk Communication
	Emergency Operation Center (EOC) (Team coordination)
Practice concern	Training material, SOPs, Standardized participants, Qualification of EMT
	Field Exercise and Table Top Exercise
Affecting area aspect	Hospital Evacuation

(DRAFT) Contents

Module	Learning objectives	Times	Competency
Module 1.			
General knowledge in disaster	- To describe definition, types, extent of disaster. - To understand mechanism of each disaster's hazard. - To describe impact of disaster to affected area. - To understand disaster cycle and risk assessment.	0.5 hour	1.1, 1.5, 1.6
Module 2.			
Disaster and health management	- To describe general concept of disaster management in each process of disaster cycle. - To describe definition of health, health system and disaster health management. - To understand and discuss about disaster health management. - To compare general disaster management to disaster health management.	1 hours	1.2, 1.3, 1.4

(DRAFT) Contents

Module	Learning objectives	Times	Competency
Module 3. Laws, regulations and administrations in disaster management	- To recognize important policy and framework. - To understand laws and regulations of disaster health management in local disaster management and national level. - To identify organizations which take part in disaster health management in local, national and ASEAN level. - To understand documentation, financial protocol and administration process in disaster management.	1 hour	2.2, 2.3, 2.4, 6.3b
Module 4. communication and coordination mechanism in disaster management	- To describe content, receiver, time interval, method and reason of communication in disaster situation. - To describe importance of minimal data set and reporting system in disaster management. - To describe coordination mechanism in local, national and ASEAN level in disaster situation.	1 hour	3.1, 3.2, 3.3

Module	Learning objectives	Times	Competency
Module 5. Role and capability of Basic disaster management team	- To describe role and responsibility of basic disaster management team. - To describe strengths and weaknesses of basic disaster management team.	0.5 hour	2.1
Module 6. Survival theories	- To understand factors to survive in critical situations. - To describe how to survive in critical situations. - To describe self preparedness and team preparedness to survive in critical situations. - To describe how to conduct safety, adequate food and water, establishment of accommodation.	1 hour	4.1, 4.2, 4.3, 4.4

Module	Learning objectives	Times	Competency
Module 7. Obligation to the affected area	- To describe environmental control during settlement. - To describe waste management.	0.5 hour	5.6
Module 8. Critical resource management theory	- To understand concept of perception and situation awareness. - To understand comprehensive and holistic thinking. - To understand projection and critical thinking to resolve problems.	1.5 hour	5.1 – 5.7
Module 9. Ethic and humanitarian issues	- To understand ethical issues in disaster management. - To understand humanitarian issues on WASH, shelter and health system approach.	0.5 hour	2.6

Module	Learning objectives	Times	Competency
Module 10a. Basic disaster emergency response	(Health personnel ONLY) - To describe concept of disaster emergency response (CSCATTT). - To describe psychological response in disaster.	0.5 hour	6.1 – 6.3
Module 11a. Specific hazard 1	(Health personnel ONLY) - To describe concept of abrupt onset disaster. - To describe specific concern in clinical practice - Earthquake / Tsunami - Typhoon - Eruption - Building collapse - Social unrest	1 hour	?
Module 12a. Specific hazard 2	(Health personnel ONLY) - To describe concept of long-standing disaster. - To describe specific concern in clinical practice - Exacerbation of chronic disease - Weather related disease - Pollution related - Disease control and Health surveillance	1 hour	?

Module	Learning objectives	Times	Competency
Module 10b. Communication devices installment and operation	(Logistician ONLY) - To understand component and mechanism of communication devices such as radio transmitter (Single sided band), satellite communication, or other innovations. - To describe strengths and weaknesses of each type of communication devices - To describe how to set-up devices and how to operate and control devices.	1 hour	6.1b
Module 11b. Transportation and control	(Logistician ONLY) - To describe concept of transportation in disaster. - To describe appropriate type of transportation in each specific condition. - To describe how to perform safe transportation and control.	0.5 hour	6.2 b
Module 12b. Facility installment	(Logistician ONLY) - To describe concept of basic facility such as accommodation, electricity, light, water, waste, included clinical facilities. - To describe how to install the facilities effectively.	1 hour	6.2 b

day	07.00 - 08.00	08.00 - 09.00	9.00 - 10.00	10.00 - 11.00	11.00 - 12.00		13.00 - 14.00	14.00 - 15.00	15.00 - 16.00	16.00 - 17.00	17.00 - 24.00
Day 1	Greeting / Registration	Course introduction	Group discussion : Disaster and disaster health management			Lunch	Group discussion : Lesson learnt and storytelling	Lecture : Incident command system	Group discussion : Laws and regulations in disaster management		SDL*
Day 2	SDL*	General workshop : perception and situation awareness		General workshop : Comprehension, communication and decision making			General workshop : Team work (Games)	Group discussion : Roles and mission of Basic disaster management team		SDL*	
Day 3	SDL*	Lecture : introduction to Medical team coordination	Group discussion : Ethics, accountability and humanitarian effort	Clinical workshop 1 : Triage and disaster response procedures / psychosocial response in disaster			Clinical workshop 2 : Group discussion : specific hazard management	Clinical workshop 3 : Medical records health need assessment and minimal data set		SDL*	
				Technical workshop 1 : Review of life and moving skills			Technical workshop 2 : Transportation and safety	Technical workshop 3 : Communication devices installments and operation			
Day 4	SDL*	Table top exercise : PUTTING IT ALL TOGETHER					Brief team and self deployment	Field exercise : Field deployment / facilities establishment / communication system installment and operation / safety protocols / clinical facilities settlement / etc.		Field exercise : scenario encounter (about 6-8 hours)	
Day 5	SDL*	Field exercise : scenario encounter continue Coordination cells meeting / daily report and after action					Post-test examination		Course evaluation		Closing ceremony

(DRAFT) Contents

Module	Learning objective	Methods	Competency
Group discussion : Disaster and disaster health management	- Discuss definition, types, extent of disaster. - Analyse risk of disaster by understanding mechanism and impact of each disaster's hazard	- Group activity - Discussion - Brainstorming - Presentation	1.
Group discussion : Lesson learned and storytelling	- Share perception and value of disaster management by listening to disaster stories. - Discuss each experience that the participant encounter and share the idea	- Brief lecture - Group discussion	inspiration

(DRAFT) Contents

Module	Learning objective	Methods	Competency
Group discussion : Laws and regulation in disaster management	- Discuss laws and regulations related to disaster management. - Explain how to comply with the laws and regulations to be a part of disaster management organization.	- Brief lecture - Group discussion	2
General workshop : perception and situation awareness	- Discuss how perception is important to reception and thinking process. - Discuss how individual perception lead to situation awareness. - Exercise the situation awareness skills by constructed scenarios	- Brief lecture - Group discussion	5

(DRAFT) Contents

Module	Learning objective	Methods	Competency
General workshop : Comprehension, communication and decision making	- Discuss how to comprehend and project the problems - Discuss how problems should be resolved - Discuss how to perform effective communication in disaster. - Exercise the comprehension and decision skills by constructed scenarios	- Brief lecture - Group discussion	3 and 5
General workshop : Team work	- Games/activities to enhance team work.	- Games	5

(DRAFT) Contents

Module	Learning objective	Methods	Competency
Group discussion : Roles and mission of Basic disaster management team	- Discuss about the mission and capability of basic disaster management team - Discuss role and how to assess the situation and how to response	- Group discussion	2
Group discussion : Ethic, accountability and humanitarian effort	- Discuss ethical issue, accountability and humanitarian effort comply to international humanitarian organization	- Brief lecture - Group discussion	2
Lecture : Incident command system	- Understand principle of ICS in disaster management	- Lecture	2

(DRAFT) Contents

Module	Learning objective	Methods	Competency
Clinical workshop 1 : Triage and disaster response procedures, psychosocial response in disaster	- Simulation practice of triage and disaster response procedure using game or scenario system - Discuss how to perform psychological first aid in the disaster situation	- Hand-on simulation practice - Group discussion	6a
Clinical workshop 2 : group discussion : specific hazard management	- Discuss specific hazard management by constructed scenario	- Brief lecture - Group discussion	6a
Clinical workshop 3 : Medical records health need assessment and minimal data set	- Understand the medical record and how important it is. - Complete medical records - Perform basic health need assessment - Complete minimal dataset and report.	- Hand-on simulation practice - Group discussion	3

(DRAFT) Contents

Module	Learning objective	Methods	Competency
Technical workshop 1 : Review of lifting and moving skills	- Understand how to assess and decide to perform effective lifting and moving. - Perform emergency move, urgent move and C-spine protection	- Hand-on simulation practice	Practical skills
Technical workshop 2 : Transportation and safety	- Understand and perform effective transportation and safety protocols.	- Hand-on simulation practice	6 b
Technical workshop 3 : communication devices installations and operation	- Understand and perform effective installation of communication devices.	- Hand-on simulation practice	3 , 6 b

Module	Learning objective	Methods	Competency
Table top exercise : PUTTING IT ALL TOGETHER	- Tabletop exercise		Integration
Field exercise : Field deployment / facilities establishment / communication system installment and operation / safety protocols / clinical facilities settlement etc	- Perform the field deployment / facilities establishment / communication system installment and operation / safety protocols / clinical facilities settlement	- Field exercise	Integration
Field exercise : scenario encounter (about 6-8 hours)	- Encounter clinical scenario , perform health need assessment, critical management.		Integration
Field exercise : scenario encounter continue Coordination cells meeting / daily report and after action review	- Perform demobilization and reporting system		Integration

Comments

Coordination of Disaster Medical Operation Team

Draft training course



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

WHO Course

1. Leadership and Coordination
2. Communication (with EMTs, the MOH, and other coordinating entities)
3. Quality Assurance (by promoting and applying EMT Minimum Standards)
4. Supportive Services (operational support for the EMTCC)

(DRAFT) COURSE OBJECTIVES

- Aim to build the personnel who have ability to
 - Coordinating and integrating with local disaster authorities and health system
 - Facilitate and give suggestion in managing Disaster Health Management team
 - Evaluating and analyzing specific health needs



Coordination of Disaster Medical Operation Team

	9.00 – 10.00	10.00 – 11.00	11.00 – 12.00	12.00 – 13.00	13.00 – 14.00	14.00 – 15.00	15.00 – 16.00	16.00 – 17.00
D a y 1	Intro Prest ation	Coordination function/Incident management	GD : Standard facility installation		GD : Predeployment process	GD : Commu- nication setup	DM : Public information management	GD : Ethical issues
D a y 2	GD : Team briefing/ logist	GD : Tasking and resource allocation	ST : Tasking and resource allocation	Lunch	GD : data management	LT : SASOP and ASEAN mechanism in disaster response	DM : RDC process	GD : Multi-agencies coordination
	LT = Lecture		GD = Group discussion					
	ST = Simulation		DM = Demonstration					

1st course in Myanmar August, 2020

COORDINATION OF DISASTER MEDICAL OPERATION TEAM

Summation

Drills



1 st RCD	2 nd RCD	3 rd RCD	4 th RCD
Public health Team management Workflow or protocol of working Standardize facility, equipment and medicine Legal provision Checklist and action card (role and responsibility) EMT curriculum SOPs for EMT SCs (command, control, coordination, communication, cooperation)	Standardize equipment and medicine Standard triage ICS AMS standard knowledges and skills Understand roles and responsibility	Other health issues e.g. heat, public health, mixed team, CBRNE EMT standard	SOPs Team management Regional training course (basic & instructor) Regional training programs

1 st RCD	2 nd RCD	3 rd RCD	4 th RCD
Public health Team management Workflow or protocol of working Standardize facility, equipment and medicine Legal provision Checklist and action card (role and responsibility) EMT curriculum SOPs for EMT SCs (command, control, coordination, communication, cooperation)	Standardize equipment and medicine Standard triage ICS AMS standard knowledges and skills Understand roles and responsibility	Other health issues e.g. heat, public health, mixed team, CBRNE EMT standard	SOPs Team management Regional training course (basic & instructor) Regional training programs

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Day 4	SDL*	Table top exercise : PUTTING IT ALL TOGETHER					Brief team establishment and self deployment	Field exercise : Field deployment / facilities establishment / communication system installment and operation / safety protocols / clinical facilities settlement / etc.		Field exercise : scenario encounter (about 6-8 hours)	
Day 5	SDL*	Field exercise : scenario encounter continue Coordination cells meeting / daily report and after action					Post-test examination		Course evaluation		Closing ceremony

Coordination of Disaster Medical Operation Team											
	9.00 – 10.00	10.00 – 11.00	11.00 – 12.00	12.00 – 13.00	13.00 – 14.00	14.00 – 15.00	15.00 – 16.00	16.00 – 17.00			
Day 1	Pretest	Introduction	LT : Coordination function/incident management	GD : Standard facility installation	GD : Prededeployment process	GD : Communication setup	DM : Public information management	GD : EBM/regal issue	GD : Special issues	GD : HNA	
Day 2	GD : Team briefing local logistic issue	GD : Tasking and resource allocation	ST : Tasking and resource allocation	Lunch	GD : data management	LT : SASOP and ASEAN mechanism in disaster response	DM : ROC process	GD : Multi-agencies coordination			
Day 3	ST : Coordination of disaster medical operation team				GD : Quality assurance/Mx non-compliant	GD : Demobilization /deactivation	Post test	Course evaluation			
LT = Lecture ST = Simulation											
GD = Group discussion DM = Demonstration											

Requirement

Requirement/Core Competencies	Basic	Advanced ?	Coordination
Incident Command System (ICS)	/	/	/
Standardized color coding and categorization for equipment	/		
Regulations, legislations and laws on disaster management in affected countries	/	/	/
Training material, SOPs, Standardized participants, Qualification of EMT	/	/	/
Introduction on concepts of disaster health management	/		/
Management of donations	/		
Pre-hospital/in-hospital setting	/		
Standardized code alert system	/		/
Basic radio communication, installations, etc.	/		/
Information management (Minimum Data set)	/		/
Other public health issues i.e. sanitation, rehabilitation, disease outbreak	/		/
Composition of EMTs (number/qualification)	/		
Health Needs Assessment	/		/

Requirement

Requirement/Core Competencies	Basic	Advanced ?	Coordination
Psychological issues for EMT, volunteer, victims (first aid)	/		/
Leadership management during disaster (Team management i.e. team dynamic)	/		/
Safety and security of team and facility	/	/	
Dead bodies management (Certificates of death)	/		/
Critical resource management	/		/
Self-sufficiency skill/survival skill	/	/	
Logistics management (Principles of logistics)	/	//	
Business continuity plan and Contingency Plan	/	//	/
Minimum standard for humanitarian response	/		
Intersectionality	/		/
Ethical issues	/		/
Demobilization plan	/		/
Public Health Surveillance	/		/

Requirement

Requirement/Core Competencies	Basic	Advanced ?	Coordination
Hospital Evacuation	/		
Civil-military coordination	/		/
Linkage of health clusters to other agencies			/
Introduction to working in hostile environment	/	/	
Risk Communication	/	/	/
Finance and administration skill (Secure the money)	/		
GPS and map reading, navigation	/		/
Emergency Operation Center (EOC) (Team coordination)			/
Triage system (Physical and Psychological)	/		
Hazard vulnerability analysis	/		
Disaster Risk Reduction		/	
Infection prevention and control i.e. PPE, quarantine, etc.	/	/	
Disease outbreak	/		

Requirement

Requirement/Core Competencies	Basic	Advanced ?	Coordination
Waste management	/	/	

Requirement

Requirement/Core Competencies	Basic	Advanced	Coordination
Protocol for national and international pre-deployment	✓	✓	✓
Concept for RDC	✓		✓
Logistics and communication (Affected country) i.e. Transportation		✓	✓
Cultures and beliefs		✓	✓
Language barriers		✓	
Data and Information management	✓	✓	✓
Incident management system and EOC system (Functions, EMTCC Structure – activation and deactivation)	✓	✓	✓
Standard Facility installation	✓	✓	✓
EMTCC handbook			✓
Pre-deployment assessment and preparation (i.e. insurance, professional approval process)		✓	✓
Demobilization procedures	✓	✓	✓
Overview of all relevant agencies (i.e. AHA centre, JOCCA, SASOP, AADMER)			✓
CIQ process		✓	✓

Requirement

Requirement/Core Competencies	Basic	Advanced	Coordination
Scene assessment and safety		✓	✓
Roles, responsibilities and capacities of EMTs and EMTCC members			✓
Concept of VOSOCC (Virtual Osocc), WebEOC, JOCCA			✓
Press Conference			✓
Health Needs Assessment and Evaluation (planning) and prioritization and matching needs and resources	✓	✓	✓
Communication and Advising skills, empowerment and advocacy		✓	✓
General concept of Disaster Management with focus on Disaster Health Management (Cycle, Management process, Concepts, Public health, risk assessment,)	✓	✓	✓
Minimum standard of EMT coordination from EMT Coordination Handbook			✓
Sub-clusters under health cluster system (i.e. Mental health)			✓
Concept of EOC function			✓
Psychological first aid, PTSD (volunteer, victim, team) + post evaluation	✓	✓	
Post-deployment plan	✓	✓	✓

Requirement

Requirement/Core Competencies	Basic	Advanced	Coordinatin
Quality assurance and supportive functions			✓
Learning mindset (local mechanism, adaptation, etc.)			✓
Code of conduct and ethical issues			✓
Safety and Vulnerable group		✓	✓
Management of non-compliant team			✓
Strengthening the capacity of EOC staff			✓



EMT Training Pyramid



Moving Forward

- **Team**
- Objectives of each topic
- Course materials
 - E-learning
 - Pre-test and Post-test
 - Platform of brain storming and group discussion
 - Scenario
 - Presentation
 - Table-top and Field exercise
 - Evaluation

"If we want to go fast, Go alone.

If we want to go far, **Go together.**"

-African Proverb



1st Sub-Working Group on Curriculum Development



Study for capacity development on DHM in AMS

Event	<u>Questionnaire survey in AMS</u>
Period	From August to October 2019
Target	ASEAN 10 countries
Purpose	To share and discuss the result of Questionnaire Survey for AMS for further consideration for Academic network in ASEAN and planning training curriculum in ASEAN
Objectives of Study	<ol style="list-style-type: none"> 1. To identify possible educational/ training institutes which are capable to conduct domestic training programs on DHM in each AMS 2. To identify training/ competency needs of personnel in DHM 3. To identify needs for external supports in case that the above institutes will organize domestic training programs on DHM 4. To specify AMS educational/ training institutes which will be members of ASEAN academic/ training centers network on DHM whose purpose is to strengthen regional and domestic capacities on DHM in collaboration with ASEAN regional disaster training center which is considered to be established in the POA on DHM
# of Response	9 countries
Questions	<ol style="list-style-type: none"> 1. Current medical education system in each AMS 2. Educational institutes providing emergency medicine program 3. Current education and training for disaster health management (DHM) for EMT members 4. Education and training needs for DHM/ Needs for external supports 5. Potential core educational institute(s) to develop curriculum and conduct training courses for DHM in each AMS 6. Others: Special attention to multicultural setting
Discussions/ Conclusion	<ol style="list-style-type: none"> a. The survey result shows that the different status of available training curricula related to emergency medicine b. The current study focused on education and training for doctors and nurses, and has not included education and training for paramedics though it is recognized that they are one of the components in emergency medicine. c. Some AMS still needed to complete the survey in order to have a regional information on the status of training curriculum in the region. d. The completed survey questionnaire will be circulated to relevant AMS for their review and verification. AMS will revert to the ARCH Project Team with proposed revisions or confirmation of data provided within three weeks from receipt of the completed questionnaire.

Results of Questionnaire for Academic/Training Systems and Needs for Capacity Development on DHM in AMS

Project Working Group 2 Meeting
November 29th, 2019

Junko SATO

Objectives of this Session

To share and discuss the results of
Questionnaire Survey for AMS

- Reference 1: Questionnaire
- Reference 2: Spreadsheet

<https://drive.google.com/drive/folders/135QJmZNBuicmZibYTqUafUgduG8Debsq>

Presentation Outline

- Objectives of the Questionnaire Survey
- Overview of the survey (target countries, survey period)
- Respondents' Profile
- Results of the survey (6 categories)
- Summary
- Questions and Comments

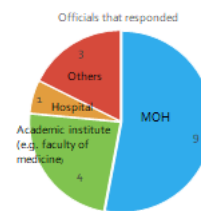
Objectives of Study

- 1) To identify **possible educational/training institutes** which are capable to conduct **domestic training programs** on DHM in each AMS
- 2) To identify **training/competency needs** of personnel in DHM
- 3) To identify **needs for external supports** in case that the above institutes will organize domestic training programs on DHM
- 4) To specify AMS educational/training institutes which will be **members of ASEAN academic/training centers** network on DHM whose purpose is to strengthen regional and domestic capacities on DHM in collaboration with ASEAN regional disaster training center which is considered to be established in the POA on DHM

Questionnaire Survey

- Target: ASEAN 10 Countries
- Period: Aug 2019 – Oct 2019

of Responses: 9 countries (as of Nov. 29)



Country	Officials that responded
Brunei	MOH
Indonesia	- Center of Health Crisis, Ministry of Health - Disaster Health Management Division, Center for Health Policy and Management (OHPM) Faculty of Medicine, Public Health and Nursing (F&M-PHN), Universitas Gadjah Mada - Medical Faculty, University of Brailjaya
Laos	MOH
Malaysia	BPPKMM (MOH)
Myanmar	Ministry of Health and Sports
Philippines	- Office of the Civil Defense - Health Emergency Management Bureau - Philippine College of Emergency Medicine - Department of the Interior and Local Government
Singapore	- MOH - Ng Teng Fong General Hospital, MOH
Thailand	Thai College of Emergency Physician
Vietnam	MOH

Questions

1. Current medical education system in each AMS
2. Educational institutes providing emergency medicine program
3. Current education and training for disaster health management (DHM) for EMT members including medical personnel
4. Education and training needs for DHM/Needs for external supports
5. Potential core educational institute(s) to develop curriculum and conduct training courses for DHM in each AMS
6. Others: Special attention to multicultural setting

1. Current medical education system in each AMS

Q1 : Current medical education system

Questions

- 1.1 Steps to become a Doctor/Nurse
- 1.2 Agency/organization managing ambulance services
- 1.3 Ambulance Member
- 1.4 Ambulance Crew Training
- 1.5 # of Educational Institutes (doctors/nurse/related occupation)
- 1.6 License



1.3 Ambulance Crew

Country	Ambulance Member
Brunei	Paramedics, nurses, assistant nurses, ambulance officers, ambulance drivers
Indonesia	<ul style="list-style-type: none"> 1 doctor 2 nurses 1 driver
Laos	First Responder, Nurse, EMT
Malaysia	<ul style="list-style-type: none"> I. Medical Assistant II. Staff nurse III. Ambulance Driver IV. First Aider
Myanmar	NURSES, NURSE AID, SOMETIME DOCTORS
Philippines	<ul style="list-style-type: none"> Doctor (Not always available) Nurse (Not always available) First Aid Trained Personnel Barangay Health Workers Emergency Medical Technician (EMT)
Singapore	An ambulance crew comprise 3 staff – 1 paramedic and 2 Emergency Medical Technicians (of which 1 is the ambulance driver).
Thailand	Emergency medical rescuer (EMR), emergency medical technician (EMT), advanced medical technician (A-EMT), paramedic (EMT-P).
Vietnam	Physician, Nurses, Driver

1.4 Ambulance Crew Training

Country	Ambulance Crew Training
Brunei	<ul style="list-style-type: none"> 1. Institute of Health Science/ Polytechnic - Diploma in Paramedic 2. The Institute of Brunei Technical Education (IBTE) - assistant nurse/paramedics
Indonesia	The training will organized by each hospital. Then the trained ambulance crew and system will be simulated.
Laos	
Malaysia	<ul style="list-style-type: none"> Medical Assistants are trained for 3 years (Diploma) at MOH and Private colleges or 4 years (degree program) in public universities. At the end of their studies they are awarded with Diploma* in Medical Assistant or a Degree* in Emergency care. In addition, qualified Medical Assistants have to go through compulsory placement program (Structured) for 6 months in emergency departments to enhance their competence level in handling emergency cases particularly in Pre-Hospital Care. * please see the spreadsheet for more information on Diploma and Degree For private ambulance crew, there are alternate training pathways which includes: <ul style="list-style-type: none"> Diploma in Paramedical Science Emergency Medical Technician Course
Myanmar	NURSES, NURSE AID, SOMETIME DOCTORS

1.4 Ambulance Crew Training

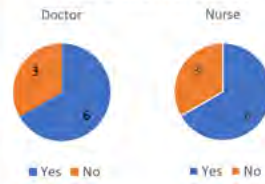
Country	Ambulance Crew Training
Philippines	<ul style="list-style-type: none"> Doctor (Not always available) Nurse (Not always available) First Aid Trained Personnel Barangay Health Workers Emergency Medical Technician (EMT)
Singapore	An ambulance crew comprise 3 staff – 1 paramedic and 2 Emergency Medical Technicians (of which 1 is the ambulance driver).
Thailand	<ul style="list-style-type: none"> National training curriculum provided by National Institute for Emergency Medicine (NIEEM) Forty hours for emergency medical rescuer (EMR) One hundred and fifteen hours for emergency medical technician (EMT) Two year for advanced emergency medical technician (A-EMT) Four years for paramedic (EMT-P)
Vietnam	<ul style="list-style-type: none"> Physician, Nurses, Driver Decree 03/2008/QĐ-BYT dated 23/02/2008 (Minister of Health)

1.5 # of Educational Institutes (doctors/nurse/related occupation)

	Doctor		Nurse		Related Occupation	
	Post-graduate	Univ./College	Post-graduate	Univ./College	Post-graduate	Univ./College
Brunei	1	1	2	2	1	
Indonesia		85	19	304		
Laos	2	1	0	8		
Malaysia	2	Approx. 20	4	Approx. 25 (medical assistant)	4	19 (medical assistant)
Myanmar	8	8	2	2		
Philippines	22	32	32	82		
Singapore	1	2	1	1		
Thailand	EMR 80 centers EMT 40 centers A-EMT 7 centers EMT-P 8 centers					
Vietnam	unknown	12	unknown	Nursing school: 100		

1.6 License

National Exam for License



License Renewal

- Every 5 years: Indonesia, Myanmar, Thailand, Vietnam
- Every 3 years: Philippines
- Every year: Brunei, Malaysia, Singapore
- * Malaysia: Yearly renewal of license is based on CPD points accumulated throughout the prior year

Yes: Brunei, Indonesia, Myanmar, Philippines, Singapore, Thailand
No: Laos, Malaysia, Vietnam
* Laos : under preparation

1.6 License (cont'd)

Country	Validity in Other AMS
Brunei	Not sure
Indonesia	Yes
Laos	No
Malaysia	No
Myanmar	Not sure
Philippines	No: Doctor Yes: Nurse
Singapore	Yes
Thailand	Yes with condition
Vietnam	No

2. Educational institutes providing emergency medicine program

Q2 : Educational institutes providing emergency medicine program

Questions

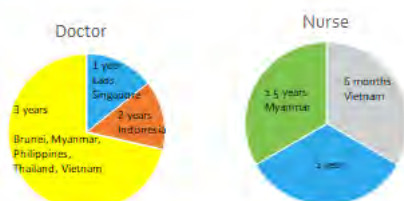
- 2.1 Availability of training curriculum for Emergency Medicine (Doctor/Nurse)
- 2.2 Training Institute
- 2.3 Training Period
- 2.4 Training Certificate
- 2.5 Challenges in emergency medicine education
- 2.6 Other educational qualification for competency on Disaster Health Management



2.1 Availability of training curriculum for Emergency Medicine

	Doctor	Nurse
Brunei	Yes	No
Indonesia	Yes	Yes
Laos	Yes	Yes
Malaysia	No	No
Myanmar	Yes	Yes
Philippines	Yes	No
Singapore	Yes	Yes
Thailand	Yes	Yes
Vietnam	Yes	Yes

2.3 Training period for Emergency Medicine



2.5 Challenges in Emergency Medicine Education

- Training curriculum **WITHOUT** Standard
 - * International/ASEAN Standard (Philippines)
 - * World Federation for Medical Education standard (Thailand)
 - * Standardization of Curriculum (Vietnam)
- Training **WITHOUT**
 - * Right Facility & Equipment
 - * Adequate Number of Qualified Trainers
(e.g. Indonesia: EM education has just started this year)

2.5 Challenges in Emergency Medicine Education (Cont'd)

Others

- System maintenance/ Staff attrition
- Need for re-certification after certificates
- Not a popular training course among trainees

2.6 Other educational qualification for competency on Disaster Health Management

Most countries consider **Master of Public Health** necessary.

☐ DHM comprehensively covers a range of activities starting from the acute stages of the disaster extending to mid-to-long term health and preventative cares.

- Master in Hospital Administration (Indonesia)
- Sub-speciality training in Pre-hospital care & Disaster for doctors (Malaysia)
- Internal training under MOH (Singapore)
- Master in Public Administration, Crisis Management (Philippines)
- Master in Disaster Management (Thailand)

3. Current education and training for disaster health management (DHM) for EMT members including medical personnel

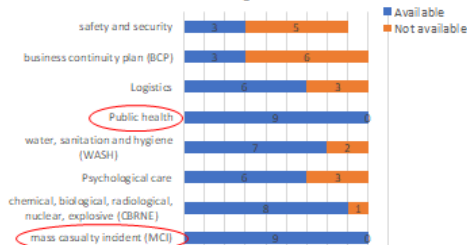
Q3 : Current education and training for disaster health management (DHM) for EMT members

Questions

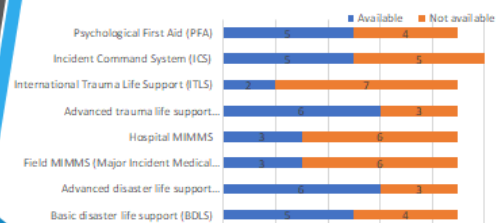
- Training Program available for medical personnel
- Training Institute/Organizer



Current education and training for disaster health management



Current education and training for disaster health management (cont'd)



Training Institute/Organizer for DHM

Most training programs are provided by Health sector (MOH, Hospital, Univ. of medicine). But some training programs are implemented by **multi-sectoral stakeholders**.

Chemical, biological, radiological, nuclear, explosive (CBRNE)	National Agency for Counter Terrorism (Indonesia), NGO (Vietnam)
Basic Disaster Life Support (BDLS)	Army (Indonesia)
Advanced Disaster Life Support (ADLS)	Army (Indonesia)
Incident Command System	Office of Civil Defense (Philippines) Army (Indonesia)
Logistics	National Disaster Management Agency (Malaysia) Food and Drug Department, Medical Products Supply Center (Laos)

Training Institute/Organizer for DHM (cont'd)

Association

- Advanced Trauma Life Support: Trauma Commission (Indonesian Surgeon Association)

4. Education and training needs for DHM/Needs for external supports

Q4 : Education and training needs for DHM/Needs for external supports

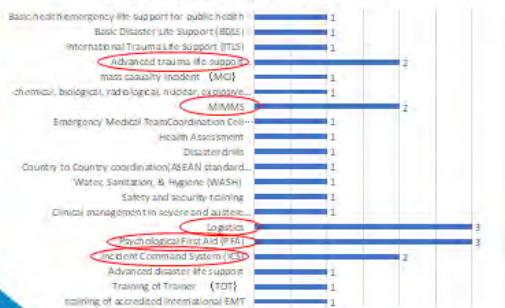
Questions

4.1 Training needs for DHM

4.2 Support needed from Curriculum Committee



4.1 Training needs for DHM

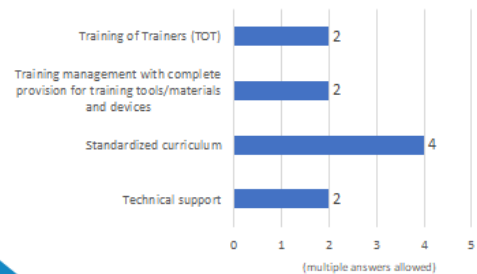


4.1 Training needs for DHM (cont'd)

Training is required for each category, but stronger needs are recognized for

- **Team management** (e.g. Logistics, MIMMS, Health Need Assessment)
- **Coordination mechanism** (e.g. EMTCC, ASEAN Standard)

4.2 Support Needed from Curriculum Committee



5. Potential core educational institute(s) to develop curriculum and conduct training courses for DHM in each AMS

Q5 : Potential core educational institute(s) to develop curriculum and conduct training courses for DHM in each AMS

Questions

5.1 Leading institute for training & networking in ASEAN

5.2 Reason for 5.1

5.3 Academic society/NGO that provide DHM training

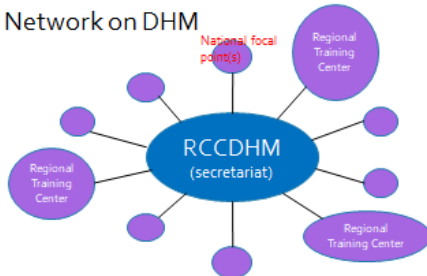
5.1 Potential core institute(s)

Country	Potential core institute	Reason
Brunei	University or Institute	
Indonesia	University of Gadjah Mada	<ul style="list-style-type: none"> They have curriculum and conduct trainings for disaster health for undergraduate and postgraduate program. Involved in ARCH (PWG, RCC, 4th RCD)
Malaysia	Hospital Serdang	Coordinates the nationwide training under MOH
Myanmar	Emergency Medical Service Training Center (NAY PYITAW)	That is the only training center
Philippines	DOH led by the Health Human Resource Development Bureau and HEMB in collaboration with other training providers	HEMB is mandated to conduct competency training in relation to Disaster Health Management / Disaster Risk Reduction Management in Health

5.1 Potential core institute(s) (cont'd)

Country	Potential core institute	Reason
Singapore	Department of Emergency Medicine, Ng Teng Fong General Hospital	Identified by the Ministry to lead training and curriculum development for disaster health management
Thailand	<ul style="list-style-type: none"> Thai College of Emergency Physician Chulabhorn Disaster and Emergency medicine Center 	There are members who specialize in disaster medicine, mass casualty incident and EMS
Vietnam	National Burn Hospital (Department of Disaster medicine)	<ul style="list-style-type: none"> officially conducting training program of DHM for medical students. Base on this department, National center for Emergency and Disaster Medicine is currently set up. The Vietnam Association of Emergency and Disaster medicine will be established and located at the NBH.

ASEAN Academic Network on DHM



RCCDHM - Regional Coordination Committee on Disaster Health Management

5.3 Academic Society/NGO that provide DHM training

Country	Academic society/institute/NGO that provide DHM training
Indonesia	<ul style="list-style-type: none"> MDMC (Muhammadiyah Disaster Management Center), LPBI NU, Indonesia Red Cross, MPBI, etc.
Malaysia	Mercy Malaysia
Myanmar	Australian college of Emergency Medicine
Philippines	<ul style="list-style-type: none"> Philippine Red Cross Metro Manila Development Authority World Health Organization (WHO) Anti-Terrorism Assistance Program of US Department of State
Singapore	Singapore Red Cross
Thailand	<ul style="list-style-type: none"> Asian Disaster Preparedness Center (ADPC) Thai Red Cross Society Thai Association for Emergency Medicine (TAEM)
Vietnam	Red Cross association: few basic training course for public health in DHM

6. Special attention to **multicultural setting in DHM training**

Q6 : Special attention to **multicultural setting in DHM training**

Questions

6.1 Special consideration to multicultural issues in DHM

6.2 Example for 6.1

6.3 Topics to be included in multicultural issues in DHM

6.4 Challenges in DHM education



Special consideration to multicultural issues in DHM



Yes: Indonesia, Laos, Singapore

- Indonesia: Specific Culture
- Laos: Culture, Gender
- Singapore: Multiracial Sensitivities

No: 6 countries

- Topic(s) necessary
- Malaysia: Local culture & religious sensitivity
 - Myanmar: no special need
 - Philippines: Acclimatization / simulation
 - Thailand: Laws, regulations, and cultural perspective for EMT
 - Vietnam: Gender, elderly, Minor ethnic group

Summary

Training Needs

- In general, training needs are identified for each category (e.g. coordination mechanism, team management, personal capacity development of EMT members), but **more needs** are identified for **team management** and **coordination mechanism**.
- Needs are also stronger for the **overall management** of the training at the ASEAN level (e.g. standardization of curriculum, tools) than strengthening specific clinical skills/knowledge.
- Needs are identified. Further consideration will be required for "training to whom" (e.g. Logistics)
- Special consideration should be given to multicultural issues in DHM education.

Summary (cont'd)

Training resources/institutes

- Training program of some issues are implemented by non-health, non-government stakeholders. We need **multisectoral coordination and support** and resources would be from private sector, CSO as well as government (MOH) in order **to make DHM more effective and practical**.
- Special consideration should be given to the selection of **national focal point(s) for ASEAN academic network**. The role of national focal point will be very important in networking with multisectoral stakeholders in capacity development in DHM.

Question and Comments

Thank you

Questionnaire (Template)

Objectives of the Study

- 1) To identify **possible educational/training institutes** which are capable to conduct domestic training programs on DHM in each ASEAN Member States (AMS)
- 2) To identify **target personnel for education/training** in Disaster Health Management (DHM) in AMS
- 3) To identify **training/competency needs** of personnel in Disaster Health Management (DHM)
- 4) To identify **needs for external supports** in case that the above institutes will organize domestic training programs on DHM
- 5) To identify AMS with capacities to provide external support on area-specific DHM Training Program
- 6) To specify AMS educational/training institutes which will be members of ASEAN academic/training centers network on DHM whose purpose is to strengthen regional and domestic capacities on DHM in collaboration with ASEAN regional disaster training center which is considered to be established in the POA on DHM

Respondent(s)

Name	Organization	E-mail

Instruction

Please write or select the most suitable answer.

Please try to answer all questions. But if some question is not applicable to your country/organization, please write "not applicable."

1. Current medical education system in each AMS

1.1 Please explain the steps to become doctor/nurse*

Doctor	
Nurse	
Remarks	

* **【Example】** Japanese case(doctor): 6 years at university →passing the National Examination for Medical Practitioners→2 years of clinical resident training at university hospitals/clinical training hospitals→ 3 years of training for specialty after completing clinical resident training
→passing exam for specialized doctors →acquisition of certification for specialized doctors

1.2 Which agencies/organizations manage ambulance services in your country?

1.3 Who is an ambulance crew member? (type of profession)

1.4 How is ambulance crew trained? (e.g. organizer in training, duration of training, content)

1.5 Number of educational institutes

1.6 License

1.6.1 Is national examination for medical license conducted in your country?	Doctor: 1. Yes 2. No Nurse: 1. Yes 2. No
1.6.2 How often is license revised? (e.g. every 5 years)	Doctor: Nurse:
1.6.3 Is the license valid in other ASEAN Member States?	1. Yes 2. No
Remarks	

2. Educational institutes providing emergency medicine program

1) Doctor	Number of institutes	2) Nurse	Number of institutes
Postgraduate		Postgraduate	
University/College		University/College	

2.1 Is training curriculum available for doctors and nurses working for ER?	1. Yes 2. No
2.2 If yes, which institute has the training curriculum?	
2.3 How long is the training period?	
2.4 Do they obtain certification?	1. Yes 2. No
2.5 What are the main challenges in ensuring the quality of emergency medicine education in your country?	
2.6 Please specify other educational qualifications for building competency on Disaster Health Management in your country. (e.g. Masters in Public Health)	
Remarks	

3. Current education and training for disaster health management (DHM) for EMT members including medical personnel

3.1 Please click the check boxes to the followings if the training is available in your country.	3.2 If it is available, please specify which organization provide the training for each topic.
<input type="checkbox"/> mass casualty incident (MCI),	Name of the organization

<input type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input type="checkbox"/> Psychological care <input type="checkbox"/> water, sanitation and hygiene (WASH) <input type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) ()	() () () () () () () () ()																						
3.3 If it is available, how long is the training course? 3.4 And how often is it conducted? (e.g. twice a year)																							
<input type="checkbox"/> mass casualty incident (MCI), <input type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input type="checkbox"/> Psychological care <input type="checkbox"/> WASH <input type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) ()	<table border="1"> <thead> <tr> <th>Duration of the course</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>()</td> <td>()</td> </tr> <tr> <td>()</td> <td>()</td> </tr> <tr> <td>()</td> <td>()</td> </tr> <tr> <td>()</td> <td>()</td> </tr> <tr> <td>()</td> <td>()</td> </tr> <tr> <td>()</td> <td>()</td> </tr> <tr> <td>()</td> <td>()</td> </tr> <tr> <td>()</td> <td>()</td> </tr> <tr> <td>()</td> <td>()</td> </tr> <tr> <td>()</td> <td>()</td> </tr> </tbody> </table>	Duration of the course	Frequency	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
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<input type="checkbox"/> Others (pls.specify)	
Remarks	

4. Education and training needs for DHM/Needs for external supports

4.1 What kind of training programme does your country need most?
4.2 What type of support needed from curriculum committee* in carrying out DHM training in your country? Please specify.

*Curriculum committee is planned to be set up under ARCH Project, which is comprised of representatives from AMS.

5. Potential core educational institute(s) to develop curriculum and conduct training courses for DHM in each AMS

5.1 Which institute(s) will be eligible to lead training activities in your country and to contribute to networking with relevant institutes in other AMS under the POA for ALD?
5.2 Please specify the reason for 5.1
5.3 Are there any academic society (e.g. Society for Acute Medicine) or NGO in your country, which provide DHM training program? If yes, please specify the names of organization(s).

6. Others

6.1 Do you think current DHM education/training in your country give special consideration to multicultural issues (e.g. culture, religion, gender) in disaster management?	1. Yes (go to 6.2) 2. No (go to 6.3)
6.2 If yes, please give an example	
6.3 If no, what should be included in DHM education in order to work in a multicultural environment?	
6.4 What are the challenges in providing training programs for DHM?	

If you have any further comment about this survey please write here freely.

END

Thank you very much for your cooperation.

Questionnaire (Brunei)

Objectives of the Study

- 7) To identify **possible educational/training institutes** which are capable to conduct domestic training programs on DHM in each ASEAN Member States (AMS)
- 8) To identify **target personnel for education/training** in Disaster Health Management (DHM) in AMS
- 9) To identify **training/competency needs** of personnel in Disaster Health Management (DHM)
- 10) To identify **needs for external supports** in case that the above institutes will organize domestic training programs on DHM
- 11) To identify AMS with capacities to provide external support on area-specific DHM Training Program
- 12) To specify AMS educational/training institutes which will be members of ASEAN academic/training centers network on DHM whose purpose is to strengthen regional and domestic capacities on DHM in collaboration with ASEAN regional disaster training center which is considered to be established in the POA on DHM

Respondent(s)

Name	Organization	E-mail
Dr Linawati Haji Jumat	Ministry of Health Brunei	Linawati.jumat@moh.gov.bn
Chiang mei mei	Ministry of Health Brunei	meimei.chiang@moh.gov.bn

Instruction

Please write or select the most suitable answer.

Please try to answer all questions. But if some question is not applicable to your country/organization, please write "not applicable."

3. Current medical education system in each AMS

3.1 Please explain the steps to become doctor/nurse*

Doctor	Secondary School 6 th form A level → Medical School (MBBS 5-6 years) → Post-graduate Foundation year (2 years internship) → Basic Specialist Training (at least 3 years) → Advanced Specialist Training (at least 3 years) → Passed / Exit → Specialist
Nurse	Secondary School O level → IBTE (Certificate in Nursing) Secondary School O level → Polyteknik (Diploma in Nursing) Polyteknik (Diploma in Nursing) → Institute of Health Sciences University (Degree in Nursing)
Remarks	

* 【Example】 Japanese case(doctor): 6 years at university → passing the National Examination for Medical Practitioners → 2 years of clinical resident training at university hospitals/clinical training hospitals → 3 years of

training for specialty after completing clinical resident training
 →passing exam for specialized doctors →acquisition of certification for specialized doctors

3.2 Which agencies/organizations manage ambulance services in your country?

Ministry of Health (Emergency Medical Ambulance Services)

3.3 Who is an ambulance crew member? (type of profession)

Paramedics, nurses, assistant nurses, ambulance officers, ambulance drivers

1.4 How is ambulance crew trained? (e.g. organizer in training, duration of training, content)

1. institute of Health Science/ Polytechnic -Diploma in Paramedic
2. IBTE- assistant nurse/paramedics

1.5 Number of educational institutes

1.7 License

1.6.1 Is national examination for medical license conducted in your country?	Doctor: 1. Yes 2. No Nurse: 1. Yes 2. No
1.6.2 How often is license revised? (e.g. every 5 years)	Doctor: Every year (annual) Nurse: Every year (annual)
1.6.3 Is the license valid in other ASEAN Member States?	1. Yes 2. No Not sure
Remarks	

4. Educational institutes providing emergency medicine program

3) Doctor	Number of institutes	4) Nurse	Number of institutes
Postgraduate	1	Postgraduate	2
University/College	1	University/College	1
2.1 Is training curriculum available for doctors and nurses working for ER?		1. Yes for Doctor (MMed and BST) 2. No for Nurses (only General nursing)	
2.2 If yes, which institute has the training curriculum? Institute of Health Sciences University and RIPAS Hospital			
2.3 How long is the training period?		3 years for Doctors	
2.4 Do they obtain certification?		1. Yes 2. No	
2.5 What are the main challenges in ensuring the quality of emergency medicine education in your country? Capacity of teaching faculty and case workload is not optimal or adequate There is no established curriculum on DHM nor much expertise – but we do hold ad-hoc workshops or small courses on DHM (usually only for Emergency Services/operational level)			
2.6 Please specify other educational qualifications for building competency on Disaster Health Management in your country. (e.g. Masters in Public Health)			

None
Remarks

4. Current education and training for disaster health management (DHM) for EMT members including medical personnel

3.1 Please click the check boxes to the followings if the training is available in your country.	3.2 If it is available, please specify which organization provide the training for each topic.	
<input checked="" type="checkbox"/> mass casualty incident (MCI), <input checked="" type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input type="checkbox"/> Psychological care <input checked="" type="checkbox"/> water, sanitation and hygiene (WASH) <input checked="" type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) ()	Name of the organization Ministry of Health and NDMC () Public Health Department MOH () () () () () () ()	
3.5 If it is available, how long is the training course? 2-4 days		
3.6 And how often is it conducted? (e.g. twice a year) at least 1x/year		
<input type="checkbox"/> mass casualty incident (MCI), <input type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input type="checkbox"/> Psychological care <input type="checkbox"/> WASH <input type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) ()	Duration of the course (2 days) (4 days) () varies () () () () () () () ()	Frequency (1/year) (1/year) () varies () () () () () () () ()

Remarks	
3.5 Please click the check boxes to the following if any external training course is available in your country.	3.6 If it is available, please specify which organization provide the training for each topic
<input type="checkbox"/> Basic disaster life support (BDLS) <input type="checkbox"/> Advanced disaster life support (ADLS) Major Incident Medical Management and Support (MIMMIS) <input type="checkbox"/> Field MIMMIS <input type="checkbox"/> Hospital MIMMIS <input type="checkbox"/> advanced trauma life support (ATLS) <input type="checkbox"/> International Trauma Life Support (ITLS) <input type="checkbox"/> Incident Command System (ICS) <input type="checkbox"/> Psychological First Aid (PFA) <input type="checkbox"/> Others (pls.specify)	Name of organization () () () () (MPTC CAE Rimba Panaga (BSP)) () ()
Remarks	

5. Education and training needs for DHM/Needs for external supports

4.1 What kind of training programme does your country need most? ATLS and DLS (basic and advanced) that is specific to ASEAN
4.2 What type of support needed from curriculum committee* in carrying out DHM training in your country? Please specify. Experts and Teaching faculty

*Curriculum committee is planned to be set up under ARCH Project, which is comprised of representatives from AMS.

5. Potential core educational institute(s) to develop curriculum and conduct training courses for DHM in each AMS

5.1 Which institute(s) will be eligible to lead training activities in your country and to contribute to networking with relevant institutes in other AMS under the POA for ALD? University or Institute?

5.2 Please specify the reason for 5.1
5.3 Are there any academic society (e.g. Society for Acute Medicine) or NGO in your country, which provide DHM training program? If yes, please specify the names of organization(s). No

7. Others

6.1 Do you think current DHM education/training in your country give special consideration to multicultural issues (e.g. culture, religion, gender) in disaster management?	1. Yes (go to 6.2) 2. No (go to 6.3)
6.2 If yes, please give an example	
6.3 If no, what should be included in DHM education in order to work in a multicultural environment?	
6.4 What are the challenges in providing training programs for DHM? We do not have an established one. Some available but it is quite patchy.	

If you have any further comment about this survey please write here freely.

END

Thank you very much for your cooperation.

Questionnaire (Indonesia)

Objectives of the Study

- 13) To identify **possible educational/training institutes** which are capable to conduct domestic training programs on DHM in each ASEAN Member States (AMS)
- 14) To identify **target personnel for education/training** in Disaster Health Management (DHM) in AMS
- 15) To identify **training/competency needs** of personnel in Disaster Health Management(DHM)
- 16) To identify **needs for external supports** in case that the above institutes will organize domestic training programs on DHM
- 17) To identify AMS with capacities to provide external support on area-specific DHM Training Program
- 18) To specify AMS educational/training institutes which will be members of ASEAN academic/training centers network on DHM whose purpose is to strengthen regional and domestic capacities on DHM in collaboration with ASEAN regional disaster training center which is considered to be established in the POA on DHM

Respondent(s)

Name	Organization	E-mail
Ina Agustina, MD, MKM	Center of Health Crisis, Ministry of Health	reni.rivai@gmail.com
Adithya Raja Manggala, M.Psi.T	Center of Health Crisis, Ministry of Health	adithyamanggala@gmail.com
Bella Donna, MD, M.Kes	Disaster Health Management Division, Center for Health Policy and Management (CHPM) Faculty of Medicine, Public Health and Nursing (FoM-PHN), Universitas Gadjah Mada	bella.donna@ugm.ac.id
Madelina Ariani, SKM, MPH	Disaster Health Management Division, Center for Health Policy and Management (CHPM) Faculty of Medicine, Public Health and Nursing (FoM-PHN), Universitas Gadjah Mada	madel_ariani@mail.ugm.ac.id
Alfrina Hanny, BSN, M.Ng (Acute care)	Medical Faculty, University of Brawijaya	Hanie.fk@ub.ac.id

Instruction

Please write or select the most suitable answer.

Please try to answer all questions. But if some question is not applicable to your country/organization, please write "not applicable."

5. Current medical education system in each AMS

5.1 Please explain the steps to become doctor/nurse*

Doctor	<ul style="list-style-type: none"> At least 4 years at university and they must made a thesis. They will get academic degree of S.Ked (or Bachelor of medical) 2 years for co-ass program at academic hospital and they must passing the national examination for medical practitioners. Then they will get professional degree as doctor (Dr) or MD. 1 year for internship program in one hospital. They must passing the examination internship to get registration certificate for competency (STR). After this they are ready to be a general physician or continue for specialized doctor program.
--------	--

Nurse	<p>Bachelor of Nursing</p> <ul style="list-style-type: none"> Accomplished academic program at least 4 years at university and required to submit a thesis to finish and get academic degree of S.Kep (or BSN/Bachelor of Nursing) Accomplished practitioners program through clinical training at least 1 year at hospitals, health care facilities, community and get professional degree of Ns or Ners from university. University that holds accreditation level at least B could run the practitioners program. Pass the national examination for nursing practitioners and hold a registration certificate of competency as a general nurse (STR) issued by the National Board of Nursing <p>Postgraduate of nursing</p> <ul style="list-style-type: none"> Accomplished 2 years of postgraduate academic program and required to submit thesis to acquire Master of Nursing degree (M.Kep/Master) Completed 1 year of clinical resident training at clinical training hospitals, health facilities and passed training specialty exam to acquire specialized nursing degree
Remarks	

* **【Example】** Japanese case(doctor): 6 years at university →passing the National Examination for Medical Practitioners→2 years of clinical resident training at university hospitals/clinical training hospitals→ 3 years of training for specialty after completing clinical resident training
→passing exam for specialized doctors →acquisition of certification for specialized doctors

5.2 Which agencies/organizations manage ambulance services in your country?

- National Command Center 119/ PSC (Public Safety Center) 119 by Ministry of Health. Almost each province and district have PSC 119 also and managed by Province/ district health office.
- Hospital
- Primary Health Care

5.3 Who is an ambulance crew member? (type of profession)

- 1 doctor
- 2 nurses
- 1 driver

1.4 How is ambulance crew trained? (e.g. organizer in training, duration of training, content)

The training will organized by each hospital. Then the trained ambulance crew and system will be simulated.

1.5 Number of educational institutes

- 65 medical faculty
- In Indonesia, 304 universities or colleges of nursing are licensed to issues bachelor of nursing certificates, 13 institutions has postgraduate nursing programs.

1.8 License

1.6.1 Is national examination for medical license conducted in your country?	Doctor: 1. Yes 2. No Nurse: 1. Yes 2. No
1.6.2 How often is license revised? (e.g. every 5 years)	Doctor: every 5 years Nurse: every 5 years
1.6.3 Is the license valid in other ASEAN Member States?	1. Yes 2. No
Remarks	

6. Educational institutes providing emergency medicine program

5) Doctor	Number of institutes	6) Nurse	Number of institutes
Postgraduate	????	Postgraduate	13
University/College	65	University/College	304

2.1 Is training curriculum available for doctors and nurses working for ER?	1. Yes 2. No
2.2 If yes, which institute has the training curriculum? In national curricula of bachelor of nursing, emergency nursing and disaster nursing are embedded. All nursing institutions must have these 2 subjects. University of Brawijaya Malang has postgraduate nursing program on emergency nursing.	
2.3 How long is the training period?	2 years
2.4 Do they obtain certification?	1. Yes 2. No
2.5 What are the main challenges in ensuring the quality of emergency medicine education in your country? Emergency medicine education in Indonesia has just start this year, but the implementation still has some challenges in universities related to spesific requirement to open master/specialist programme such as inadequate number of lecture etc	
2.6 Please specify other educational qualifications for building competency on Disaster Health Management in your country. (e.g. Masters in Public Health) Some universities (Medical faculty) has curriculum for disaster health for undergraduate and postgraduate program. In example, in Faculty of Medicine, Public Health and Nursing, University of Gajah Mada has disaster health management program for medical, nursing, an nutrition undergraduate program studies (during 1 semester), and also it has been developed in public health postgraduate program (during 2 weeks lecturing).	
Remarks Competency on DHM can be built by some related educational programme such as masters in disaster management, Master of Public Health, Masters in Epidemiology, Masters in Hospital Administration	

5. Current education and training for disaster health management (DHM) for EMT members including medical personnel

3.1 Please click the check boxes to the followings if the training is available in your country.	3.2 If it is available, please specify which organization provide the training for each topic.
<input type="checkbox"/> mass casualty incident (MCI),	Center of Health Crisis (integrated in Disaster Health Management Training) National Agency for Counter Terrorism

<input type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input type="checkbox"/> Psychological care <input type="checkbox"/> water, sanitation and hygiene (WASH) <input type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) <ul style="list-style-type: none"> - Contingency plan for health sector / DHO, Hospital, LDMA, and Primary health care - Training for disaster health cluster - Hospital disaster plan 	Center of Health Crisis (integrated in Disaster Health Management Training) and University, and NGO Center of Health Crisis (integrated in Disaster Health Management Training), UNICEF, University, NGO) Center of Health Crisis (integrated in Disaster Health Management Training), University. Center of Health Crisis (integrated in Disaster Health Management Training, NDMA, NGO. ?? University and hospital MoH and university MoH and university MoH and university	
3.7 If it is available, how long is the training course? 3.8 And how often is it conducted? (e.g. twice a year)		
<input type="checkbox"/> mass casualty incident (MCI), <input type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input type="checkbox"/> Psychological care <input type="checkbox"/> WASH <input type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) <ul style="list-style-type: none"> - Contingency plan for health sector / DHO, Hospital, LDMA, and Primary health care - Training for disaster health cluster - Hospital disaster plan 	Duration of the course (4-5 days) (3 days) (4-5 days) (4-5 days) (4-5 days) (4-5 days) (4-5 days) (4-5 days) (4-5 days) (4-5 days) (4-5 days) (4-5 days) (4-5 days)	Frequency (yearly) (yearly) (yearly) (yearly) (yearly) (yearly) (yearly) (yearly) (yearly) (yearly) (yearly) (yearly)
Remarks Disaster Health Management training conducted annually in 5 days training Programme		
3.5 Please click the check boxes to the following if any external training course is available in your country.	3.6 If it is available, please specify which organization provide the training for each topic	
	Name of organization Army,	

<input type="checkbox"/> Basic disaster life support (BDLS) <input type="checkbox"/> Advanced disaster life support (ADLS) Major Incident Medical Management and Support (MIMMIS) <input type="checkbox"/> Field MIMMIS <input type="checkbox"/> Hospital MIMMIS <input type="checkbox"/> advanced trauma life support (ATLS) <input type="checkbox"/> International Trauma Life Support (ITLS) <input type="checkbox"/> Incident Command System (ICS) <input type="checkbox"/> Psychological First Aid (PFA) <input type="checkbox"/> Others (pls.specify) <input type="checkbox"/> Hospital disaster plan	Army MoH, NGO, Universities NGOs and Universities NGOs and Universities Trauma Commission (Indonesian Surgeon Association) - NDMA , MoH, Army MoH, NGOs and Universities MoH, NGOs and Universities
Remarks	

6. Education and training needs for DHM/Needs for external supports

4.1 What kind of training programme does your country need most? We need most a training of accredited international EMT.
4.2 What type of support needed from curriculum committee in carrying out DHM training in your country? Please specify. Technical support

*Curriculum committee is planned to be set up under ARCH Project, which is comprised of representatives from AMS.

5. Potential core educational institute(s) to develop curriculum and conduct training courses for DHM in each AMS

5.1 Which institute(s) will be eligible to lead training activities in your country and to contribute to networking with relevant institutes in other AMS under the POA for ALD? University of Gadjah Mada
5.2 Please specify the reason for 5.1 They have curriculum for disaster health for undergraduate and postgraduate program. They have conducted many trainings related to disaster health management, throughout Indonesia every year. They also have a team that is experienced in various major disasters in Indonesia. University of Gadjah Mada is involved in some PWG Meeting and ARCH Project RCC Meeting, also in 4 th RCD Preparation.
5.3 Are there any academic society (e.g. Society for Acute Medicine) or NGO in your country, which provide DHM training program? If yes, please specify the names of organization(s). Yes many. They are : MDMC (Muhammadiyah Disaster Management Center), LPBI NU, Indonesia Red Cross, MPBI, etc.

8. Others

6.1 Do you think current DHM education/training in your country give special consideration to multicultural issues (e.g. culture, religion, gender) in disaster management?	1. Yes (go to 6.2) 2. No (go to 6.3)
6.2 If yes, please give an example <input type="checkbox"/> Briefing about specific culture	
6.3 If no, what should be included in DHM education in order to work in a multicultural environment?	
6.4 What are the challenges in providing training programs for DHM? We only train a few officers and often they are not decision makers. So the implementation of the training is hampered because of difficulties in advocating for leaders.	

If you have any further comment about this survey please write here freely.

END

Thank you very much for your cooperation.

Questionnaire (Lao PDR)

Objectives of the Study

- 19) To identify **possible educational/training institutes** which are capable to conduct domestic training programs on DHM in each ASEAN Member States (AMS)
- 20) To identify **target personnel for education/training** Disaster Health Management (DHM) in AMS
- 21) To identify **training/competency needs** of personnel in Disaster Health Management(DHM)
- 22) To identify **needs for external supports** in case that the above institutes will organize domestic training programs on DHM
- 23) To identify AMS with capacities to provide external support on area-specific DHM Training Program
- 24) To specify AMS educational/training institutes which will be members of ASEAN academic/training centers network on DHM whose purpose is to strengthen regional and domestic capacities on DHM in collaboration with ASEAN regional disaster training center which is considered to be established in the POA on DHM

Respondent(s)

Name	Organization	E-mail
Lao EMT	Ministry of Health, Lao PDR	Vangnakhone@yahoo.fr daovilay@yahoo.com mounthala.syhanath@gmail.com

Instruction

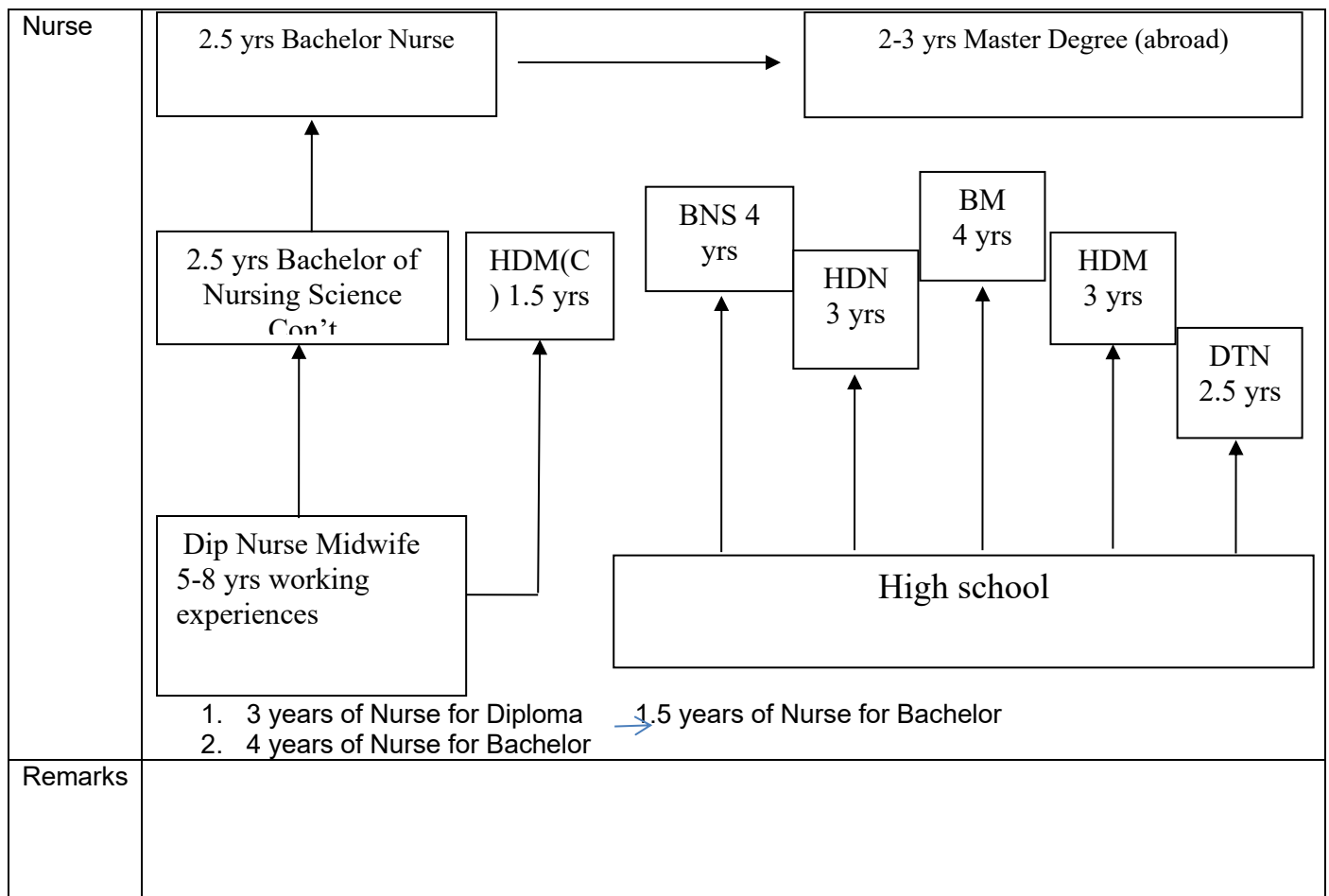
Please write or select the most suitable answer.

Please try to answer all questions. But if some question is not applicable to your country/organization, please write "not applicable."

7. Current medical education system in each AMS

7.1 Please explain the steps to become doctor/nurse*

Doctor	Laotian (doctor): 6 years at university →passing the National Examination for Medical Practitioners→3 years of clinical resident training at university hospitals/clinical →passing exam for specialized doctors→acquisition of certification for specialized doctors
--------	--



* 【Example】 Japanese case(doctor): 6 years at university →passing the National Examination for Medical Practitioners→2 years of clinical resident training at university hospitals/clinical training hospitals→3 years of training for specialty after completing clinical resident training
→passing exam for specialized doctors→acquisition of certification for specialized doctors

a. Which agencies/organizations manage ambulance services in your country?
Dispatch Center at Mittaphab Hospital

b. Who is an ambulance crew member? (type of profession)
First Responder, Nurse, EMT

1.4 How is ambulance crew trained? (e.g. organizer in training, duration of training, content)

- Doctors and Nurses give who's give training for ambulance crew
- Organize by Mittaphab Hospital
- Duration of training around 2-3 days
- Content: First Aid, Pre hospital care, Basic life Support, Basic trauma care

1.5 Number of educational institutes

1.9 License

7) Doctor	Number of institutes	8) Nurse	Number of institutes
Postgraduate	2	Postgraduate	0
University/College	1	University/College	6
1.6.1 Is national examination for medical license conducted in your country? Ongoing prepare for 2020		Doctor: 1. Yes <input checked="" type="checkbox"/> 2. No Nurse: 1. Yes <input checked="" type="checkbox"/> 2. No	
1.6.2 How often is license revised? (e.g. every 5 years)		Doctor: Nurse: Just start and attempt in this year for the first time in our country and we have plan making examination every 5 years	
1.6.3 Is the license valid in other ASEAN Member States?		1. Yes <input checked="" type="checkbox"/> 2. No	
Remarks			

3. Educational institutes providing emergency medicine program

2.1 Is training curriculum available for doctors and nurses working for ER?	1. Yes 2. No
2.2 If yes, which institute has the training curriculum? University of Health Science Faculty of medicine Faculty of Nursing Science ongoing	
2.3 How long is the training period?	1 year
2.4 Do they obtain certification?	<input checked="" type="checkbox"/> 1. Yes 2. No
2.5 What are the main challenges in ensuring the quality of emergency medicine education in your country? - Limited human resources - Medical resources in lao language are limited - Teacher number - capacity are lacking - Law and regulation - Human resources: teacher limited, paramedic, emergency nurses, EMT - EQUIPMENT - BUTGET	
2.6 Please specify other educational qualifications for building competency on Disaster Health Management in your country. (e.g. Masters in Public Health) - Masters of Public Health - EMT	
Remarks	

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6. Current education and training for disaster health management (DHM)for EMT members including medical personnel

3.1 Please click the check boxes to the followings if the training is available in your country.	3.2 If it is available, please specify which organization provide the training for each topic.																						
<input checked="" type="checkbox"/> mass casualty incident (MCI), <input checked="" type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input checked="" type="checkbox"/> Psychological care <input checked="" type="checkbox"/> water, sanitation and hygiene (WASH) <input checked="" type="checkbox"/> Public health <input checked="" type="checkbox"/> Logistics <input checked="" type="checkbox"/> business continuity plan(BCP) <input checked="" type="checkbox"/> safety and security <input checked="" type="checkbox"/> Others (pls. specify) (EMTCC)	Name of the organization (Emergency Department of Central Hospital) (Ministry of science and Technology, Emergency Department of Central Hospital, CDC Department); (Psychological care Department of Mohosot Hospital, Health Care and Rehabilitation Department); (Center of Sanitation and Water Supply, Hygiene and Health Promotion Department, MoH) (Health Care and Rehabilitation Department, CDC Department, Cabinet of MoH); (Food and Drug Department, Medical Products Supply Center); (Planning Department, Finance Department) () () ()																						
3.9 If it is available, how long is the training course? 3.10 And how often is it conducted? (e.g. twice a year)																							
<input checked="" type="checkbox"/> mass casualty incident (MCI), <input checked="" type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input checked="" type="checkbox"/> Psychological care <input checked="" type="checkbox"/> WASH <input checked="" type="checkbox"/> Public health <input checked="" type="checkbox"/> Logistics <input checked="" type="checkbox"/> business continuity plan(BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) ()	<table border="1"> <thead> <tr> <th>Duration of the course</th><th>Frequency</th></tr> </thead> <tbody> <tr> <td>(3 days)</td><td>(1 per Year)</td></tr> <tr> <td>(3 days)</td><td>(1 per Year)</td></tr> <tr> <td>(5 days)</td><td>(1 per Year)</td></tr> <tr> <td>(5 days)</td><td>(1 per Year)</td></tr> <tr> <td>(5 days)</td><td>(1 per Year)</td></tr> <tr> <td>(5 days)</td><td>(1 per Year)</td></tr> <tr> <td>(5 days)</td><td>(1 per Year)</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> </tbody> </table>	Duration of the course	Frequency	(3 days)	(1 per Year)	(3 days)	(1 per Year)	(5 days)	(1 per Year)	(5 days)	(1 per Year)	(5 days)	(1 per Year)	(5 days)	(1 per Year)	(5 days)	(1 per Year)	()	()	()	()	()	()
Duration of the course	Frequency																						
(3 days)	(1 per Year)																						
(3 days)	(1 per Year)																						
(5 days)	(1 per Year)																						
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(5 days)	(1 per Year)																						
(5 days)	(1 per Year)																						
()	()																						
()	()																						
()	()																						
Remarks: The Frequency that limited of budget, but we hope in the future we try to twin per year																							
3.5 Please click the check boxes to the following if any external training course is available in your country.	3.6 If it is available, please specify which organization provide the training for each topic																						
<input type="checkbox"/> <input checked="" type="checkbox"/> Basic disaster life support (BDLS) <input checked="" type="checkbox"/> Advanced disaster life support (ADLS)	Name of organization (Department of Central Hospital) (Emergency Department of Central Hospital, CDC Department)																						

9. Others

6.1 Do you think current DHM education/training in your country give special consideration to multicultural issues (e.g. culture, religion, gender) in disaster management?	<input checked="" type="checkbox"/> 1. Yes (go to 6.2) 2. No (go to 6.3)
6.2 If yes, please give an example In disaster management the culture and gender is very importance for example: monk should be separate from woman and have to be stay in temple but during disaster to be have special place for them. The gender is very importance too should be consideration for example: W.C for women in the camp or shelter.	
6.3 If no, what should be included in DHM education in order to work in a multicultural environment?	
6.4 What are the challenges in providing training programs for DHM? - Knowledge - Budget - Human resource - Experience	

If you have any further comment about this survey please write here freely.

END

Thank you very much for your cooperation.

Questionnaire (Malaysia)

Objectives of the Study

- 25) To identify **possible educational/training institutes** which are capable to conduct domestic training programs on DHM in each ASEAN Member States (AMS)
- 26) To identify **target personnel foreducation/training** in Disaster Health Management (DHM) in AMS
- 27) To identify **training/competency needs** of personnel in Disaster Health Management(DHM)
- 28) To identify **needs for external supports** in case that the above institutes will organize domestic training programs on DHM
- 29) To identify AMS with capacities to provide external support on area-specific DHM Training Program
- 30) To specify AMS educational/training institutes which will be members of ASEAN academic/training centers network on DHM whose purpose is to strengthen regional and domestic capacities on DHM in collaboration with ASEAN regional disaster training center which is considered to be established in the POA on DHM

Respondent(s)

Name	Organization	E-mail
Dr Kasuadi Bin Hussin	BPP KKM	drkas71@gmail.com

Instruction

Please write or select the most suitable answer.

Please try to answer all questions. But if some question is not applicable to your country/organization, please write "not applicable."

8. Current medical education system in each AMS

8.1 Please explain the steps to become doctor/nurse*

Doctor	Undergraduate – 5 years (university)→ Passing the National Exam → Clinical resident training at government hospitals – 2 years →Government compulsory service – 3 years(inclusive of clinical resident training at government hospitals) →Specialty training – 4 years→ Subspecialty training – 3 years
Medical Assistant	Undergraduate – 3 years diploma program (MOH and Private college/universities) or 4 years degree program in Emergency Care by public university.→ registration by Medical Assistants Board. →For MOH qualified Medical Assistants' to undergo 6 months compulsory placement program in emergency Department. Postgraduate training -Post basic in various fields 6/12 mths.
Nurse	Diploma 3 years kkm/ipt Bachelor 4 years lpt
Remarks	

* **【Example】** Japanese case(doctor): 6 years at university →passing the National Examination for Medical Practitioners→2 years of clinical resident training at university hospitals/clinical training hospitals→3 years of training for specialty after completing clinical resident training
→passing exam for specialized doctors→acquisition of certification for specialized doctors

8.2 Which agencies/organizations manage ambulance services in your country?

- I. Ministry Of Health
- I. Other Government agencies e.g. University Hospital, Army, Fire and Rescue Department., Civil Defence
- II. Private Ambulance Service

8.3 Who is an ambulance crew member? (type of profession)

- I. Medical Assistant,
- II. Staff nurse
- III. Ambulance Driver.
- IV. First Aider

8.4 How is ambulance crew trained? (e.g. organizer in training, duration of training, content)

Medical Assistants are trained for 3 years (Diploma) at MOH and Private colleges or 4 years (degree program) in public universities. At the end of their studies they are awarded with Diploma in Medical Assistant or a Degree in Emergency care. The Diploma/Degree covers subjects such as Medical, Surgical, Orthopedics, Pediatrics, Gynecology & Obstetrics, Psychiatric, Emergency medicine, Pre-Hospital Care, Primary health care and others. Apart from theory, clinical practical's in various area are given to Medical Assistant students to ensure the objectives of the training are being met. In addition, qualified Medical Assistants have to go through **compulsory placement program (Structured)** for 6 months in emergency departments to enhance their competence level in handling emergency cases particularly in Pre-Hospital Care.

For private ambulance crew, there are alternate training pathways which includes:

- Diploma in Paramedical Science
- Emergency Medical Technician Course

1.5 Number of educational institutes

For Medical Postgraduate University / College - 19	9) Doctor	Number of institutes	10) Nurse	Number of institutes	Assistants: – 4
	Postgraduate	3	Postgraduate	4	
	University/College	Approximately 20	University/College	Approximately 25	

1.10 License

1.6.1 Is national examination for medical license conducted in your country?	Doctor: 1. No Nurse: 1. No Medical Assistant: 1. No
1.6.2 How often is license revised? (e.g. every 5 years)	Doctor: YEARLY Nurse: YEARLY Medical Assistant: YEARLY
1.6.3 Is the license valid in other ASEAN Member States?	2. No
Remarks Yearly renewal of license is based on CPD points accumulated throughout the prior year.	

9. Educational institutes providing emergency medicine program

9.1 Is training curriculum available for doctors and nurses working for ER?	10. No (Yes, for Medical Assistants)
2.2 If yes, which institute has the training curriculum? No specific curriculum for doctors and nurses. But medical assistants/nurses can do post basic for emergency services and it will be done at medical assistant college.	

2.3 How long is the training period?	12 months
2.4 Do they obtain certification?	1. Yes
2.5 What are the main challenges in ensuring the quality of emergency medicine education in your country? The main challenge is the place for study is limited for the doctors doing master and also for medical assistant/nurses doing post basic.	
2.6 Please specify other educational qualifications for building competency on Disaster Health Management in your country. (e.g. Masters in Public Health) Doctors – Subspecialty training in Pre-Hospital Care and Disaster (2 years)	
Remarks	

7. Current education and training for disaster health management (DHM) for EMT members including medical personnel

3.1 Please click the check boxes to the followings if the training is available in your country. <input type="checkbox"/> mass casualty incident (MCI), <input type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input type="checkbox"/> Psychological care <input type="checkbox"/> water, sanitation and hygiene (WASH) <input type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) ()	3.2 If it is available, please specify which organization provide the training for each topic. (Hospital Serdang, Selangor) (Hospital Selayang, Selangor) () () () (National Institute of Health, NIH) (National Disaster Management Agency Malaysia) () () ()	
3.11 If it is available, how long is the training course? 3.12 And how often is it conducted? (e.g. twice a year)		
<input type="checkbox"/> mass casualty incident (MCI), <input type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input type="checkbox"/> Psychological care <input type="checkbox"/> WASH <input type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) ()	Duration of the course (4 days) (3 days) () () (3 days) (1 day) () () () () ()	Frequency (1 -2 times/ year) (1 -2 times/ year) () () (1 -2 times/ year) (1-2 times /year) () () () ()
Remarks		

3.5 Please click the check boxes to the following if any external training course is available in your country.	3.6 If it is available, please specify which organization provide the training for each topic
<input type="checkbox"/> Basic disaster life support (BDLS) <input type="checkbox"/> Advanced disaster life support (ADLS) Major Incident Medical Management and Support (MIMMIS) <input type="checkbox"/> Field MIMMIS <input type="checkbox"/> Hospital MIMMIS <input type="checkbox"/> advanced trauma life support (ATLS) <input type="checkbox"/> International Trauma Life Support (ITLS) <input type="checkbox"/> Incident Command System (ICS) <input type="checkbox"/> Psychological First Aid (PFA) <input type="checkbox"/> Others (pls.specify)	Name of organization (Hospital Selayang, Selangor) (Hospital Selayang, Selangor) () () (College of Surgeons, Academy of Medicine, Malaysia) () (National Disaster Management Agency) (Mental Health Unit, MoH Malaysia) ()
Remarks	

8. Education and training needs for DHM/Needs for external supports

4.1 What kind of training programme does your country need most? Training of trainers to conduct the AMS training. Awareness of mental health in disaster
4.2 What type of support needed from curriculum committee* in carrying out DHM training in your country? Please specify. Standardized curriculum for AMS training.

*Curriculum committee is planned to be set up under ARCH Project, which is comprised of representatives from AMS.

5. Potential core educational institute(s) to develop curriculum and conduct training courses for DHM in each AMS

5.1 Which institute(s) will be eligible to lead training activities in your country and to contribute to networking with relevant institutes in other AMS under the POA for ALD? Hospital Serdang
5.2 Please specify the reason for 5.1 Hospital Serdang coordinates the nationwide training under MOH
5.3 Are there any academic society (e.g. Society for Acute Medicine) or NGO in your country, which provide DHM training program? If yes, please specify the names of organization(s). Mercy Malaysia

10. Others

6.1 Do you think current DHM education/training in your country give special consideration to multicultural issues (e.g. culture, religion, gender) in disaster management?	1. Yes (go to 6.2) 2. No(go to 6.3)
6.2 If yes, please give an example	
6.3 If no, what should be included in DHM education in order to work in a multicultural environment? Understanding local culture and religious sensitivity	
6.4 What are the challenges in providing training programs for DHM? Limited financial allocation and experienced trainers	

If you have any further comment about this survey please write here freely.

END

Thank you very much for your cooperation.

Questionnaire (Myanmar)

Objectives of the Study

- 31) To identify **possible educational/training institutes** which are capable to conduct domestic training programs on DHM in each ASEAN Member States (AMS)
- 32) To identify **target personnel for education/training** in Disaster Health Management (DHM) in AMS
- 33) To identify **training/competency needs** of personnel in Disaster Health Management(DHM)
- 34) To identify **needs for external supports** in case that the above institutes will organize domestic training programs on DHM
- 35) To identify AMS with capacities to provide external support on area-specific DHM Training Program
- 36) To specify AMS educational/training institutes which will be members of ASEAN academic/training centers network on DHM whose purpose is to strengthen regional and domestic capacities on DHM in collaboration with ASEAN regional disaster training center which is considered to be established in the POA on DHM

Respondent(s)

Name	Organization	E-mail
Dr Than Latt Aung	Ministry of Health and Sports	terrymichael999@gmail.com

Instruction

Please write or select the most suitable answer.

Please try to answer all questions. But if some question is not applicable to your country/organization, please write "not applicable."

11. Current medical education system in each AMS

11.1 Please explain the steps to become doctor/nurse*

Doctor	6 years at university → 1 years of clinical resident training at university hospitals/clinical training hospitals→ 3 years of training for specialty after Passing the Entrance exam for the specialty→passing exam for specialized doctors → will get certification for specialized doctors
Nurse	2 years for the Diploma and 4 years for Bachelor of Nursing
Remarks	

* **【Example】** Japanese case(doctor): 6 years at university →passing the National Examination for Medical Practitioners→2 years of clinical resident training at university hospitals/clinical training hospitals→ 3 years of training for specialty after completing clinical resident training

→passing exam for specialized doctors →acquisition of certification for specialized doctors

11.2 Which agencies/organizations manage ambulance services in your country?

11.3 Who is an ambulance crew member? (type of profession)

NURSES , NURSE AID , SOMETIME DOCTORS

1.4 How is ambulance crew trained? (e.g. organizer in training, duration of training, content)

IN THE HOSPITAL . WE HAVE NO SPECIFIC TRAINING SCHOOL FOR THE AMBULANCE CREWS .
MINISTRY OF HEALTH AND SPORTS OPENED THE FIRST *EMERGENCY MEDICAL SERVICE TRAINING CENTER* FOR THE AMBULANCE CREWS AT JANUARY OF THIS YEAR . I AM THE TRAINING DIRECTOR FOR THAT SCHOOL .

1.5 Number of educational institutes

ONLY ONE .

1.11 License

11) Doctor	Number of institutes	12) Nurse	Number of institutes
Postgraduate	5	Postgraduate	2
University/College	5	University/College	2

1.6.1 Is national examination for medical license conducted in your country?	Doctor: 1. Yes <input checked="" type="checkbox"/> 2. No Nurse: 1. Yes <input checked="" type="checkbox"/> 2. No
1.6.2 How often is license revised? (e.g. every 5 years)	Doctor: EVERY 5 YEARS Nurse: EVERY 5 YEARS
1.6.3 Is the license valid in other ASEAN Member States?	1. Yes 2. No
Remarks I AM NOT SURE FOR THE QUESTION 1.6.3	

12. Educational institutes providing emergency medicine program

2.1 Is training curriculum available for doctors and nurses working for ER?	1. Yes <input checked="" type="checkbox"/> 2. No
2.2 If yes, which institute has the training curriculum? University of Nursing (Yangon) University of Medicine(1), University of Medicine(2), University of Medicine(Mandalay),	
2.3 How long is the training period?	3 years for doctors 18 month for nurses
2.4 Do they obtain certification?	1. Yes <input checked="" type="checkbox"/> 2. No
2.5 What are the main challenges in ensuring the quality of emergency medicine education in your country?	

Training program
2.6 Please specify other educational qualifications for building competency on Disaster Health Management in your country. (e.g. Masters in Public Health)
Masters in Public Health and Masters in Emergency Medicine
Remarks

7. Current education and training for disaster health management (DHM) for EMT members including medical personnel

3.1 Please click the check boxes to the followings if the training is available in your country.	3.2 If it is available, please specify which organization provide the training for each topic.	
<input checked="" type="checkbox"/> mass casualty incident (MCI), <input type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input type="checkbox"/> Psychological care <input checked="" type="checkbox"/> water, sanitation and hygiene (WASH) <input checked="" type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) ()	Name of the organization (ministry of health and sports) () (ministry of health and sports) ministry of health and sports) () () () () () ()	
3.13 If it is available, how long is the training course? 3 days to one week 3.14 And how often is it conducted? (e.g. twice a year)		
<input type="checkbox"/> mass casualty incident (MCI), <input type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input type="checkbox"/> Psychological care <input type="checkbox"/> WASH <input type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) ()	Duration of the course	Frequency
	()	()
	()	()
	()	()
	()	()
	()	()
	()	()
	()	()
	()	()
	()	()
	()	()
Remarks Not regular		

3.5 Please click the check boxes to the following if any external training course is available in your country.	3.6 If it is available, please specify which organization provide the training for each topic
<input type="checkbox"/> Basic disaster life support (BDLS) <input type="checkbox"/> Advanced disaster life support (ADLS) Major Incident Medical Management and Support (MIMMIS) <input type="checkbox"/> Field MIMMIS <input type="checkbox"/> Hospital MIMMIS <input checked="" type="checkbox"/> advanced trauma life support (ATLS) <input type="checkbox"/> International Trauma Life Support (ITLS) <input type="checkbox"/> Incident Command System (ICS) <input type="checkbox"/> Psychological First Aid (PFA) <input type="checkbox"/> Others (pls.specify)	Name of organization () () (Australian college of Emergency Medicine) (Australian college of Emergency Medicine)) () (Australian college of Emergency Medicine)) () () () ()
Remarks	
Not on the regular basic	

9. Education and training needs for DHM/Needs for external supports

4.1 What kind of training programme does your country need most?
<input type="checkbox"/> Advanced disaster life support, Incident Command System (ICS), Psychological First Aid (PFA)
4.2 What type of support needed from curriculum committee* in carrying out DHM training in your country? Please specify. Technical support

*Curriculum committee is planned to be set up under ARCH Project, which is comprised of representatives from AMS.

5. Potential core educational institute(s) to develop curriculum and conduct training courses for DHM in each AMS

5.1 Which institute(s) will be eligible to lead training activities in your country and to contribute to networking with relevant institutes in other AMS under the POA for ALD? <i>EMERGENCY MEDICAL SERVICE TRAINING CENTER (NAY PYI TAW)</i>
5.2 Please specify the reason for 5.1 THAT IS THE ONLY TRAINING CENTER

5.3 Are there any academic society (e.g. Society for Acute Medicine) or NGO in your country, which provide DHM training program?
If yes, please specify the names of organization(s).
NO

11. Others

6.1 Do you think current DHM education/training in your country give special consideration to multicultural issues (e.g. culture, religion, gender) in disaster management?	No (go to 6.3)
6.2 If yes, please give an example	
6.3 If no, what should be included in DHM education in order to work in a multicultural environment? NO SPECIAL NEED	
6.4 What are the challenges in providing training programs for DHM? MINISTRY OF HEALTH AND SPORTS APPROVAL	

If you have any further comment about this survey please write here freely.

END

Thank you very much for your cooperation.

Questionnaire (Philippines)

Objectives of the Study

- 37) To identify **possible educational/training institutes** which are capable to conduct domestic training programs on DHM in each ASEAN Member States (AMS)
- 38) To identify **target personnel for education/training** in Disaster Health Management (DHM) in ASEAN Member States (AMS)
- 39) To identify **training/competency needs** of personnel in Disaster Health Management (DHM)
- 40) To identify **needs for external supports** in case that the above institutes will organize domestic training programs on DHM
- 41) To identify AMS with capacities to provide external support on area-specific DHM Training Program
- 42) To specify AMS educational/training institutes which will be members of ASEAN academic/training centers network on DHM whose purpose is to strengthen regional and domestic capacities on DHM in collaboration with ASEAN regional disaster training center which is considered to be established in the POA on DHM

13. Current medical education system in each AMS

13.1 Please explain the steps to become doctor/nurse*

Doctor	Four years college course (Pre-med course) in a University Four years proper medicine (including clinical clerkship) One year post graduate internship Medical Board examination by the Professional Regulation Commission Three to Four years clinical residency training in a hospital Two years Sub-specialty training (must pass the Diplomate and Fellowship with written and oral examination) and clinical research
Nurse	Four years nursing course (including clinical practice) Nursing board examination
Remarks	

* **【Example】** Japanese case(doctor): 6 years at university →passing the National Examination for Medical Practitioners→2 years of clinical resident training at university hospitals/clinical training hospitals→ 3 years of training for specialty after completing clinical resident training
→passing exam for specialized doctors →acquisition of certification for specialized doctors

13.2 Which agencies/organization/s manage ambulance services in your country?

Hospitals, Bureau of Fire Protection, Health Service of Local Government Units (LGU), Rescue Units from LGU and other Volunteer/ Non-Government Organization (NGO) Ambulance/Rescue Units i.e. Txt Fire, Ace Core, Philippine Red Cross

13.3

13.4 Who is an ambulance crew member? (type of profession)

Doctor (Not always available), Nurse (Not always available), First Aid Trained Personnel, Barangay Health Workers, Emergency Medical Technician (EMT)

1.4 How is ambulance crew trained? (e.g. organizer in training, duration of training, content)
 Basic Life Support (BLS) 1 to 2 day training, Standard First Aid (SFA) 3 day training, Emergency Medical Technician (EMT) 10 days training being conducted by Health Emergency Management Bureau of Department of Health (DOH), Philippine Red Cross (PRC), Philippine Heart Association (PHA), American Heart Association (AHA) in the Philippines plus Advance Cardiac Life Support for Ty 2 Ambulance.

1.5 Number of educational institutes

1.12 License	13) Doctor	Number of institutes	14) Nurse	Number of institutes
	Postgraduate	22	Postgraduate	32
	University/College	32	University/College	62

1.6.1 Is national examination for medical license conducted in your country?	Doctor: 1. Yes 2. No Nurse: 1. Yes 2. No
1.6.2 How often is license revised? (e.g. every 5 years)	Doctor: Every 3 years Nurse: Every 3 years
1.6.3 Is the license valid in other ASEAN Member States?	1. Yes-Nurse in selected AMS 2. No -Doctor
Remarks	

14. Educational institutes for emergency medicine

2.1 Is training curriculum available for doctors and nurses working for ER?	1. Yes-Doctor 2. No-Nurses
2.2 If yes, which institute has the training curriculum? Philippine General Hospital, East Avenue Medical Center, Saint Luke's Medical Center, etc.	
2.3 How long is the training period?	3 years
2.4 Do they obtain certification?	1. Yes 2. No
2.5 What are the main challenges in ensuring the quality of emergency medicine education in your country? Training Curriculum following International/ASEAN standards	
Remarks	

8. Current education and training for disaster health management (DHM) for medical personnel

3.1 Please click the check boxes to the followings if the training is available for medical personnel in your country.	3.2 If it is available, please specify which organization provide the training for each topic.
<input type="checkbox"/> mass casualty incident (MCI), Pre-hospital <input type="checkbox"/> mass casualty incident (MCI), In-hospital <input type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input type="checkbox"/> Psychological care	Name of the organization (Health Emergency Management Bureau – Department of Health (HEMB-DOH) HEMB-DOH) HEMB-DOH in collaboration with national agencies and hospitals including Philippine Nuclear Research Institute, East Avenue Medical Center, Philippine General Hospital (HEMB-DOH)

<input type="checkbox"/> water, sanitation and hygiene (WASH) <input type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) ()	(HEMB-DOH Technical Support from international organizations for SUMA) Office of the Civil Defense, Department of Interior and Local Government () () () () () () ()	
3.15 If it is available, how long is the training course? 1 week, varied 3.16 And how often is it conducted? (e.g. twice a year) needs-based, as requested		
<input type="checkbox"/> mass casualty incident (MCI), Pre-hospital <input type="checkbox"/> mass casualty incident (MCI), In-hospital <input type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input type="checkbox"/> Psychological care <input type="checkbox"/> WASH <input type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) (MHPSS) NiE WASH	Duration of the course (5 days) (3 days) (3 days) 1 day () () (5 days) () () () () ()	Frequency (needs-based, as requested) (needs-based, as requested) (needs-based, as requested) (needs-based, as requested) needs-based, as requested () () (needs-based, as requested) (needs-based, as requested) (needs-based, as requested) (needs-based, as requested)
Remarks		
3.5 Please click the check boxes to the following if any external training course is available in your country.		
3.6 If it is available, please specify which organization provide the training for each topic		
<input type="checkbox"/> Basic disaster life support (BDLS) <input type="checkbox"/> Advanced disaster life support (ADLS) Major Incident Medical Management and Support (MIMMIS) <input type="checkbox"/> Field MIMMIS	Name of organization () () () ()	

<input type="checkbox"/> Hospital MIMMIS <input type="checkbox"/> advanced trauma life support (ATLS) <input type="checkbox"/> International Trauma Life Support (ITLS) <input type="checkbox"/> Incident Command System (ICS) <input type="checkbox"/> Psychological First Aid (PFA) <input type="checkbox"/> Others (pls.specify)	(Philippine College of Surgeons) () (Office of the Civil Defense) (HEMB-DOH) ()
Remarks Above training are not available in-country	

10. Education and training needs for DHM/Needs for external supports

4.1 What kind of training programme does your country need most? 1. Logistics management 2. Clinical management in severe and austere environment 3. Safety and security training 4. Water, Sanitation, & Hygiene (WASH) for EMT personnel 5. Country to Country coordination, (ASEAN standard training curriculum on DHM training)
4.2 What type of support needed from curriculum committee* in carrying out DHM training in your country? Please specify. Module development to standardize training at the ASEAN Level and training management with complete provision for training tools and devices

*Curriculum committee is planned to be set up under ARCH Project, which is comprised of representatives from AMS.

5. Potential core educational institute(s) to develop curriculum and conduct training courses for DHM in each AMS

5.1 Which institute(s) will be eligible to lead training activities in your country and to contribute to networking with relevant institutes in other AMS under the POA for ALD? DOH led by the Health Human Resource Development Bureau and HEMB in collaboration with other training providers
5.2 Please specify the reason for 5.1 HEMB is mandated to conduct competency training in relation to Disaster Health Management / Disaster Risk Reduction Management in Health
5.3 Are there any academic society (e.g. Society for Acute Medicine) or NGO in your country, which provide DHM training program? YES If yes, please specify the names of organization(s). Philippine Red Cross, Metro Manila Development Authority, World Health Organization sponsored trainings, Anti-Terrorism Assistance Program of US Department of State sponsored trainings

12. Others

6.1 Do you think current DHM education/training in your country give special consideration to multicultural issues (e.g. culture, religion, gender) in disaster management?	1. Yes (go to 6.2) 2. No (go to 6.3)
6.2 If yes, please give an example	

6.3 If no, what should be included in DHM education in order to work in a multicultural environment?

Acclimatization / simulation

6.4 What are the challenges in providing training programs for DHM?

Limited Choice of Participants because of the few personnel who are involved in the program; competing priorities on health

If you have any further comment about this survey please write here freely.

END

Thank you very much for your cooperation.

Questionnaire (Singapore)

Objectives of the Study

- 43) To identify **possible educational/training institutes** which are capable to conduct domestic training programs on DHM in each ASEAN Member States (AMS)
- 44) To identify **target personnel for education/training** in Disaster Health Management (DHM) in AMS
- 45) To identify **training/competency needs** of personnel in Disaster Health Management(DHM)
- 46) To identify **needs for external supports** in case that the above institutes will organize domestic training programs on DHM
- 47) To identify AMS with capacities to provide external support on area-specific DHM Training Program
- 48) To specify AMS educational/training institutes which will be members of ASEAN academic/training centers network on DHM whose purpose is to strengthen regional and domestic capacities on DHM in collaboration with ASEAN regional disaster training center which is considered to be established in the POA on DHM

Respondent(s)

Name	Organization	E-mail
Ginny Chia	Ministry of Health, Singapore	ginny_chia@moh.gov.sg
Dr Lim Ghee Hian	Senior Consultant, Ng Teng Fong General Hospital; Ministry of Health, Singapore	ghee_hian_lim@nuhs.edu.sg

Instruction

Please write or select the most suitable answer.

Please try to answer all questions. But if some question is not applicable to your country/organization, please write "not applicable."

15. Current medical education system in each AMS

15.1 Please explain the steps to become doctor/nurse*

Doctor	<ol style="list-style-type: none"> a) Licence Acquisition <ul style="list-style-type: none"> o Basic medical degree (local and recognized overseas universities) <ul style="list-style-type: none"> ▪ This includes the completion of a house officer training program (about 1 year) to equip new medical graduates with the basic skills of clinical practice b) Registration <ul style="list-style-type: none"> o Singapore Medical Council c) Renewal of Licence/ Registration <ul style="list-style-type: none"> o 1 or 2 yearly renewal of practicing certificate based on accumulation of sufficient participation under the Continuing Medical Education (CME) events under the Singapore Medical Council
Nurse	<ol style="list-style-type: none"> a) Licence Acquisition <ul style="list-style-type: none"> o Diploma or Degree in Nursing <ul style="list-style-type: none"> ▪ This includes a supervised clinical attachment at healthcare institutions in Singapore b) Registration <ul style="list-style-type: none"> o Singapore Nursing Board c) Renewal of Licence/Registration

	<ul style="list-style-type: none"> Annual. Additionally, Nurses who have not practiced nursing for a continuous period of 5 years are required to attend a Return-to-Nursing programme before they can practice Nursing again
Remarks	Nil

* 【Example】 Japanese case(doctor): 6 years at university →passing the National Examination for Medical Practitioners→2 years of clinical resident training at university hospitals/clinical training hospitals→ 3 years of training for specialty after completing clinical resident training
→passing exam for specialized doctors →acquisition of certification for specialized doctors

15.2 Which agencies/organizations manage ambulance services in your country?
The Singapore Civil Defence Force (SCDF).

15.3 Who is an ambulance crew member? (type of profession)
An ambulance crew comprise 3 staff – 1 paramedic and 2 Emergency Medical Technicians (of which 1 is the ambulance driver).

1.4 How is ambulance crew trained? (e.g. organizer in training, duration of training, content)

Emergency Medical Technicians (including drivers) are required to attend a 5 weeks EMT course at the Civil Defence Academy (CDA) to familiarise themselves with the BCLS + AED, and EMS Protocols. The training comprises a combination of self-study, theory, and practical modules.

Paramedics are required to attend an 8 weeks EMT course at the Singapore Armed Forces Medical Training Institute (SMTI) to familiarize themselves with BCLS + AED protocols. Additionally, paramedics will also undergo 12 – 14 months on the job training in the ambulance and Obstetrics and Pediatrics and ED attachments. This will be followed by a 10 month enhanced EMS course at the SMTI which includes online training, JIBC Practicum, theory, and simulation.

15) Doctor	Number of institutes	16) Nurse	Number of institutes
Postgraduate	1	Postgraduate	1
University/College	2	University/College	1

1.5 Number of educational institutes
There are 4 educational institutions.

1.13 License

1.6.1 Is national examination for medical license conducted in your country?	Doctor: 1. Yes 2. No Nurse: 1. Yes 2. No
1.6.2 How often is license revised? (e.g. every 5 years)	Doctor: Every 1 – 2 years Nurse: Yearly
1.6.3 Is the license valid in other ASEAN Member States?	1. Yes 2. No
Remarks	Nil

16. Educational institutes providing emergency medicine program

2.1 Is training curriculum available for doctors and nurses working for ER?	1. Yes 2. No
2.2 If yes, which institute has the training curriculum?	

National University of Singapore (Yong Loo Lin School of Medicine); National Technological University (Lee Kong Chian School of Medicine), Duke-NUS Medical School	
2.3 How long is the training period?	About a year
2.4 Do they obtain certification?	1. Yes 2. No
2.5 What are the main challenges in ensuring the quality of emergency medicine education in your country? <ul style="list-style-type: none"> • Course training capacity • System maintenance/ Staff attrition • Availability of staff to attend courses • Need for re-certification after certificates expire • Budget 	
2.6 Please specify other educational qualifications for building competency on Disaster Health Management in your country. (e.g. Masters in Public Health) Internal training under Ministry of Health	
Remarks Nil	

9. Current education and training for disaster health management (DHM) for EMT members including medical personnel

3.1 Please click the check boxes to the followings if the training is available in your country.	3.2 If it is available, please specify which organization provide the training for each topic.	
<input checked="" type="checkbox"/> mass casualty incident (MCI), <input checked="" type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input checked="" type="checkbox"/> Psychological care <input checked="" type="checkbox"/> water, sanitation and hygiene (WASH) <input checked="" type="checkbox"/> Public health <input checked="" type="checkbox"/> Logistics <input checked="" type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) ()	Name of the organization (SingHealth Academy)	
3.17 If it is available, how long is the training course? Up to 3 days 3.18 And how often is it conducted? (e.g. twice a year) At least twice a year		
	Duration of the Course Please refer to 3.3	Frequency Please refer to 3.4
<input checked="" type="checkbox"/> mass casualty incident (MCI), <input checked="" type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input checked="" type="checkbox"/> Psychological care <input checked="" type="checkbox"/> WASH <input checked="" type="checkbox"/> Public health <input checked="" type="checkbox"/> Logistics <input checked="" type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) ()	() () () () () () () () () ()	() () () () () () () () () ()

Remarks Nil	
3.5 Please click the check boxes to the following if any external training course is available in your country.	3.6 If it is available, please specify which organization provide the training for each topic
<input checked="" type="checkbox"/> Basic disaster life support (BDLS) <input checked="" type="checkbox"/> Advanced disaster life support (ADLS) <input type="checkbox"/> Major Incident Medical Management and Support (MIMMIS) <input type="checkbox"/> Field MIMMIS <input type="checkbox"/> Hospital MIMMIS <input checked="" type="checkbox"/> Advanced trauma life support (ATLS) <input checked="" type="checkbox"/> International Trauma Life Support (ITLS) <input checked="" type="checkbox"/> Incident Command System (ICS) <input checked="" type="checkbox"/> Psychological First Aid (PFA) <input checked="" type="checkbox"/> Others (pls.specify) Pre-Hospital Trauma Life Support	Name of organization (SingHealth Alice Lee Institute of Advanced Nursing) (Singhealth Academy) () () () (Tan Tock Seng Hospital; The Singapore Trauma Conference) (SingHealth Academy) (SingHealth Academy) (Singapore Red Cross Society; SingHealth Academy) (Tan Tock Seng Hospital; SingHealth Academy)
Remarks Nil	

11. Education and training needs for DHM/Needs for external supports

4.1 What kind of training programme does your country need most? - Opportunity to participate in disaster drills - Training in health assessment
4.2 What type of support needed from curriculum committee* in carrying out DHM training in your country? Please specify. - Sharing of training material - "Train-the-Trainer" type of training

*Curriculum committee is planned to be set up under ARCH Project, which is comprised of representatives from AMS.

5. Potential core educational institute(s) to develop curriculum and conduct training courses for DHM in each AMS

5.1 Which institute(s) will be eligible to lead training activities in your country and to contribute to networking with relevant institutes in other AMS under the POA for ALD? Department of Emergency Medicine, Ng Teng Fong General Hospital (Dr Lim Ghee Hian)
5.2 Please specify the reason for 5.1 Identified by the Ministry to lead training and curriculum development for disaster health management
5.3 Are there any academic society (e.g. Society for Acute Medicine) or NGO in your country, which provide DHM training program? If yes, please specify the names of organization(s). Singapore Red Cross

13. Others

6.1 Do you think current DHM education/training in your country give special consideration to multicultural issues (e.g. culture, religion, gender) in disaster management?	1. Yes (go to 6.2) 2. No (go to 6.3)
6.2 If yes, please give an example Being a multiracial society, Singapore's DHM education takes into account multiracial sensitivities	
6.3 If no, what should be included in DHM education in order to work in a multicultural environment? N.A	
6.4 What are the challenges in providing training programs for DHM Nil	

If you have any further comment about this survey please write here freely. Nil
--

END

Thank you very much for your cooperation.

Questionnaire (Thailand)

Objectives of the Study

- 1) To identify **possible educational/training institutes** which are capable to conduct domestic training programs on DHM in each ASEAN Member States (AMS)
- 2) To identify **target personnel for education/training** in Disaster Health Management (DHM) in AMS
- 3) To identify **training/competency needs** of personnel in Disaster Health Management(DHM)
- 4) To identify **needs for external supports** in case that the above institutes will organize domestic training programs on DHM
- 5) To identify AMS with capacities to provide external support on area-specific DHM Training Program
- 6) To specify AMS educational/training institutes which will be members of ASEAN academic/training centers network on DHM whose purpose is to strengthen regional and domestic capacities on DHM in collaboration with ASEAN regional disaster training center which is considered to be established in the POA on DHM

Respondent(s)

Name	Organization	E-mail
Prasit Wuthisuthimethawee	Colledge of Emergency Physician	Prasit0552002@yahoo.com

Instruction

Please write or select the most suitable answer.

Please try to answer all questions. But if some question is not applicable to your country/organization, please write "not applicable."

1. Current medical education system in each AMS

1.1. Please explain the steps to become doctor/nurse*

Doctor	Secondary school Six year in Faculty of Medicine: passing national license examination (3 steps) One year as internship and two years of residency program in MOPH hospital Three to five years of specialist training program: Board examination Two to three years of sub-specialist training program: Sub-board examination
Nurse	Seconadary school Four years in Faculty of Nursing Four months in specialist program Two years for PhD program
Remarks	

1.2.

* **【Example】** Japanese case(doctor): 6 years at university →passing the National Examination for Medical Practitioners→2 years of clinical resident training at university hospitals/clinical training hospitals→ 3 years of training for specialty after completing clinical resident training

→passing exam for specialized doctors →acquisition of certification for specialized doctors

1.2.Which agencies/organizations manage ambulance services in your country?

1.3.Who is an ambulance crew member? (type of profession)

1.4 How is ambulance crew trained? (e.g. organizer in training, duration of training, content)

- National training curriculum provided by National Institute for Emergency Medicine (NIEM)
- Forty hours for emergency medical recuer (EMR)
- One hyndred and fifteen hours for emergency medical technician (EMT)
- Two year for advanced emergency medical technician (A-EMT)
- Four years for paramedic (EMT-P)

1.4.Number of educational institutes

- EMR 80 centers
- EMT 40 centers
- A-EMT 7 centers
- EMT-P 5 centers

1) Doctor	Number of institutes	2) Nurse	Number of institutes
Postgraduate		Postgraduate	
University/College		University/College	

6. License

1.6.1 Is national examination for medical license conducted in your country?	Doctor: 1. Yes Nurse: 1. Yes
1.6.2 How often is license revised? (e.g. every 5 years)	Doctor: 5 years Nurse: 5 years
1.6.3 Is the license valid in other ASEAN Member States?	1. Yes with condition
Remarks	

7.

2. Educational institutes providing emergency medicine program

2.1 Is training curriculum available for doctors and nurses working for ER?	1. Yes
2.2 If yes, which institute has the training curriculum? Colledge of Emergency Medicine	
2.3 How long is the training period?	3 years
2.4 Do they obtain certification?	1. Yes
2.5 What are the main challenges in ensuring the quality of emergency medicine education in your country? World Federation for Medical Education (WFME) standard	

2.6 Please specify other educational qualifications for building competency on Disaster Health Management in your country. (e.g. Masters in Public Health) - Master of Public Health - Fellowship program in disaster medicine and emergency medical service (in process) - Master degree in disaster management
Remarks

3.

3. Current education and training for disaster health management (DHM) for EMT members including medical personnel

3.1 Please click the check boxes to the followings if the training is available in your country.	3.2 If it is available, please specify which organization provide the training for each topic.																												
<div> 1. / Mass casualty incident (MCI), 2. / Chemical, biological, radiological, nuclear, explosive (CBRNE) 3. / Psychological care 4. / Water, sanitation and hygiene (WASH) / Public health 5. 6. / Logistics <input type="checkbox"/> Business continuity plan (BCP) 7. / Safety and security <input type="checkbox"/> Others (pls. specify) () </div>	Name of the organization (NIEM) (Department of Disaster Prevention and Mitigation (DDPM)) (Department of Mental health, MOPH) (The Thai Red Cross Society) (Department of Disease Control, Ministry of Public Health) () (Siriraj hospital, faculty of medicine) () ()																												
3. If it is available, how long is the training course? 4. And how often is it conducted? (e.g. twice a year)																													
<div> 8. / Mass casualty incident (MCI), 9. / Chemical, biological, radiological, nuclear, explosive (CBRNE) 10. / Psychological care <input type="checkbox"/> WASH <input type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) () </div>	<table border="1"> <thead> <tr> <th>Duration of the course</th><th>Frequency</th></tr> </thead> <tbody> <tr> <td>(2-3 days)</td><td>(yearly)</td></tr> <tr> <td>(2-3 days)</td><td>(10 /year)</td></tr> <tr> <td>(2-3 days)</td><td>(yearly)</td></tr> <tr> <td>(yearly)</td><td>(yearly)</td></tr> <tr> <td>(yearly)</td><td>(yearly)</td></tr> <tr> <td>(6 days)</td><td>(yearly)</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> </tbody> </table>	Duration of the course	Frequency	(2-3 days)	(yearly)	(2-3 days)	(10 /year)	(2-3 days)	(yearly)	(yearly)	(yearly)	(yearly)	(yearly)	(6 days)	(yearly)	()	()	()	()	()	()	()	()	()	()	()	()	()	()
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Remarks Depend on budget	
3.5 Please click the check boxes to the following if any external training course is available in your country.	3.6 If it is available, please specify which organization provide the training for each topic
<div>11. /</div> <div>Basic disaster</div> <div>life support</div> <div>(BDLS)</div> <div>12. /</div> <div>Advanced</div> <div>disaster life</div> <div>support</div> <div>(ADLS)</div> <div>/ Major Incident Medical</div> <div>Management and Support</div> <div>(MIMMIS)</div> <div>13. /</div> <div>Field MIMMIS</div> <div>14. /</div> <div>Hospital</div> <div>MIMMIS</div> <div>15. /</div> <div>Advanced</div> <div>trauma life</div> <div>support</div> <div>(ATLS)</div> <div><input type="checkbox"/> International Trauma</div> <div>Life Support (ITLS)</div> <div>16. /</div> <div>Incident</div> <div>Command</div> <div>System (ICS)</div> <div>17. /</div> <div>Psychological</div> <div>First Aid (PFA)</div> <div><input type="checkbox"/> Others (pls.specify)</div> <div>18. / Pre-</div> <div>Hospital Trauma</div> <div>Life Support</div> <div>(PHTLS)</div>	<div>Name of organization</div> <div>(Royal Colledge of Surgeon of Thailand)</div> <div>(Royal Colledge of Surgeon of</div> <div>Thailand)</div> <div>(Royal Colledge of Surgeon of Thailand)</div> <div>(MOPH, DDPM)</div> <div>(Department of Mental Health)</div> <div>(Royal Colledge of Surgeon of Thailand)</div>
Remarks	

4.

4. Education and training needs for DHM/Needs for external supports

4.1 What kind of training programme does your country need most?
Logistic, Emergency Medical Team Cell Coordination, MIMMIS

4.2 What type of support needed from curriculum committee* in carrying out DHM training in your country? Please specify.

Standard curriculum
Instructor course

5.

*Curriculum committee is planned to be set up under ARCH Project, which is comprised of representatives from AMS.

5. Potential core educational institute(s) to develop curriculum and conduct training courses for DHM in each AMS

5.1 Which institute(s) will be eligible to lead training activities in your country and to contribute to networking with relevant institutes in other AMS under the POA for ALD?
Thai College of Emergency Physician, Chulabhorn Disaster and Emergency medicine Center

5.2 Please specify the reason for 5.1
The institute have the Disaster and Emergency Medical Service section with the fellowship training program in the near future
There are members who specialize in disaster medicine, mass casualty incident and EMS
Chulabhorn Disaster and Emergency medicine Center, Princess Chulabhorn College of Medical Science, Chulabhorn Royal Academy

5.3 Are there any academic society (e.g. Society for Acute Medicine) or NGO in your country, which provide DHM training program?
If yes, please specify the names of organization(s).
Asian Disaster Preparedness Center (ADPC)
Thai Red Cross Society
Thai Association for Emergency Medicine (TAEM)

6. Others

6.1 Do you think current DHM education/training in your country give special consideration to multicultural issues (e.g. culture, religion, gender) in disaster management?

2. No (go to 6.3)

6.2 If yes, please give an example

6.3 If no, what should be included in DHM education in order to work in a multicultural environment?

Laws, regulations, and cultural perspective for EMT
International coordination standard

6.4 What are the challenges in providing training programs for DHM?

Experts or Instructors
Budget

7.

If you have any further comment about this survey please write here freely.

END

Thank you very much for your cooperation.

Questionnaire (Viet Nam)

Objectives of the Study

- 49) To identify **possible educational/training institutes** which are capable to conduct domestic training programs on DHM in each ASEAN Member States (AMS)
- 50) To identify **target personnel for education/training** in Disaster Health Management (DHM) in AMS
- 51) To identify **training/competency needs** of personnel in Disaster Health Management(DHM)
- 52) To identify **needs for external supports** in case that the above institutes will organize domestic training programs on DHM
- 53) To identify AMS with capacities to provide external support on area-specific DHM Training Program
- 54) To specify AMS educational/training institutes which will be members of ASEAN academic/training centers network on DHM whose purpose is to strengthen regional and domestic capacities on DHM in collaboration with ASEAN regional disaster training center which is considered to be established in the POA on DHM

Respondent(s)

Name	Organization	E-mail
Nguyen Nhu Lam	Vietnam MOH	lamnguyenau@yahoo.com
Tran Quang Hung	Vietnam MOH	Heritran@heritran.vn

Instruction

Please write or select the most suitable answer.

Please try to answer all questions. But if some question is not applicable to your country/organization, please write "not applicable."

17. Current medical education system in each AMS

17.1 Please explain the steps to become doctor/nurse*

Doctor	<p><u>Under-graduating :</u></p> <ul style="list-style-type: none"> – 6 years at medical university <p><u>Post graduating :</u></p> <ul style="list-style-type: none"> – Additional 3 years of residence for certification for specialized doctors <p>Practical post – graduating</p> <ul style="list-style-type: none"> – Orientation : 1 year – First degree specialized : 18months – Second degree specialized : 24 months <p>Academic post – graduating</p> <ul style="list-style-type: none"> – Master degree : 2 years – PhD : 4 years
Nurse	<p>Under-graduating program</p> <ul style="list-style-type: none"> • Regular system <ul style="list-style-type: none"> • General Nursing program (full time): 4 years. • Upgrade nursing program (for nursing college): 1,5 years • Service system (for secondary nurse/ midwife) <ul style="list-style-type: none"> • Bachelor of nursing program (part time): 4 years • Anesthesia nursing program (part time): 4 years • Midwifery nursing program (part time): 4 year <p>Post – graduating as doctors</p>
Remarks	

* 【Example】 Japanese case(doctor): 6 years at university →passing the National Examination for Medical

Practitioners→2 years of clinical resident training at university hospitals/clinical training hospitals→ 3 years of training for specialty after completing clinical resident training
→passing exam for specialized doctors →acquisition of certification for specialized doctors

17.2 Which agencies/organizations manage ambulance services in your country?

- Public sector: 115 call center belonging to provincial Department of Health
- Some private company
- Some volunteer

17.3 Who is an ambulance crew member? (type of profession)

Decree 01/2008/QĐ-BYT dated 21/01/2008 (Minister of Health) mentioned that the crew members are

- Physician
- Nurses
- Driver

1.4 How is ambulance crew trained? (e.g. organizer in training, duration of training, content)

- Short training courses: 1 – 2 months
- Some emergency or intensive care courses as in medical university (already specialist before or after being employee)

17.4 Number of educational institutes

- Medical university/medical school: 12
- Nursing school: 100

1.14 License

17) Doctor	Number of institutes	18) Nurse	Number of institutes
Postgraduate	any	Postgraduate	any
University/College	any	University/College	any

1.6.1 Is national examination for medical license conducted in your country?	Doctor: No Nurse: No
1.6.2 How often is license revised? (e.g. every 5 years)	Doctor:every 5 years Nurse:every 5 years
1.6.3 Is the license valid in other ASEAN Member States?	No
Remarks	

18. Educational institutes providing emergency medicine program

2.1 Is training curriculum available for doctors and nurses working for ER?	1. Yes
2.2 If yes, which institute has the training curriculum? – All medical universities – some nursing schools	
2.3 How long is the training period?	2 - 3 years for specialized doctor 6 months for specialized nurses
2.4 Do they obtain certification?	1. Yes

<p>2.5 What are the main challenges in ensuring the quality of emergency medicine education in your country?</p> <ul style="list-style-type: none"> – Curriculum is not standardized (material, ..) nationally – Shortage of education centers as well as lecturers – Training course is mainly focused on professional practice, however, the organization such as the coordination mechanism, EMTCC, forms ... is not always mentioned during the training course, – The participants are not really interested in the emergency medicine and pre-hospital care. – Infrastructure and training facilities such as mannequins are not qualified !!
<p>2.6 Please specify other educational qualifications for building competency on Disaster Health Management in your country. (e.g. Masters in Public Health)</p> <ul style="list-style-type: none"> – Masters in Public Health
<p>Remarks</p>

10. Current education and training for disaster health management (DHM) for EMT members including medical personnel

<p>3.1 Please click the check boxes to the followings if the training is available in your country.</p>	<p>3.2 If it is available, please specify which organization provide the training for each topic.</p>																								
<input type="checkbox"/> mass casualty incident (MCI), <input type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input type="checkbox"/> Psychological care <input type="checkbox"/> water, sanitation and hygiene (WASH) <input type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) ()	<p>some NGO (some NGO) () (some NGO) () (some NGO) () () () () () ()</p>																								
<p>3.19 If it is available, how long is the training course? 3.20 And how often is it conducted? (e.g. twice a year)</p>																									
<input type="checkbox"/> mass casualty incident (MCI), <input type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input type="checkbox"/> Psychological care <input type="checkbox"/> WASH <input type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) ()	<table border="1"> <thead> <tr> <th>Duration of the course</th><th>Frequency</th></tr> </thead> <tbody> <tr> <td>(< 1 weeks)</td><td>(Occational)</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> <tr> <td>()</td><td>()</td></tr> </tbody> </table>	Duration of the course	Frequency	(< 1 weeks)	(Occational)	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()	()
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Remarks	
3.5 Please click the check boxes to the following if any external training course is available in your country.	3.6 If it is available, please specify which organization provide the training for each topic
<input type="checkbox"/> Basic disaster life support (BDLS) <input type="checkbox"/> Advanced disaster life support (ADLS) Major Incident Medical Management and Support (MIMMIS) <input type="checkbox"/> Field MIMMIS <input type="checkbox"/> Hospital MIMMIS <input type="checkbox"/> advanced trauma life support (ATLS) <input type="checkbox"/> International Trauma Life Support (ITLS) <input type="checkbox"/> Incident Command System (ICS) <input type="checkbox"/> Psychological First Aid (PFA) <input type="checkbox"/> Others (pls.specify)	Name of organization () () () () () () () () ()
Remarks	

12. Education and training needs for DHM/Needs for external supports

4.1 What kind of training programme does your country need most? <ul style="list-style-type: none"> – Undergraduate curriculum and training program – MIMMISchemical, biological, radiological, nuclear, explosive (CBRNE) – MCI – ICS – ATLS – ITLS – Psychological care – PFA – Logistic
4.2 What type of support needed from curriculum committee* in carrying out DHM training in your country? Please specify. - Standard curriculum in AMS

*Curriculum committee is planned to be set up under ARCH Project, which is comprised of representatives from AMS.

5. Potential core educational institute(s) to develop curriculum and conduct training courses for DHM in each AMS

5.1 Which institute(s) will be eligible to lead training activities in your country and to contribute to networking with relevant institutes in other AMS under the POA for ALD? - National Burn Hospital (Department of Disaster medicine)
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<p>5.2 Please specify the reason for 5.1</p> <p>Department of Disaster Medicine which is a department of The Vietnam National Burn Hospital (NBH) is officially conducting training program of disaster health management for medical students. Base on this department, National center for Emergency and Disaster Medicine is currently set up with missions of training, research, coordination and cooperation in emergency and disaster medicine. In addition, the Vietnam Association of Emergency and Disaster medicine will be established and located at the NBH.</p>
<p>5.3 Are there any academic society (e.g. Society for Acute Medicine) or NGO in your country, which provide DHM training program?</p> <p>If yes, please specify the names of organization(s).</p> <ul style="list-style-type: none"> - Red cross association: few basic training course for public health in DHM

14. Others

6.1 Do you think current DHM education/training in your country give special consideration to multicultural issues (e.g. culture, religion, gender) in disaster management?	No (go to 6.3)
6.2 If yes, please give an example	
6.3 If no, what should be included in DHM education in order to work in a multicultural environment? <ul style="list-style-type: none"> - Gender - Elderly - Minor ethnic groups 	
6.4 What are the challenges in providing training programs for DHM? <ul style="list-style-type: none"> - Shortage of resource - No standard of curriculum, training materials - Not interesting aspects 	

<p>If you have any further comment about this survey please write here freely.</p>
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END

Thank you very much for your cooperation.

Event	<u>Field Study for Capacity Development on DHM</u>
Dates	11-19 February 2020
Place/Venue	Vientiane (Lao PDR) and Phnom Penh (Cambodia)
Participants	11 Participants from ARCH Project, Thai Taskforce, Malaysia, JICA HQ, JAC and Consultant
Agenda	<p>12-Feb Visit to Ministry of Health Lao PDR</p> <p>13-Feb Visit to University of Health and Science Visit to Mittapharb Hospital</p> <p>14-Feb Visit to Vientiane Rescue Final Internal Meeting</p> <p>17-Feb Visit to Ministry of Health Cambodia</p> <p>18-Feb Visit to Calmette Hospital</p> <p>19-Feb Visit to Cambodian Red Cross Visit to University of Health and Science</p>
Summary of Discussion	<p><u>(LAO PDR)</u></p> <ul style="list-style-type: none"> ● Laos already has a planned to establish their National EMT within 2020. ● There's no clear plan or policy on how to develop and train the N-EMT on (DHM). ● There's no SOP for deployment. ● No standard curriculum and No trainers for DHM training. ● Many professors and staff have been trained in Thailand. ● Staff of Vientiane Rescue has good intrinsic motivation to work. ● ARCH Project announced and invited the related organization to join and become the member of Academic Network. <p><u>(CAMBODIA)</u></p> <ul style="list-style-type: none"> ● They are currently preparing Strategic Plan for DHM (2020 – 2024). ● Government's priorities on health focusing on communicable disease and maternal-child health more than DHM. ● The Calmette Hospital has experience in deploying of medical personnel during disaster in Cambodia. ● There's no SOP for deployment.

	<ul style="list-style-type: none"> ● Cambodian Red Cross has a good logistics capability (able to transport supplies for humanitarian assistance). ● Cambodian Red Cross are planning to sign MOU with Ministry of Education (MoE) to strengthen DHM training in schools and universities. ● No standard curriculum and No trainers for DHM training. ● ARCH Project announced and invited the related organization to join and become the member of Academic Network.
Attachments	<ul style="list-style-type: none"> ● Participant List ● Tentative Schedule ● Reports from Study team

Lao PDR Study team

NAME	Gender	Nationality	Business Title	Organization
Mr. Shuichi IKEDA	M	Japan	Chief Advisor	ARCH Project - JICA
Mr. Amemiya SHO	M	Japan	Associate Expert	Japan International Cooperation Agency (JICA)
Ms. Eiko YAMADA	F	Japan	Doctoral Student	Graduate School of Medicine and Pharmaceutical Sciences, University of Toyama
Dr. Yuichi KOIDO	M	Japan	Director, Disaster Medical Assistance Team (DMAT) Secretariat, Ministry of Health, Labour and Welfare Japan	Disaster Medical Assistance Team, Ministry of Health, Labour and Welfare Japan
Ms. Junko SATO	F	Japan	Consultant	Koei Consultant
Mr. Valintorn Chewasuchin	M	Thai	Project Assistant	ARCH Project - JICA
Mr. Supatsak Pobsuk	M	Thai	Programme Officer	Chulalongkorn University Social Research Institute
Dr. Rapeeporn Rojsaengroeng	F	Thai	Princess Chulabhorn Hospital	HRH princess Chulabhorn Disaster & Emergency Medicine
Dr. Khairi Bin Kassim	M	Malaysia	Consultant Emergency Physician	Serdang Hospital
Mr. Salehkamal Badarudin	M	Brunei	Nursing Officer Special grade	Ministry of Health

Cambodia Study team

NAME	Gender	Nationality	Business Title	Organization
Mr. Shuichi IKEDA	M	Japan	Chief Advisor	ARCH Project - JICA
Mr. Amemiya SHO	M	Japan	Associate Expert	Japan International Cooperation Agency (JICA)
Ms. Eiko YAMADA	F	Japan	Doctoral Student	Graduate School of Medicine and Pharmaceutical Sciences, University of Toyama
Dr. Yamanouchi	M	Japan		
Ms. Junko SATO	F	Japan	Consultant	Koei Consultant
Mr. Valintorn Chewasuchin	M	Thai	Project Assistant	ARCH Project - JICA
Mr. Supatsak Pobsuk	M	Thai	Programme Officer	Chulalongkorn University Social Research Institute
Dr. Phatsawan Sairai	F	Thai	Head Nurse of Emergency Medical Service and Referral Centre Unit	Faculty of Medicine, Chiang Mai University
Dr. Khairi Bin Kassim	M	Malaysia	Consultant Emergency Physician	Serdang Hospital
Mr. Salehkamal Badarudin	M	Brunei	Nursing Officer Special grade	Ministry of Health

Tentative Schedule

Date	Time	Organization	Department	Needed information	Methodology
Feb 11th (Tue)	P.M. 20:30 1 hour	Internal Meeting (Pre-Survey)			
Feb 12th (Wed)	AM or PM 1 - 1.5 hours	Ministry of Health	Cabinet Office Dept. of Health Care	Pls.see "Interview Guide" as attached.	Key Informant Interview
Feb 13th (Thurs)	AM 9:30 (tentative) 1.5 - 2 hours	University of Health Science		Pls.see "Interview Guide"	<ul style="list-style-type: none"> • Key Informant Interview • The SWOT Analysis will be conducted through Focus Group Discussion
	PM 13:30 (tentative) 2 hours	Mittarphab Hospital	Emergency Medicine Dept.	Pls.see "Interview Guide"	<ul style="list-style-type: none"> • Key Informant Interview • The SWOT Analysis will be conducted through Focus Group Discussion
Feb 14th (Fri)	AM 9:30 (tentative) 1 - 1.5 hours	Lao Red Cross		Pls.see "Interview Guide"	
Feb 15th (Sat)	AM or PM 1 - 1.5 hours	Internal Meeting (Final)			
Feb 16th (Sun)	11:30 A.M.	Depart to Cambodia			

Proposed Schedule

Date	Time	Organization	Department	Needed Information	Methodology	Remarks/Special Request
Feb 17th (Mon)	AM or PM <u>1 - 1.5 hours</u>	Ministry of Health	<ul style="list-style-type: none"> Disaster Management and Environmental Health Bureau, Preventive Medicine Dept. ASEAN Bureau, Dept. of International Cooperation(DIC) 	Pls.see "Interview Guide" as attached.	Key Informant Interview	If there is <u>any other</u> departments related to <u>disaster health management</u> , pls.invite them to the interview (no need to set up a separate meeting.)
Feb 18th (Thu)	AM TBD					
	PM 13:30 (tentative) <u>2 hours</u>	Calmette Hospital	Emergency Medicine Dept.	Pls.see "Interview Guide"	<ul style="list-style-type: none"> Key Informant Interview The SWOT Analysis will be conducted through Focus Group Discussion 	Need <u>a meeting room</u> , which accommodates <u>10 - 15 people</u> for SWOT analysis. <u>Group work</u>
Feb 19th (Wed)	AM 9:30 (tentative) <u>1 - 1.5 hours</u>	Cambodia Red Cross		Pls.see "Interview Guide"		
	PM TBD					

Field Survey Report

Your Name : Rapeeporn Rojsaengroeng

Your Job Title : assistant professor

Laos

Health Government Sector : Ministry of Health	
Target Country's condition	<p>Strength</p> <ul style="list-style-type: none"> • have plan for human resource development in DHM but wait for the Mittarphab Hospital's idea • strong motivation after joining ARCH project <p>weakness</p> <ul style="list-style-type: none"> • the most needed training is how to improve the system <p>opportunity</p> <ul style="list-style-type: none"> • The Mittarphab Hospital play a core role in education <p>Threat</p> <ul style="list-style-type: none"> • do not know how to maintain the system and education
Comparison with your country	<p>Strength</p> <ul style="list-style-type: none"> • MOH have a plan for human resource development in DHM • every hospital make the MCI drill once a year following MOH policy and hospital accreditation • set up one i-EMT and Chulaporn hospital will make another team <p>weakness</p> <ul style="list-style-type: none"> • the most needed training is ICS, EMTCC for senior staff and data record for everyone <p>opportunity</p> <ul style="list-style-type: none"> • MOH and NIEMS would like to train healthcare personnel in DHM <p>Threat</p> <ul style="list-style-type: none"> • some try to find out the way for maintaining the system and education <p>(a few person would like to set up fellowship in EMS and disaster that is challenging)</p> <p>(some Thai doctors were graduate subspecialty from</p>

	oversea that they try to set up the subspecialty in disaster
Your suggestion to the target country/your country	<ul style="list-style-type: none"> • make the Mittarphab Hospital strong for leading the improvement • make the network between university of health science and MOH, the Mittarphab Hospital • make the meeting with them about how to maintain the program (not train by chance) • give the budget to help MOH for start up • Dr. Kai give opportunity to LAO personel for train in Japan 1 month who are the keyman for us in training and improving the system

Hospital : Mittarphab Hospital	
Target Country's condition	<p>Strength</p> <ul style="list-style-type: none"> • some people understand role in DHM <p>weakness</p> <ul style="list-style-type: none"> • do not have system and SOP for deployment <p>Opportunity</p> <ul style="list-style-type: none"> • have motivation in DHM <p>Threat</p> <ul style="list-style-type: none"> • do not know how to maintain the system and education
Comparison with your country	<p>Strength</p> <ul style="list-style-type: none"> • many people understand role in DHM • every hospital make the MCI drill once a year following MOH policy and hospital accreditation • MOH and NIEMS have strong motivation in DHM <p>weakness</p> <ul style="list-style-type: none"> • a few have system and SOP for deployment but many would like to make SOP for drilling once a year following government policy <p>Opportunity</p> <ul style="list-style-type: none"> • many hospitals have motivation in DHM <p>Threat</p>

	<ul style="list-style-type: none"> • do not know how to maintain the system and education
Your suggestion to the target country/your country	<ul style="list-style-type: none"> • make the Mittarphab Hospital strong for leading the improvement including the LAO system and SOP • training them to be the trainers

Academic Institute : University of Health Science	
Target Country's condition	<p>Strength</p> <ul style="list-style-type: none"> • a few people understand and motivate in DHM education • set up EM board training for 3 years • put DHM module in medical student , nurse, EM curriculum <p>Weakness</p> <ul style="list-style-type: none"> • a few people know some details in DHM • lack of coordinaton in LAO <p>Opportunity</p> <ul style="list-style-type: none"> • the network between UHS and the Mitterphab Hospital • they are interested in interprofessional work that is the good beginning in management <p>Threat</p> <ul style="list-style-type: none"> • do not know how to maintain the system and education
Comparison with your country	<p>Strength</p> <ul style="list-style-type: none"> • put the DHM education in EM board training • some university send the personnel to learn in disaster certification from oversea <p>Weakness</p> <ul style="list-style-type: none"> • Thai have many EM training institutes that some do not know in DHM <p>Opportunity</p> <ul style="list-style-type: none"> • some disaster specialists learning from oversea • start the fellowship program in EMS and disaster under Thai Colledge of Emergency Physician <p>Threat</p> <ul style="list-style-type: none"> • some try to maintain the system and education

Your suggestion to the target country/your country	<ul style="list-style-type: none"> • strengthen the university in disaster and prehospital care • strengthen the disaster module in medical student , nurse, EM curriculum • make the network between UHS and the Maitrphab Hospital and MOH
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Others : Lao Rescue center	
Target Country's condition	<p>Strength</p> <ul style="list-style-type: none"> • a lot of motivation to be volunteer • eager to learn and improving team <p>Weakness</p> <ul style="list-style-type: none"> • gap of knowledge <p>Opportunity</p> <ul style="list-style-type: none"> • good coordinating in the system <p>Threat</p> <ul style="list-style-type: none"> • no fund
Comparison with your country	<p>Strength</p> <ul style="list-style-type: none"> • good coordinating • eager to learn and improving team • set up the education system • NIEMS set up the qualification and license of workers <p>Weakness</p> <ul style="list-style-type: none"> • no strict rule for controlling the volunteer, however some center set up the qualification of personnel <p>Opportunity</p> <ul style="list-style-type: none"> • good coordinating <p>Threat</p> <ul style="list-style-type: none"> • no standard qualification in each center and no benchmark
Your suggestion to the target country/your country	<ul style="list-style-type: none"> • get them involved in standard curriculum and drill • Train for the trainers • make network among the UHS , the Mittarphab Hospital , MOH and rescue center

Field Survey Report

Your Name : Dr Khairi bin Kassim

Your Job Title : Consultant Emergency Physician

CAMBODIA

Health Government Sector : Ministry of Health	
Target Country's condition	<p><u>Strengths</u></p> <ul style="list-style-type: none">a) Disaster Management and Environmental Health Bureau under the Department of Preventive Medicine to oversee DHM activities.<ul style="list-style-type: none">i) Currently preparing Strategic Plan for DHM (2020 – 2024).b) Department of Human Resources Development<ul style="list-style-type: none">i) Involve in National Curriculum review. Plan to Integrate DHM training in nursing curriculum.c) Department of Communicable Disease Control<ul style="list-style-type: none">i) Have network with Hospital's Rapid Response Team (RRT) to manage infectious disease/outbreaks.ii) Has experience in developing strategy for pandemic influenza.d) Ambulance call centre currently located in Calmette Hospital under MOH to coordinate emergency ambulance response for the whole of Cambodia. <p><u>Weaknesses</u></p> <ul style="list-style-type: none">a) No plan to develop paramedic training.b) No database of those who have been trained in DHM. <p><u>Opportunities</u></p> <ul style="list-style-type: none">a) Has support from external agencies to fund Health development e.g. USAID funding the review of nursing curriculum.

	<p><u>Threats</u></p> <ul style="list-style-type: none"> a) Government's priorities on health focusing on communicable disease and maternal-child health.
Comparison with your country	<p><u>Strengths</u></p> <ul style="list-style-type: none"> a) MOH have plans to establish National EMT (N-EMT) Type 1 based on the WHO Minimum Standards. b) Currently developing guidelines for EMT response during disaster. c) EOC managed by National Disaster Management Agency (NADMA) with MOH as one of the multiple agencies involved. d) Have Crisis Preparedness and Response Centre (CPRC) as the MOH operations centre. <p><u>Weaknesses</u></p> <ul style="list-style-type: none"> a) Disaster Health Management (DHM) not main priority for MOH because Malaysia do not have many disaster incidents. <p><u>Opportunities</u></p> <ul style="list-style-type: none"> a) NADMA is building capacity for all agencies by organizing training e.g Incident Command System (ICS) courses, Logistics courses. b) External support from USAID, Canada to develop SOP/guidelines for specific incidents e.g CBRNE. <p><u>Threats</u></p> <ul style="list-style-type: none"> a) Competing with other Ministry for government allocation. b) Minimal experience in managing sudden onset disaster e.g earthquake since Malaysia is relatively free from natural disaster.

<p>Your suggestion to the target country/your country</p>	<p><u>For Cambodia:</u></p> <p>MOH need to take lead in in preparing the Emergency Medical Services to respond to disasters e.g:-</p> <ul style="list-style-type: none"> a) Strengthening the national ambulance coordination centre at Calmette Hospital. b) Develop SOP/Policies for EMT response during disaster. Must involve all stakeholders such as responding hospitals, ambulance service providers c) Coordinate and organize standard training courses for DHM. d) Coordinate discussion between all DHM relevant agencies/institution e.g Calmette Hospital, University of Health Science and Cambodia Red Cross. <p><u>For Malaysia:</u></p> <p>MOH need to:</p> <ul style="list-style-type: none"> a) Develop database for disaster equipment nationwide. b) Organize more national drills involving all agencies regularly.
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Hospital : Calmette Hospital	
Target Country's condition	<p><u>Strengths</u></p> <ul style="list-style-type: none"> a) Has experience in deploying of medical personnel during disaster in Cambodia. b) Has experienced team members in managing real disasters. c) Have Disaster plan for Hospital. d) Have training module for DHM for: <ul style="list-style-type: none"> i) Anaesth/Critical Care and EM doctors (6 – 8 hours). ii) Nursing – Disaster Nursing Care (15 hours). <p><u>Weaknesses</u></p> <ul style="list-style-type: none"> a) Inadequate training on DHM for team members. b) No SOP on activation of EMT. c) Inadequate equipment to respond to disaster. d) No specific allocation from government for DHM. <p><u>Opportunities</u></p> <ul style="list-style-type: none"> a) Have cooperation with external resources e.g.:- <ul style="list-style-type: none"> i) Tan Tock Seng Hospital (Singapore) for Trauma and Intensive Care (3-year). ii) Washington Medical University (USA). iii) WHO – 2 weeks DMAT training in Thailand. <p><u>Threats</u></p> <ul style="list-style-type: none"> a) Need clear direction from MOH to further develop DHM training.
Comparison with your country	<p><u>Strengths</u></p> <ul style="list-style-type: none"> a) Many hospitals have local SOP on activation of EMT for disaster. b) In-service training conducted regularly on Basic and Advanced disaster management.

	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> a) Training on DHM still not adequate because of budget limitations (Not MOH priority). b) Many EMT members have no experience in managing real disasters. <p><u>Opportunities</u></p> <ul style="list-style-type: none"> a) ARCH project has increase awareness on strengthening Malaysia's disaster preparedness. b) Recent incidents e.g Pasir Gudang chemical incident, COVID-19 outbreak has increased the need to prepare better. <p><u>Threats</u></p> <ul style="list-style-type: none"> a) Competing for budget allocation from MOH.
Your suggestion to the target country/your country	<p>For Cambodia:</p> <p>Need to:</p> <ul style="list-style-type: none"> a) Strengthen Calmette hospital (or other identified hospitals) for EMT training and deployment.

Others : Cambodia Red Cross	
Target Country's condition	<p><u>Strengths</u></p> <ul style="list-style-type: none"> a) Works closely with MOH for any health related activities. b) Has 25 branches with 26,000 members all over Cambodia. c) Presence of Red Cross volunteers in every village/schools/universities. d) Have established a Health Section focusing on 3 areas i.e communicable disease, emergency health and first aid. e) Have good logistics capability (able to transport supplies for humanitarian assistance). <p><u>Weaknesses</u></p> <ul style="list-style-type: none"> a) Not all members are permanent staff, some are volunteers. <p><u>Opportunities</u></p> <ul style="list-style-type: none"> a) Planning to sign MoU with Ministry of Education (MoE) to strengthen DHM training in schools and universities. b) Part of National Committee on Disaster Management (NCDM). <p><u>Threats</u></p> <ul style="list-style-type: none"> a) Migration of younger generations to cities results in difficulty to get volunteers in villages.

Comparison with your country	<p><u>Strengths</u></p> <ul style="list-style-type: none"> a) Malaysian Red Crescent (MRC) has good working relationship with MOH. b) Some states have arrangement with NGO ambulances to mobilize during disaster e.g Red Crescent and St.John Ambulance. <p><u>Weaknesses</u></p> <ul style="list-style-type: none"> a) MRC ambulances are staffed by some permanent and volunteers. <p><u>Opportunities</u></p> <ul style="list-style-type: none"> a) Regular disaster exercise conducted at State or district level by the government and private agencies to test all agencies disaster readiness e.g petrochemical industry, airport, urban rail system (LRT, MRT) <p><u>Threats</u></p> <ul style="list-style-type: none"> a) Some ambulance service providers have few permanent staff and depend on part time staff to run service.
Your suggestion to the target country/your country	<p>For Cambodia:</p> <p>Need to:-</p> <ul style="list-style-type: none"> a) Cambodia Red Cross can be activated to coordinate logistics during disaster.

Academic Institute : University of Health Science (UHS)	
Target Country's condition	<p><u>Strengths</u></p> <ul style="list-style-type: none"> a) Main teaching institution for Medicine. b) Opens to the idea of joining the ASEAN Academic network proposed. c) Have good research activities with local and international partners. <p><u>Weaknesses</u></p> <ul style="list-style-type: none"> a) No standard curriculum yet for DHM training, b) No trainers for DHM training. <p><u>Opportunities</u></p> <ul style="list-style-type: none"> a) Collaborate with more than 100 external institutions. b) Have plans to collaborate with professional associations such as nursing association to further strengthen in-service training (Strategic Plan 2019 – 2023). <p><u>Threats</u></p> <ul style="list-style-type: none"> a) No direction from government on setting up DHM training and education.
Comparison with your country	<p><u>Strengths</u></p> <ul style="list-style-type: none"> a) One university started Fellowship on Pre-hospital Care and Disaster since 3 years ago. b) 3 Universities offering Emergency Medicine program for Doctors. Disaster management is included in curriculum. c) College of Allied Health Sciences offering 1-year post graduate program for Assistant Medical Officers (AMOs) and Nurses called "Advanced Diploma in Emergency Care' (ADEC). Include training on Basic Disaster Management.

	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> a) Only 1 university has Fellowship on Pre-hospital Care and Disaster. b) No specific course for Disaster Medicine. <p><u>Opportunities</u></p> <ul style="list-style-type: none"> a) Network with other advanced countries on Disaster Management beginning to develop. <p><u>Threats</u></p> <ul style="list-style-type: none"> a) Not many Emergency Physicians want to further studies Disaster Management.
Your suggestion to the target country/your country	<p><u>For Cambodia:</u></p> <p>UHS need to:-</p> <ul style="list-style-type: none"> a) Establish networking with external universities/training institutions to develop DHM training module. b) Focus on developing standard DHM training module for inter-professional training. c) Collaborate further with MOH and relevant institutions on assessing the current local needs for DHM training.

Field Survey Report

Your Name : Dr Khairi bin Kassim

Your Job Title : Consultant Emergency Physician

LAOS

Health Government Sector : Ministry of Health	
Target Country's condition	<p><u>Strengths</u></p> <ul style="list-style-type: none">a) MOH have plans to establish National EMT (N-EMT) Type 1 based on the WHO Minimum Standards. This will be done in phases.b) Already have an Emergency Operations Centre (EOC) set-up at 2 levels:<ul style="list-style-type: none">i) Affecting small area – EOC by Department of Communicable Diseaseii) Large area – EOC by Cabinet in MOH <p><u>Weaknesses</u></p> <ul style="list-style-type: none">a) No clear plan or policy on how to develop and train the N-EMT on Disaster Health Management (DHM)b) No database of those who have been trained in DHM. <p><u>Opportunities</u></p> <ul style="list-style-type: none">a) The ARCH project can be used as the driving force to develop DHM in Lao.b) Mittaphab Hospital can play a significant role in establishing the N-EMT.c) Has support from external agencies for DHM:<ul style="list-style-type: none">i) WHO – technical adviceii) UNICEF – WASH activities <p><u>Threats</u></p> <ul style="list-style-type: none">a) Competing with other Ministry for government allocation.

Comparison with your country	<p><u>Strengths</u></p> <ul style="list-style-type: none"> a) MOH have plans to establish National EMT (N-EMT) Type 1 based on the WHO Minimum Standards. This will be done in phases:- <ul style="list-style-type: none"> i) Phase 1 – 20-member team ii) Phase 2 – Add another 1 EMT Type 1 and Mobile Teams b) Currently developing guidelines for EMT response during disaster. c) EOC managed by National Disaster Management Agency (NADMA) with MOH as one of the multiple agencies involved. d) Have Crisis Preparedness and Response Centre (CPRC) as the MOH operations centre. <p><u>Weaknesses</u></p> <ul style="list-style-type: none"> a) Disaste Health Management (DHM) not main priority for MOH because Malaysia do not have many disaster incidents. <p><u>Opportunities</u></p> <ul style="list-style-type: none"> a) NADMA is building capacity for all agencies by organizing training e.g Incident Command System (ICS) courses, Logistics courses. b) External support from USAID, Canada to develop SOP/guidelines for specific incidents e.g CBRNE. <p><u>Threats</u></p> <ul style="list-style-type: none"> a) Competing with other Ministry for government allocation. b) Minimal experience in managing sudden onset disaster e,g earthquake since Malaysia is relatively free from natural disaster.
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<p>Your suggestion to the target country/your country</p>	<p><u>For Lao:</u></p> <p>MOH need to take lead in strengthening the Emergency Medical Services in preparation to respond to disasters</p> <p>e.g:-</p> <ul style="list-style-type: none"> a) Establish a national ambulance coordination centre with 1 number similar to US 911 system. b) Develop SOP/Policies for EMT response during disaster. Must involve all stakeholders such as responding hospitals, ambulance service providers (e.g Vientiane Rescue, Lao Red Cross). c) Coordinate and organize standard training courses for DHM. d) Coordinate discussion between all DHM relevant agencies/institution e.g Mittaphab Hospital, University of Health Science and ambulance service providers. <p><u>For Malaysia:</u></p> <p>MOH need to:</p> <ul style="list-style-type: none"> a) Develop database for disaster equipment nationwide. b) Organize more national drills involving all agencies regularly.
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Academic Institute : University of Health Science (UHS)	
Target Country's condition	<p><u>Strengths</u></p> <ul style="list-style-type: none"> a) Faculty of Medicine has a post graduate Emergency Medicine program. The Emergency Physicians can take lead in DHM training later. b) Faculty of Nursing has short course on Disaster Nursing. <p><u>Weaknesses</u></p> <ul style="list-style-type: none"> a) No standard curriculum yet for DHM training, b) No trainers for DHM training. <p><u>Opportunities</u></p> <ul style="list-style-type: none"> a) UHS has established network in training with surrounding hospitals e.g Mittaphab Hospital. b) Collaborate with external institutions: <ul style="list-style-type: none"> i) Khon Kaen University, Thailand for Emergency Medicine trainee rotation. ii) Health Leadership International for Primary Trauma course training. <p><u>Threats</u></p> <ul style="list-style-type: none"> a) No direction from government on setting up DHM training and education.
Comparison with your country	<p><u>Strengths</u></p> <ul style="list-style-type: none"> a) One university started Fellowship on Pre-hospital Care and Disaster since 3 years ago. b) 3 Universities offering Emergency Medicine program for Doctors. Disaster management is included in curriculum. c) College of Allied Health Sciences offering 1-year post graduate program for Assistant Medical Officers (AMOs) and Nurses called "Advanced Diploma in Emergency Care' (ADEC). Include training on Basic Disaster Management.

	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> a) Only 1 university has Fellowship on Pre-hospital Care and Disaster. b) No specific course for Disaster Medicine. <p><u>Opportunities</u></p> <ul style="list-style-type: none"> a) Network with other advanced countries on Disaster Management beginning to develop. <p><u>Threats</u></p> <ul style="list-style-type: none"> a) Not many Emergency Physicians want to further studies Disaster Management.
Your suggestion to the target country/your country	<p><u>For Lao:</u></p> <p>UHS need to:-</p> <ul style="list-style-type: none"> a) Establish networking with external universities/training institutions to develop DHM training module. b) Focus on developing standard DHM training module for inter-professional training. c) Collaborate further with MOH and Mittaphab Hospital on assessing the current local needs for DHM training.

Hospital : Mittaphab Hospital	
Target Country's condition	<p><u>Strengths</u></p> <ul style="list-style-type: none"> a) Has experience in deploying of medical personnel during disaster in Lao. b) Has experienced team members in managing real disasters. c) Main focal point for MOH to deploy EMT. <p><u>Weaknesses</u></p> <ul style="list-style-type: none"> a) Team members lack of Mental Health training. b) No specific training on DHM for team members. c) No SOP on activation of EMT. <p><u>Opportunities</u></p> <ul style="list-style-type: none"> a) Involved in annual disaster exercise organized by the Lao government. b) Some staff involved in ARCH RCD activity. c) Involvement of Ambulance Service providers as part of EMT e.g Vientiane Rescue team. <p><u>Threats</u></p> <ul style="list-style-type: none"> a) Need clear direction from MOH to further develop DHM training.
Comparison with your country	<p><u>Strengths</u></p> <ul style="list-style-type: none"> a) Many hospitals have local SOP on activation of EMT for disaster. b) In-service training conducted regularly on Basic and Advanced disaster management. <p><u>Weaknesses</u></p> <ul style="list-style-type: none"> a) Training on DHM still not adequate because of budget limitations (Not MOH priority). b) Many EMT members have no experience in managing real disasters.

	<p><u>Opportunities</u></p> <ul style="list-style-type: none"> a) ARCH project has increase awareness on strengthening Malaysia's disaster preparedness. b) Recent incidents e.g Pasir Gudang chemical incident, COVID-19 outbreak have increased the need to prepare better. <p><u>Threats</u></p> <ul style="list-style-type: none"> a) Competing for budget allocation from MOH.
Your suggestion to the target country/your country	<p>For Lao:</p> <p>Need to:</p> <ul style="list-style-type: none"> a) Strengthen Mittaphab hospital further for EMT training and deployment.

Others : Vientiane Rescue 1623	
Target Country's condition	<p><u>Strengths</u></p> <ul style="list-style-type: none"> a) Some personnel already trained in Basic Emergency Medical Technician (EMT-B) course. b) Staff has good intrinsic motivation to work here because they work for free. c) Have 4 branches around Vientiane with 403 volunteers, 10 ambulances, 1 Fire truck and 1 command vehicle. d) Have an ambulance call centre manned 24 hours by paid staff. <p><u>Weaknesses</u></p> <ul style="list-style-type: none"> a) All staffs are volunteers, therefore difficult to commit on working regularly because they need to work elsewhere to get paid. b) All volunteers are accepted into team; therefore the level of education can differ greatly. <p><u>Opportunities</u></p> <ul style="list-style-type: none"> a) Have coordination with other ambulance service providers if needed extra ambulance to respond. b) Have experience working with Mittaphab hospital staff during flood disaster. <p><u>Threats</u></p> <ul style="list-style-type: none"> a) Lack of funds may result in non-sustained service. b) Have multiple ambulance emergency numbers.

Comparison with your country	<p><u>Strengths</u></p> <ul style="list-style-type: none"> a) Nationwide ambulance call centre that coordinates emergency ambulance response for MOH, Civil Defence and Fire Department ambulances. b) Some states have arrangement with NGO ambulances to mobilize during disaster e.g Red Crescent and St. John Ambulance. <p><u>Weaknesses</u></p> <ul style="list-style-type: none"> a) MOH ambulances are based in hospital and health clinics, therefore some areas have to respond to wide area of coverage (50-100 kms). b) Some hospitals depend on staff to multitasked between working in ED and ambulance team. <p><u>Opportunities</u></p> <ul style="list-style-type: none"> a) Regular disaster exercise conducted at State or district level by the government and private agencies to test all agencies disaster readiness e.g petrochemical industry, airport, urban rail system (LRT, MRT) <p><u>Threats</u></p> <ul style="list-style-type: none"> a) Some ambulance service providers have few permanent staff and depend on part time staff to run service.
Your suggestion to the target country/your country	<p>For Lao:</p> <p>Need to:-</p> <ul style="list-style-type: none"> a) Establish one ambulance call centre to better coordinate ambulance response during emergency and disaster. b) Ambulance team needs to have some permanent staff to train for disaster response instead of all volunteers.

Field Survey Report

Your Name : Ms.Phatsawan Sairai

Your Job Title : Head Nurse of Emergency Medical Service and Referral Center Unit

Cambodia

Health Government Sector : Ministry of Health	
Target country's condition	<p>Strength</p> <ul style="list-style-type: none"> • Policy and office for disaster recovery plan and management • Strategic plan for governance, knowledge, and information disaster management • Training course for healthcare professionals ; doctors and nurses <p>Weakness</p> <ul style="list-style-type: none"> • Training course of ambulance paramedic and drivers in pre-hospital care <p>Opportunity</p> <ul style="list-style-type: none"> • Provide a medical management plan with health organizations in Japan, China, and Korea by using a productive teleconference <p>Threat</p> <ul style="list-style-type: none"> • An effective way to maintain healthcare system and education
Comparison with your country	<p>Strength</p> <ul style="list-style-type: none"> • MOH has an effective policy for improving ER quality which includes pre-hospital care, emergency care, interfacility transfer, MCI, and disaster management • Every hospital set up the MCI drill once a year following MOH policy and hospital accreditation • DHM curriculum is included in emergency physician (EP) training and emergency nurse practitioner (ENP) training <p>Weakness</p> <ul style="list-style-type: none"> • The most needed training course is EMTCC and data record for healthcare personnel <p>Opportunity</p> <ul style="list-style-type: none"> • Training course for healthcare personnel in DHM by MOH and NIEMS • Training course for the healthcare trainers <p>Threat</p> <ul style="list-style-type: none"> • Sustainability of system and education <p>(a few people would like to set up fellowship in EMS and disaster that is challenging)</p>

Your suggestion to the target country/your country	<ul style="list-style-type: none"> • Nursing council has a very important role and responsibility to drive a sustainable curriculum of training course for nurses • Effective development of cooperation and network between MOH and university of health science • Maintain the international disaster health management course for knowledge sharing and improvement • India provides an opportunity for Cambodia personnel to drill in many situations of outbreak disease management
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Hospital : Calmette Hospital	
Target Country's condition	<p>Strength</p> <ul style="list-style-type: none"> • Supported by government hospitals • All staff has passed the basic training courses for life support including BLS, ACLS, and trauma care • Special training course is short course about 1-2 weeks <p>Weakness</p> <ul style="list-style-type: none"> • SOP and GL for deployment in disaster out of hospital is have not been set • Emergency medical service system ambulance are mostly activated for referral <p>Opportunity</p> <ul style="list-style-type: none"> • Increase motivation to set up DHM • MOU the international training course among countries which are USA, Japan, Thailand, and Singapore <p>Threat</p> <ul style="list-style-type: none"> • Give priority to outbreak disease management than Disaster Health Management
Comparison with your country	<p>Strength</p> <ul style="list-style-type: none"> • Staff and healthcare provider understand their roles in DHM • Every hospital comes up with the MCI drill once a year following MOH policy and hospital accreditation • MOH and NIEM have strong motivation in DHM <p>weakness</p> <ul style="list-style-type: none"> • a few have system and SOP for deployment but many would like to make SOP for drilling once a year following government policy <p>Opportunity</p> <ul style="list-style-type: none"> • many hospitals are volunteer to set up DHM <p>Threat</p> <ul style="list-style-type: none"> • health system and education sustainability is still in doubt
Your suggestion to the target country/your country	<ul style="list-style-type: none"> • Set up the i-EMT and EMTCC courses to meet the international standard • Understanding the system of EMS and EMT • Volunteering in ARCH Project

Charity Organization : Cambodia Red Cross	
Target Country's condition	<p>Strength</p> <ul style="list-style-type: none"> • High motivation for being a “ Young Red Cross” volunteers from schools and universities • Following MOH policy and network • Module GL for training main role is prevention <p>Weakness</p> <ul style="list-style-type: none"> • gap of knowledge and experience due to the “Young” red cross volunteers <p>Opportunity</p> <ul style="list-style-type: none"> • Create a cooperation cycle with ICRC (International Committee of the Red Cross) <p>Threat</p> <ul style="list-style-type: none"> • Limited in health care staff and training system • Ineffective communication with AHA center about health information
Comparison with your country	<p>Strength</p> <ul style="list-style-type: none"> • Good coordination • Eager to learn and improving teamwork • Set up an effective health care education system • NIEM set up the qualification and license of workers <p>Weakness</p> <ul style="list-style-type: none"> • No strict rule to qualify the volunteers, however some centers decided to set up the needed qualification of personnel to join the network. <p>Opportunity</p> <ul style="list-style-type: none"> • Good coordinating <p>Threat</p> <ul style="list-style-type: none"> • No standard qualification among organizations and no benchmark
Your suggestion to the target country/your country	<ul style="list-style-type: none"> • Improve functionalities and performance of Red Cross • All Red Cross Staff are suggested to join DHM training course to stimulate EMT and i-EMT management in the country

Academic Institute : University of Health Science	
Target Country's condition	<p>Strength</p> <ul style="list-style-type: none"> Public universities had 4 faculties which are Faculty of Medicine, Faculty of Dentistry, Faculty of Pharmacy and School of Medical Care <p>Interested to be participate in ARCH project and put DHM module in medical student study</p> <p>Weakness</p> <ul style="list-style-type: none"> Insufficient of knowledge in DHM Specialty course management only available for emergency physician A few people understand in DHM education <p>Opportunity</p> <ul style="list-style-type: none"> Create the coordination network between UHS and international in Asian Take part in International Academic conference <p>Threat</p> <ul style="list-style-type: none"> Proper ways to maintain the system and education are still unknown
Comparison with your country	<p>Strength</p> <ul style="list-style-type: none"> Set up the DHM education in medical board training Achieve a disaster health management certification from overseas <p>Weakness</p> <ul style="list-style-type: none"> Although Thailand has a number of EM training institutes, some of them have not enough information about DHM <p>Opportunity</p> <ul style="list-style-type: none"> Overseas study for disaster specialists Start the fellowship program in EMS and disaster management under Thai College of Emergency Physician <p>Threat</p> <ul style="list-style-type: none"> Maintenance in healthcare system and education
Your suggestion to the target country/your country	<ul style="list-style-type: none"> Studying in disaster and pre-hospital care Set up a disaster course module and EM curriculum in medical students and nurses Create a healthcare network between UHS, MOH, and ASEAN member hospitals



Field Study for Capacity Development on DHM

PROJECT RELATED MEETINGS

- **Project Working Group Meetings**
- **Bilateral Meetings**
- **Joint Coordination Committee Meeting**

PROJECT WORKING GROUP MEETINGS

Event	<u>6th Meeting of Project Working Group 2</u>
Dates	9 July 2019
Venue	The Sukosol, Bangkok
Participants	40 Participants ASEAN Member States, ARCH, JAC, Other related organizations
Agenda	<ul style="list-style-type: none"> - Project framework and Plan of PWG2 meeting - Academic Network - Standard Curriculum and Regional Training Center - TOR for study on CD for DHM in AMS - Questionnaire for academic/training, systems, and needs for CD on DHM
Summary of Discussion	<ul style="list-style-type: none"> - The Meeting noted the update from the ARCH Project Team on the project framework for the ARCH Project Extension Phase. - During the extension period, PWG 2 will focus on the following components/expected outputs: <ul style="list-style-type: none"> ● Academic network and academic seminar ● Standard curriculum and regional training Centre ● Regional collaboration drills ● Study for curriculum development - The Meeting noted and agreed on the establishment of the ASEAN Academic Network. - The Meeting reviewed the draft questionnaire for Academic/Training, Systems and Needs for Curriculum Development on DMS in AMS and initially exchanged views.
Important Decisions	<ul style="list-style-type: none"> - PWG 2 Members from Cambodia, Lao PDR, Myanmar and Viet Nam agreed to the proposed conduct of the field study in their countries which will be participated in by PWG 2 Members. - By 31 July 2019, PWG 2 Members will submit feedback to ARCH Project Team through ASEAN Secretariat, including information on the person/department which has responded to the questionnaire. - By 15 August 2019, ARCH Project Team will circulate to PWG 2 Members through ASEAN Secretariat the final version of the questionnaire for completion by AMS.

	<ul style="list-style-type: none"> - By 15 October 2019, PWG 2 Members will submit to the ARCH Project Team through the ASEAN Secretariat the completed questionnaire.
Attachments	<ul style="list-style-type: none"> - Overall Programme - List of Participants - Summaries and Way Forward - Presentation and Meeting Document

Participants List for 6th PWG 2 Meeting
9 - 11 July 2019, The Sukosol, Bangkok

	Country	Group	Name	Organization	Business Title
1	Brunei	PWG 2	Dr. Linawati Haji Jumat	Ministry of Health	Consultant Emergency Physician/Chief of Emergency Services
2	Brunei	PWG 2	Ms. Chiang Mei Mei	Ministry of Health	Paramedic Officer
3	Cambodia	PWG 2	Mr. Ean Sokoeu	Ministry of Health	Chief, DMEH Office
4	Cambodia	PWG 2	Dr. Huy Meng Hut	Ministry of Health	Chief, Bureau of Bilateral Relations & Regional Cooperation
5	Indonesia	PWG 2	Dr. Bella Donna	University of Gajah Mada	Chief of Disaster Health Management
6	Indonesia	PWG 2	Dr. Ina Agustina Isturini	Health Crisis Center, Ministry of Health	Head of Prevention and Mitigation Subdivision
7	Lao PDR	PWG 2	Dr. Treychit Chanthasiri	Mathosoth Hospital Ministry of Health	Head of Anesthesiology Department
8	Lao PDR	PWG 2	Dr. Pathoumphone Sitaphone	Ministry of Health	Technical Officer
9	Malaysia	PWG 2	Dr. Kasuadi Bin Hussin	Medical Development Division, MOH	Senior Principal Assistant Director
10	Malaysia	PWG 2	Dr. Khairi Bin Kassim	MOH	Physician/ Emergency Physician
11	Myanmar	PWG 2	Dr. Than Latt Aung	Ministry of Health and Sport	Physician
12	Myanmar	PWG 2	Dr. Nyan Tun Lay	Ministry of Health and Sport	Physician
13	Philippines	PWG 2	Ms. Florinda Venzon Panlilio	Department of Health	Supervising Health Program Officer
14	Philippines	PWG 1&2	Ms. Evelyn Calagos Mendoza	Department of Health	Senior Health Program Officer
15	Philippines	PWG 2	Dr. Alexis Quito Dimapilis	San Lazaro Hospital	DRRM-H Manager
16	Singapore	PWG 2	Dr. Lim Ghee Hian	Ng Teng Fong General Hospital	Senior Consultant
17	Singapore	PWG 2	Ms. Giny Chia	Ministry of Health	Manager, Operation Training Development
18	Viet Nam	PWG 2	Ms. Vo Minh Hai	Ministry of Health	Deputy Head of Medical Defense Division
19	Viet Nam	PWG 2	Mr. Tran Quang Phu		

Participants List for RCD and ASEC Meeting

9 - 11 July 2019, The Sukosol, Bangkok

	Country	Group	Name	Organization	Business Title
1	Indonesia	RCD	Mr. Adithya Manggala		
2	Indonesia	RCD	Ms. Madelina Ariani	University of Gajah Mada	Lecturer and Researcher
3	Philippines	RCD	Ms. Janice Palad Feliciano	Department of Health	Nutritionist-Dietitian V
4	Philippines	RCD	Dr. Alfonso Cruz Danac	Jose B. Lingad Memorial Regional Hospital	Chief of Medical and Professional Staff II
5	ASEC	PWG 1&2	Mr. Jim Pogoy Catampungan	ASEAN Secretariat	Senior Officer
6	ASEC	PWG 1&2	Mr. Michael Glen	ASEAN Secretariat	Senior Officer

Participants List for Japan

9 - 11 July 2019, The Sukosol, Bangkok

	Country	Group	Name	Organization	Business Title
1	Japan	PWG 1&2	Dr. Tatsuro KAI	Senri Critical Care Medical Center	Japanese Advisory Committee member
2	Japan	PWG 1&2	Ms. Eiko YAMADA		
3	Japan	PWG 1&2	Dr. Satoshi YAMANOCHI		
4	Japan	PWG 1&2	Ms. Junko SATO	ARCH Project	Capacity Development Planning
5	Japan	PWG 1&2	Mr. Tsukasa Katsube	JICA/JDR	Senior Advisor, Secretariat of Japan Disaster Relief Team (JDR)
6	Japan	PWG 1&2	Dr. Tomoaki NATSUKAWA	Saiseikai Senri Hospital	Senri Critical Care Medical Center
7	Japan	PWG 1&2	Mr. Yoshiki TOYOKUNI		
8	Japan	PWG 1&2	Mr. Taro KITA	ARCH Project	Project Coordinator
9	JICA Thailand	PWG 1&2	Mr. Shuichi Ikeda	JICA	Chief Advisor, ARCH Project
10	JICA Thailand	PWG 1&2	Mr. Valintorn Chewasuchin	ARCH Project	Project Assistant
11	JICA Thailand	PWG 1&2	Ms. Niumma Dulaphan	ARCH Project	Project Assistant