



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

## The Eighth Meeting of the Project Working Group (PWG) 1

**And**

## The Sixth Meeting of the Project Working Group (PWG) 2

Date: 9 – 11, July, 2019  
 Location: Bangkok, Thailand  
 Venue: The Sukosol, Bangkok  
 Participants: ASEAN Member States, JICA, Other related organizations

### **Programme**

**July 9, 2019: PWG 2 Meeting**

Chair: Dr. Narian Chotirosniramit

Time	Activity	Presenter
08:00 - 08:30	Registration	
08:30 - 08:40	Welcome Remarks	Chair
08:40 - 08:50	Group Photo	
08:50 – 09:00	Participants Introduction	Chair
09:00 - 09:30	Project Framework and Implementation Plan of the extension phase	Mr. Shuichi Ikeda
09:30 – 10:00	Plan of PWG 2 meeting	Dr. Narain Chotirosniramit
10:00 - 10:15	<i>Coffee Break</i>	
10:15 - 12:00	Academic Network and International Seminar	Dr. Phumin Silapunt
12:00 - 13:00	<i>Lunch</i>	

13:00 - 14:45	TOR for study on CD for DHM in AMS	Mr. Shuichi Ikeda & Ms. Sato Junko
14:45 – 15:00	<i>Coffee Break</i>	
15:00 - 16:00	Questionnaire for academic/training, systems, and needs for CD on DHM in AMS	Ms. Sato Junko
16:00 - 16:30	Wrap-up of Day 1	ASEC

**4<sup>th</sup> RCD Meeting (Indonesia, Thailand, Japan and Philippine)**

17:00 - 18:30	Mentor Consultation Meeting of 4 <sup>th</sup> RDC	
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## Summary and Ways Forward

### Sixth Meeting of Project Working Group 2 on Capacity Development

#### Project for Strengthening ASEAN Regional Capacity in Disaster Health Management (ARCH Project) 9 July 2019 | Bangkok, Thailand

#### 1. Project Framework and Implementation Plan, and Plan of PWG 2 during the ARCH Project Extension Phase

- The Meeting noted the update from the ARCH Project Team on the project framework for the ARCH Project Extension Phase, through the schedule of implementation which elaborates the project outputs and activities under each output, including project management and responsible Project Working Group (PWG) and Agency from Lead Country Thailand. The schedule further includes activities and timelines for the preparation of proposal for ARCH Project Phase 2. The presentation and tentative schedule of implementation appear as **Annex 1**.
- The Meeting also noted the revised terms of reference of the PWG 2 on Capacity Development, as well as the proposed workplan which will be carried out during the ARCH Project Extension Phase. During the extension period, PWG 2 will focus on the following components/expected outputs:
  - a. Academic network and academic seminar;
  - b. Standard curriculum and regional training centre;
  - c. Regional collaboration drills;
  - d. Study for curriculum development;The presentation and reference documents appear as **Annex 2**.
- The Meeting exchanged views which focused on:
  - a. Clarification of the roles and responsibilities of the RCC for the ARCH Project (RCC – ARCH Project) which provides strategic directions and guidance for the project, and RCC for the Disaster Health Management (RCC-DHM) which is the main implementing mechanism for the Plan of Action for the ASEAN Leaders Declaration on Disaster Health Management;
  - b. Guidance on the process in the establishment of the regional training center, considering that a number of AMS have expressed interest in contributing to regional training initiatives;
  - c. In the development of the standard curriculum, consider identifying specific competencies to be developed, consider the materials and tools already available through regional trainings conducted during the ARCH Project 1;
  - d. Consider setting up a system to follow up graduates of previous trainings (ARCH Project Phase 1) to inform the standard curriculum as well as to explore their potential mobilization; and,

- e. Utilise the documentation produced during the conduct of the four drills during ARCH Project Phase 1 when developing the guidebook for RCD.

## 2. Academic Network on DHM

- The Meeting noted the proposed mandate and functions, structure and membership of the Academic Network on Disaster Health Management, including the proposed selection criteria for national focal points and steps in the establishment of the network. The ARCH Project Team presentation and draft concept note of ASEAN Academic Network on DHM appear as **Annex 3**.
- The Meeting exchanged views which focused on:
  - a. AMS may designate their national focal point from relevant national institutes, centres or committee of experts, which can be from government or non-government entities. AMS can have as many members to the network; however, the designated national focal point remains the main representative/contact of the AMS to the Academic Network;
  - b. Further define relationships and collaborations between the Academic Network and with the proposed ASEAN regional training centre and other national academic/training centres;
  - c. Further define the mechanism for the registration of institutes, centres or committee of experts from AMS;
  - d. As national focal points may be capacity- or resource-constrained, the Academic Network may identify ways to support them; and,
  - e. Need to map existing national capacities in terms of the conduct and participation in trainings, regional conferences and other related events prior to the identification of national focal points. This may be informed by the proposed study of systems and needs for capacity development on DMH in AMS.
- The Meeting agreed on the establishment of the ASEAN Academic Network. The Meeting also agreed that:
  - a. The mandate of the network will encompass academic and training activities; and,
  - b. The network will produce e-bulletin during the extension period, while the journal will be produced along with the regional conferences on DHM.
- The ARCH Project Team will produce a revised version of the terms of reference that will be presented during the Joint Meeting of PWG 1 and PWG 2 on 10 July 2019. The current version with agreed changes appears as **Annex 4**.

## 3. Standard Curriculum and Regional Training Centre

- The Meeting noted the presentation on the conceptual framework for the development process of regional standard curriculum and regional training centre which will be one of the outputs for the PWG 2 during the ARCH Project extension phase. The ARCH Project Team presentation appear as **Annex 5**.

- The Meeting exchanged views which focused on:
  - a. Define what the regional training centre is mandated to do, as well as what skills and competencies are expected of people for deployment, as these will inform and guide curriculum development;
  - b. Regional training curriculum to be developed will address common regional needs and priorities, and can be adapted to national context for local delivery (such as the EMTCC training course developed by WHO);
  - c. While it is proposed that a curriculum committee will be tasked to develop the training curricula and facilitate verification and certification processes for AMS intending to be designated regional training centres for specific curriculum, the processes have to be clearly defined;
  - d. Identify minimum standards, competencies and requirements of teams to be deployed/mobilized. Existing national trainings may only need to consider additional topics/subjects so that trained individuals fulfill requirements for regional deployment;
  - e. Building competencies of teams to be deployed may be facilitated through a combination or series of technical and operational trainings (such as on logistics, information management, or coordination), and may not be addressed only by a number of curricula. May also to consider various methods in the development of these competencies;
  - f. Monitoring of trainings to ensure also training activities meet agreed standards, such as ASEAN monitors for regional trainings or WHO monitors as appropriate;
  - g. Some AMS have already developed courses for the local/domestic teams. AMS which still have to develop the local/domestic course may access materials for these trainings from relevant AMS, or attend local/domestic courses delivered by other AMS, or request other AMS to support the conduct of these courses.
- The Meeting also agreed on the following:
  - a. PWG 2 will develop, as priority, a standard curriculum that will prepare individuals/teams for international deployment (following the ASEAN EMT SOP); and,
  - b. The proposed curriculum development, including the identification of core group to prepare the curriculum, will be further discussed during the Joint Meeting of PWG 1 and PWG 2 on 10 July 2019.

#### **4. Terms of Reference for the Study on Capacity Development for Disaster Health Management in ASEAN Member States**

- The Meeting noted the proposed study to identify: [a] possible educational and trainings institutes which are capable to conduct domestic trainings, [b] training/competency needs of personnel for DHM, and [c] needs for external support in the organization of training programmes on DHM. The study is also envisaged to specify educational and training institutes which can be members of the Academic Network which purpose is to strengthen regional and domestic capacities in DHM in collaboration with ASEAN regional training centre on DHM. The proposed study, with a timeline from July 2019 – April 2020, will be

conducted through a survey and field study. The ARCH Project Team presentation and concept paper for the proposed Study of Systems and Needs for Capacity Development on DHM in AMS appear as **Annex 6**.

- 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. A concept paper will be circulated for inputs and finalized in time for the Seventh PWG 2 Meeting on 29 November 2019.
- The Meeting also noted that findings of the study will be presented during the international academic seminar, and may also be considered for publication.

#### **5. Questionnaire for Academic/Training, Systems and Needs for Curriculum Development on DMS in AMS**

- The Meeting also noted the draft questionnaire for the above-mentioned study. The ARCH Project Team presentation and draft questionnaire appear as **Annex 7**.
- The Meeting reviewed the draft questionnaire and initially exchanged views, which included:
  - a. In some AMS emergency medicine is new. While there are no dedicated institutes nor hospitals providing formal education for paramedics, emergency medical technical or logistics dedicated for disaster response, the Ministries of Health, relevant institutes and agencies are providing trainings. In smaller countries, there are no dedicated practitioners for specific aspects of disaster health response, such as medical/health logistics;
  - b. Consider that AMS use different terms in position titles, for example paramedics. The ARCH Project Team will provide definitions, while AMS are also proposed to provide more information or descriptions;
  - c. Some of the questions are difficult to respond taking into account that trainings are conducted based on needs;
  - d. Add a 'remarks' column for each section to enable AMS to provide more information or comments on AMS responses;
  - e. On facilities and equipment (Q3.1.4), there is no need to provide detailed responses/information; and,
  - f. Consider breaking down the question under Section 3 (Current education for DHM) to collect data on competencies for specific areas such as mass casualty management, mental health and psychosocial support, nutrition in emergencies, water sanitation and hygiene, risk communications, among others.
- The ARCH Project Team further informed the Meeting that each AMS is expected to submit only one completed survey form. As some AMS have more inputs in the study (through information from a number of learning and training institutions), the PWG 2 Members from each AMS are requested to facilitate data collection and consolidation.

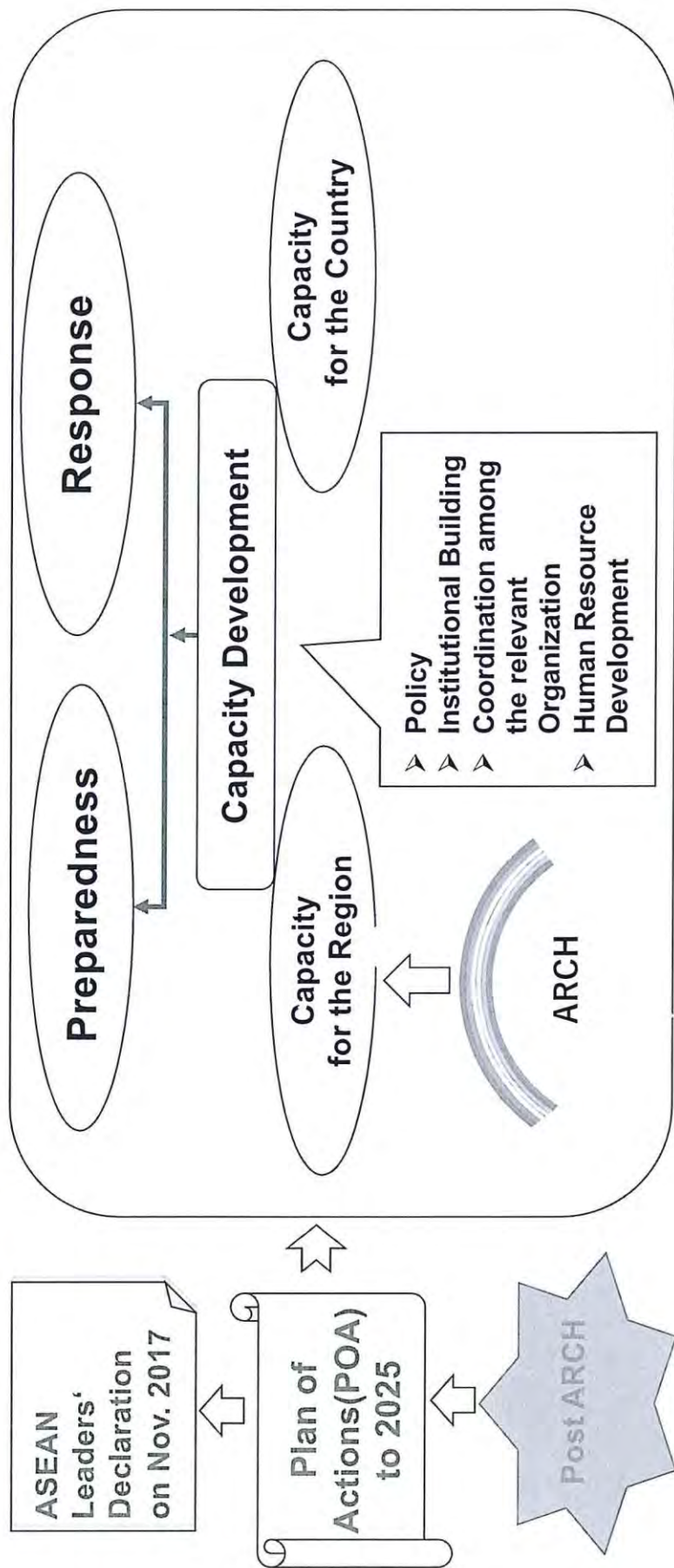
- The Meeting also agreed on the next steps on the proposed study and questionnaire:
  - a. By 31 July 2019, PWG 2 Members will submit feedback to ARCH Project Team through ASEAN Secretariat, including information on the person/department which has responded to the questionnaire;
  - c. By 15 August 2019, ARCH Project Team will circulate to PWG 2 Members through ASEAN Secretariat the final version of the questionnaire for completion by AMS;
  - d. By 15 October 2019, PWG 2 Members will submit to the ARCH Project Team through the ASEAN Secretariat the completed questionnaire; and,
  - e. During the Seventh Meeting of PWG 2 (29 November 2019), the ARCH Project Team will present the preliminary findings of the survey, while the Meeting will discuss the next steps, including the conduct of the proposed complementary field study.

## **6. Wrap up and Ways Forward**

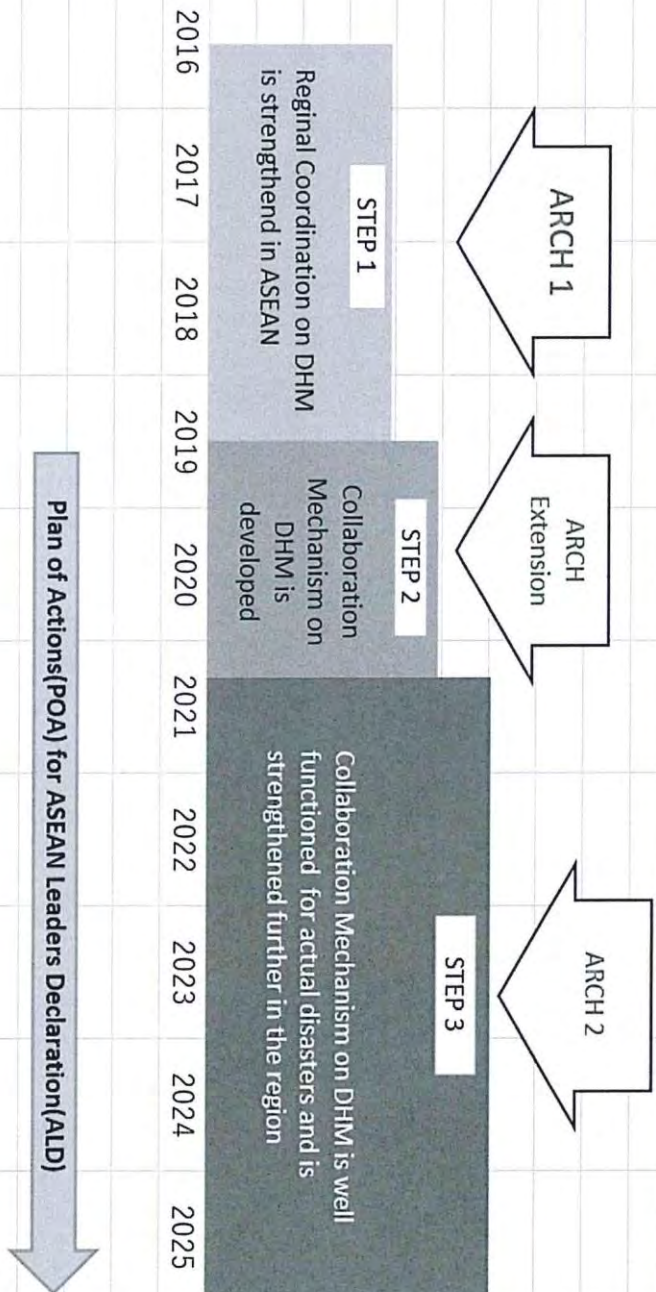
- The Meeting adopted the Summary and Ways Forward of the Sixth Meeting of PWG 2 held on 9 July 2019, as presented by ASEAN Secretariat.

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# Overall Purpose of the ARCH and Post-ARCH for Strengthening the Disaster Health Management in ASEAN



## Med-Term Plan for Steps to ASEAN Collaboration Mechanism on DHM



## ARCH Project: Extension Phase

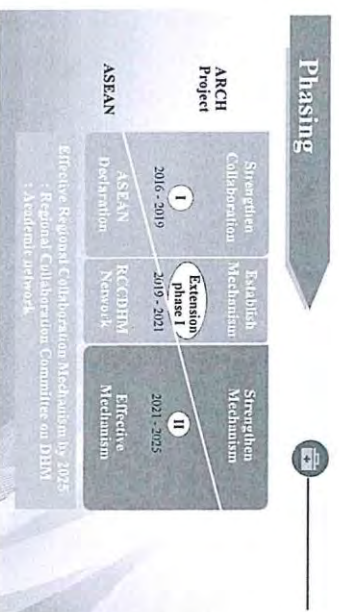
### The Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management

- Developed by Japan International Cooperation Agency (JICA), National Institute for Emergency Medicine (NIEEM) and Ministry of Public Health, Thailand
- Endorsed by ASEAN Senior Officials' Meeting on Health Development (SOMHD) in 2019
- Project period : July2019 – March 2021

## Activities during extension phase

PWG1	PWG2
To draft Workplan 2021-2025 of ASEAN 12th Health Priority (DHM).	To establish Academic network on DHM and organize international academic seminar.
To facilitate the endorsement of Regional Collaboration Tools.	To develop standard training curriculum and establish Regional Training Center.
To collect & share Lesson learned from responses of 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 conduct Regional Collaboration Drills.

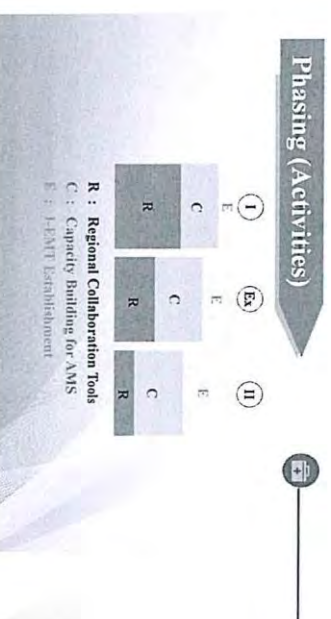
## Phasing



## Expected outputs of extension phase

PWG1	PWG2
Workplan 2021-2025 of ASEAN 12th Health Priority (DHM)	- At least 1 Institute from each member state to be member of the academic network on DHM. - International academic seminar
Integration of all developed tools to SASOP	At least 1 standard training curriculum and 1 regional training center
Guideline and format for sharing information on actual disaster	- Study Report on potential academic/training center in each AMS - Study Report on needs for capacity development - Recommendation for AMS Training Plan (2021-2025)
Recommendation for ASEAN measures on some necessary issues for ASEAN - EMT	- Conduct the 5 <sup>th</sup> and 6 <sup>th</sup> Regional Collaboration Drill - Draft of the Guidebook for organizing RCD

## Phasing (Activities)



## Effective Regional Collaboration on DHM



### Regional Mechanism : Collaboration Tools

- SOP for I-EMT coordination in ASEAN
- Minimal requirement for EMT members
- EMT database
- Health need assessment framework
- MDS, Medical record form (Regional reporting system?)
- Integration of all developed tools to SASOP
- RCD
- Study on possibilities of ASEAN collective approaches for ASEAN EMT (Standard of ASEAN I-EMT)

### Affected Country : National Capacity

- EOC/EMTCC
- National SOP for coordination and support I-EMT operation
- National reporting system
- Hospital and Referral system
- National EMT
- Academic network, Standard training curriculum
- Study on possibilities of ASEAN collective approaches for ASEAN EMT (National SOP)

### Unaffected Country : I-EMT Deployment

- Establishment of I-EMT
- Standard Training Curriculum for I-EMT
- SOP to Offer and Deploy I-EMT

### Schedule

PWGI meeting	PWG2 meeting	RCD	RCDHM (Ibc)	SOMHD
July 2019	July 2019			
January 2020	November 2019	November 2019	January 2020	April 2020
May 2020	May 2020			
January 2021	November 2020	November 2020	January 2021	April 2021

## Working Plan for the Activities of ARCH Project's Extension Phase

### Project Working Group 2

	Academic network & Academic seminar	Standard curriculum & Regional training center	RCD	Study for CD
<b>Expected Output</b>	<ul style="list-style-type: none"> <li>- At least 1 institute from each member state to be member of the academic network on DHM.</li> <li>- International academic seminar</li> </ul>	At least 1 Standard training curriculum and 1 regional training center.	<ul style="list-style-type: none"> <li>-Conduct the 5<sup>th</sup> and 6<sup>th</sup> Regional Collaboration Drill.</li> <li>-Draft of Guidebook for organizing RCD</li> </ul>	<ul style="list-style-type: none"> <li>- Study Report on potential academic/training center in each AMS</li> <li>-Study Report on needs for capacity development on DHM in AMS</li> <li>-Recommendation for AMS Training Plan on DHM (2021-2025)</li> </ul>
<b>Target</b>	<ul style="list-style-type: none"> <li>-Academic network on DHM is established.</li> <li>-International Academic Seminar will be held on September 2020, on that occasion, member institutes will sign for the TC Network.</li> </ul>	Standard training curriculum and regional training center will be approved by RCCDHM on January 2021.	<ul style="list-style-type: none"> <li>-4<sup>th</sup> RCD in Indonesia will be held on November 2019</li> <li>-5<sup>th</sup> RCD will be held on November 2020</li> </ul>	Final Study Report will be submitted at ASEAN International Academic Seminar (September 2020)
<b>July 2019 (PWG1 Meeting)</b>	Seek comments on concept paper of Academic network (include selection criteria of national focal point member).	<ul style="list-style-type: none"> <li>-Approve the development process.</li> <li>-Select curriculum &amp; assign curriculum committee</li> </ul>	<ul style="list-style-type: none"> <li>-Update the progress of the 4<sup>th</sup> RCD.</li> <li>-Discuss about the development of RCD Guidebook.</li> </ul>	Discuss on draft of Questionnaire.
<b>August 2019 - November 2019</b>	<ul style="list-style-type: none"> <li>-Revise concept paper of Academic network.</li> <li>-Identify member institutes and national focal point by each AMS.</li> </ul>	Curriculum committee prepares standard curriculum framework.	2nd Mentor Visit to Jakarta (5-7 Aug)	<ul style="list-style-type: none"> <li>-Send questionnaires to all AMS.</li> <li>-Develop the plan of the field survey.</li> </ul>
<b>November 2019 (PWG2 Meeting)</b>	<ul style="list-style-type: none"> <li>- Approve concept paper</li> <li>- Proposed institute to be national focal point member of the network.</li> </ul>	Approve the standard curriculum framework	<ul style="list-style-type: none"> <li>-Organize and gather lesson learned from 4<sup>th</sup> RCD.</li> <li>-Presentation by host Country of the 5<sup>th</sup> RCD.</li> <li>-Discuss about the RCD Guidebook.</li> </ul>	<ul style="list-style-type: none"> <li>-Discuss on results of Questionnaire.</li> <li>-Discuss on survey team.</li> <li>-Discuss on the Plan of Field survey.</li> </ul>
<b>January 2020 (RCCDHM meeting)</b>	<ul style="list-style-type: none"> <li>-Submit on concept paper and list of member institutes and national focal point from each AMS for approval.</li> <li>-Seek comments on plan of International academic seminar</li> </ul>	Submit the standard curriculum framework for approval.	<ul style="list-style-type: none"> <li>-Approve host country for 5<sup>th</sup> RCD.</li> <li>-Present the Plan of the 5<sup>th</sup> RCD.</li> <li>-Discuss about the 1<sup>st</sup> Draft of RCD Guidelines.</li> </ul>	Report results & update progress.
<b>February– April 2020</b>	Start organizing International academic seminar.	AMS/Institute apply to be Regional training center and prepare themselves.	1 <sup>st</sup> Mentor Visit of the 5 <sup>th</sup> RCD (Feb).	Do field survey.

	Academic network & Academic seminar	Standard curriculum & Regional training center	RCD	Study for CD
<b>May 2020 (PWG2 Meeting)</b>	-Update progression of organizing the seminar. -Propose and approve additional member institutes.	Update the progress.	- Presentation of 5th RCD by host country. -Discuss about the 2 <sup>nd</sup> draft of RCD Guidelines.	Consider the results of survey.
<b>June – September 2020</b>	Prepare the seminar.	Curriculum committee evaluates the institute.	2nd Mentor Visit of the 5th RCD (Aug).	
<b>September 2020</b>	Organize International Academic Seminar.			Submit the final Study Report in International Academic Seminar.
<b>November 2020 (PWG2 Meeting)</b>	Update progress of the Academic network and result of seminar.	Approve regional training center.	-Gather lesson learnt from 5 <sup>th</sup> RCD. -Presentation of the 6 <sup>th</sup> RCD by host country. -Approve the draft of RCD Guidelines.	Consider draft recommendation for AMS Training Plan on DHM (2021-2025).
<b>December 2020- March 2021</b>				
<b>January 2021 (RCCDHM meeting)</b>		Submit the regional training center for endorsement.	-Presentation of the plan for the 6 <sup>th</sup> RCD in RCC. -Submit the draft of RCD Guidelines for endorsement.	
<b>April 2021</b>		Report to SOMHD		

## Questionnaire

### Objectives of the 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

### 1. Current medical education system in each AMS, especially emergency medicine

1.1 Please explain the steps to become medical personnel\*

Doctor	
Nurse	
Paramedics	
Emergency Medical Technicians	
Logisticians (Who takes care of logistics)	

\*【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 after completing clinical resident training →acquisition

of certification for specialized doctors (e.g. emergency physician)

## 1.2 Number and type of educational institutes

1) Doctor	Number of institutes		2) Nurse	Number of institutes		3) Paramedics	Number of institutes	
	Public	Private		Public	Private		Public	Private
Postgrad			Postgrad			Postgrad		
University			University			University		
College			College			College		

5) Emergency Medical Technicians	Number of institutes		6) Logisticians	Number of institutes	
	Public	Private		Public	Private
Postgrad			Postgrad		
University			University		
College			College		

## 1.3 Curriculum

1.3.1 Which ministry (and department) or organization is responsible for developing curriculum?	
1.3.2 Has competency-based curriculum been developed	Doctor: 1. Yes 2. No Nurse: 1. Yes 2. No Paramedics: 1. Yes 2. No EMT: 1. Yes 2. No Logisticians: 1. Yes 2. No
1.3.3. How often curriculum is renewed? (e.g. every 5 years)	Doctor: Nurse: Paramedics: EMT: Logisticians:

## 1.4 License

1.4.1 Is national examination for medical license conducted in your country?	Doctor: 1. Yes    2. No Nurse: 1. Yes    2. No Paramedics: 1: Yes    2. No EMT:            1: Yes    2. No Logisticians: 1: Yes    2. No
1.4.2 How often is license revised? (e.g. every 5 years)	Doctor: Nurse: Paramedics: EMT: Logisticians:

**2 Educational institutes for emergency medicine and related information (e.g. subjects, curriculum, faculty)**

**A. Emergency physicians**

2.1 How many <u>training institutes</u> (e.g. university/hospital), which provide <u>emergency medicine education</u> are there in your country?		
2.2 Please indicate name(s) of the <u>represented institute(s)</u> raised in 2.1.		
Name of educational institute(s)	(pls. click)	
	Public	Private
2.3. Does <u>curriculum for emergency medicine</u> adopt competency-based education?		1. Yes    2. No
2.4 Course Description: Please provide the following information about emergency medicine education in your country 2.4.1 Number of Units: (    ) units 2.4.2 Main subjects:  2.4.3 Please attach the curriculum to this questionnaire sheets or indicate the related links		
2.5 Please provide the following information about <u>faculty/teaching staff for emergency medicine</u> .		

2.5.1 Qualification/specialty:

2.5.2 Number of faculty/teaching staff: Is it sufficient compared to other specialties?

1. Yes    2. No

= > If No, what is the main reason?

2.6 What are the main challenges in ensuring the quality of emergency medicine education in your country?

#### B. Emergency nurses

2.1 How many training institutes (e.g. university/hospital), which provide emergency medicine education are there in your country?

2.2 Please indicate name(s) of the represented institute(s) raised in 2.1.

Name of educational institute(s)	(pls. click)		Location (City)
	Public	Private	

2.3. Does curriculum for emergency medicine adopt competency-based education?

1. Yes    2. No

2.4 Course Description: Please provide the following information about emergency medicine education in your country

2.4.4 Number of Units: (    ) units

2.4.5 Main subjects:

2.4.6 Please attach the curriculum to this questionnaire sheets or indicate the related links

<p>2.5 Please provide the following information about <u>faculty/teaching staff for emergency medicine</u>.</p> <p>2.5.3 Qualification/specialty:</p> <p>2.5.4 Number of faculty/teaching staff: Is it sufficient compared to other specialties?</p> <p>1. Yes      2. No</p> <p>= &gt; If No, what is the main reason?</p>
<p>2.6 What are the main challenges in ensuring the quality of emergency medicine education in your country?</p>

### C. Disaster specialized paramedics

<p>2.1 How many <u>training institutes</u> (e.g. university/hospital), which provide <u>emergency medicine education</u> are there in your country?</p>																			
<p>2.2 Please indicate name(s) of the <u>represented institute(s)</u> raised in 2.1.</p> <table border="1"> <thead> <tr> <th rowspan="2">Name of educational institute(s)</th> <th colspan="2">(pls. click)</th> <th rowspan="2">Location (City)</th> </tr> <tr> <th>Public</th> <th>Private</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name of educational institute(s)	(pls. click)		Location (City)	Public	Private												
Name of educational institute(s)	(pls. click)		Location (City)																
	Public	Private																	
<p>2.3. Does <u>curriculum for emergency medicine</u> adopt competency-based education?</p>	<p>1. Yes      2. No</p>																		
<p>2.4 Course Description: Please provide the following information about emergency medicine education in your country</p> <p>2.4.7 Number of Units: (    ) units</p> <p>2.4.8 Main subjects:</p>																			

2.4.9 Please attach the curriculum to this questionnaire sheets or indicate the related links
<p>2.5 Please provide the following information about <u>faculty/teaching staff for emergency medicine</u>.</p> <p>2.5.5 Qualification/specialty:</p> <p>2.5.6 Number of faculty/teaching staff: Is it sufficient compared to other specialties?</p> <p>1. Yes    2. No</p> <p>= &gt; If No, what is the main reason?</p>
2.6 What are the main challenges in ensuring the quality of emergency medicine education in your country?

#### D. Disaster specialized Emergency Medical technicians

2.1 How many <u>training institutes</u> (e.g. university/hospital), which provide <u>emergency medicine education</u> are there in your country?																			
2.2 Please indicate name(s) of the <u>represented institute(s)</u> raised in 2.1.																			
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Name of educational institute(s)		(pls. click)			Location (City)														
	Public	Private																	
2.3. Does <u>curriculum for emergency medicine</u> adopt competency-based education?	1. Yes    2. No																		
2.4 Course Description: Please provide the following information about emergency																			

medicine education in your country

2.4.10 Number of Units: (    ) units

2.4.11 Main subjects:

2.4.12 Please attach the curriculum to this questionnaire sheets or indicate the related links

2.5 Please provide the following information about faculty/teaching staff for emergency medicine.

2.5.7 Qualification/specialty:

2.5.8 Number of faculty/teaching staff: Is it sufficient compared to other specialties?

1. Yes    2. No

= > If No, what is the main reason?

2.6 What are the main challenges in ensuring the quality of emergency medicine education in your country?

#### E. Disaster specialized Logisticians

2.1 How many training institutes (e.g. university/hospital), which provide emergency medicine education are there in your country?

2.2 Please indicate name(s) of the represented institute(s) raised in 2.1.

Name of educational institute(s)	(pls. click)		Location (City)
	Public	Private	

2.3. Does <u>curriculum for emergency medicine</u> adopt competency-based education?	1. Yes    2. No
2.4 Course Description: Please provide the following information about emergency medicine education in your country 2.4.13 Number of Units: (    ) units 2.4.14 Main subjects:  2.4.15 Please attach the curriculum to this questionnaire sheets or indicate the related links	
2.5 Please provide the following information about <u>faculty/teaching staff for emergency medicine</u> . 2.5.9 Qualification/specialty:  2.5.10 Number of faculty/teaching staff: Is it sufficient compared to other specialties?  1. Yes    2. No  => If No, what is the main reason?	
2.6 What are the main challenges in ensuring the quality of emergency medicine education in your country?	

### 3 Current education for disaster health management (DHM)

3.1 Pre-service education	
3.1.1 DHM is included in the curriculum?	Doctor: 1. Yes    2. No Nurse: 1. Yes    2. No Paramedics: 1: Yes    2. No EMT: 1: Yes    2. No Logisticians: 1: Yes    2. No
3.1.2 If yes, what topics are covered? <input type="checkbox"/> Doctor: <input type="checkbox"/> Nurse: <input type="checkbox"/> Paramedics: <input type="checkbox"/> EMT: <input type="checkbox"/> Logisticians:	
3.1.3 What is a specialty of faculty/teaching staff ?	
3.1.4 What are the facilities, equipment used in education for DHM? <input type="checkbox"/> Facility <input type="checkbox"/> Equipment	
3.2 In-service /post graduate education	
3.2.1 DHM is included in the curriculum?	Doctor: 1. Yes    2. No Nurse: 1. Yes    2. No Paramedics: 1: Yes    2. No EMT: 1: Yes    2. No Logisticians: 1: Yes    2. No
3.2.2 If yes in the above, <input type="checkbox"/> What topics are covered?  <input type="checkbox"/> How long is the training program?  <input type="checkbox"/> How often is the training program conducted? (e.g. twice a year)	
3.2.3 What is a specialty of faculty/teaching staff?	
3.2.4 What are the facilities, equipment used in education for DHM? <input type="checkbox"/> Facility <input type="checkbox"/> Equipment	

3.3 Other external training course	
3.3.1 Is there any external training course on DHM available?	1. Yes    2. No
3.3.2 If yes in the above, <ul style="list-style-type: none"> <li>■ Which organization provide the training program?</li> <li>■ What topics are covered?</li> <li>■ How long is the training program?</li> <li>■ How often is the training program conducted? (e.g. twice a year)</li> <li>■ Who are training participants?</li> </ul>	

**4 Education and training needs for DHM**

4.1 Do you think the above-mentioned education (pre-service, in-service, external training course) cover skills, knowledge and attitudes required for DHM in each disaster phase? (e.g. acute, sub-acute, chronic phase)	1. Yes    2. No
4.2 If no, what skills, knowledge and attitudes should be covered or improved in which stage? Please specify.	
4.3 What are the challenges in providing training programs for DHM?	

**5 Potential core educational institute(s) to 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

<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>

**6 Needs for external resources to carry out the training**

<p>6.1 What type of external support/resource is necessary in carrying out DHM training in your country? Please specify.</p>
--

**7 Others**

<p>7.1 Do you think current DHM education/training in your country give special consideration to multicultural issues (e.g. culture, religion, gender) in disaster management?</p>	<p>1. Yes (go to 7.2)</p> <p>2. No (go to 7.3)</p>
<p>7.2 If yes, please give an example</p>	
<p>7.3 If no, what should be included in DHM education in order to work in a multicultural environment?</p>	

**END**

**Thank you very much for your cooperation.**

# Study on systems and needs for Capacity Development on Disaster Health Management in AMS

July 9th 2019

Junko SATO

## HANDOUTS

- PPT
- Questionnaire(draft)

## PURPOSE OF MEETING

- To share the plan/outline of the questionnaire survey
- To agree on the questions
- To decide survey respondent(s)

## 1. OUTLINE OF STUDY

## OUTLINE OF PRESENTATION

1. Outline of the Study
  - Objectives
  - Target
  - Process
2. Questionnaire
  - Survey Items
  - Respondent(s) in each AMS
  - Group Discussion (by country)
3. Group Presentation
4. Q&A, 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 centers which is considered to be established in the POA on DHM

## TARGET

- 10 AMS, especially person in charge of
  - policy or human resource development in DHM
  - developing curriculum or trainers at an educational institute of DHM

## PROCESS OF STUDY

When	What	Focal Point
July 2019	To finalize the questionnaire of PWG2	PWG 2 members
End Jul.	To send the questionnaire to AMS	ARCH Project
End Sep.	To collect the questionnaire	
Oct - Nov	To analyze the survey results	Consultant
Nov.29	To discuss on the results	PWG 2 members
PWG2	To plan the field study	
Feb.& Mar. 2020	Field study Members will be nominated from PWG 2 members	
Apr.2020	To summarize the study result To identify academic/training institute(s) in each AMS to be invited to APCDM (October, 2020)	

## Survey Items

- Medical education system, especially focusing on EMS
- Information on educational institutes in above system, especially on EMS (subjects, curriculum, lectures)
- Situation for education or training on DHM (pre-service education and in-service training)
- Needs for education/ training on DHM
- Candidates of educational institutes which are capable to conduct domestic training programs on DHM
- Needs for external supports
- Others

## Questionnaire

Pls. see the attached for details

Survey Items	Main Questions	Questionnaire
1) Current medical education system in each AMS, especially emergency medicine	<ul style="list-style-type: none"> <li>Steps to become a doctor, nurse, paramedics, emergency medical technicians, logisticians</li> <li>Number and type of educational institutes</li> <li>Curriculum</li> <li>License</li> </ul>	P1-3
2) Educational institutes for emergency medicine and related information (e.g. subjects, curriculum, faculty)	<ul style="list-style-type: none"> <li>Number of educational institutes, which provide emergency medicine education</li> <li>Name(s) of most representative institute(s)</li> <li>Curriculum for emergency medicine</li> <li>Course description</li> <li>Faculty for emergency medicine</li> <li>Challenges in ensuring the quality of emergency medicine education</li> </ul>	P3-8

## 2. Questionnaire SURVEY

## Questionnaire (cont'd)

Survey Items	Main Questions	Questionnaire
3) Current education for DHM (pre-service and in-service education)	<ul style="list-style-type: none"> <li>Pre-service education (topics, faculty, facility/equipment)</li> <li>In-service education/post graduate (topics, faculty, facility/equipment)</li> <li>Other external training course on DHM (organizer, topics, frequency, participants, etc.)</li> </ul>	P9-10
4) Education and training needs for DHM	<ul style="list-style-type: none"> <li>Challenges of medical staff in dealing with disasters</li> <li>Skills and training needed to improve DHM</li> </ul>	P10

## Questionnaire (cont'd)

Survey Items	Main Questions	Questionnaire
5) Potential core educational institutions to conduct training courses for DHM in each AMS	<ul style="list-style-type: none"> <li>Potential core educational institutions, which will be eligible to lead training activities in the country and to contribute to networking with relevant institutions in other AMS</li> <li>Academic society or NCO providing DHM training</li> </ul>	P10-11
6) Needs for external resources to carry out the training	Needs for external resources to carry out the training	P11

## Questionnaire (cont'd)

Survey Items	Main Questions	Questionnaire
7) Others	<ul style="list-style-type: none"> <li>DHM education/training in your country: Does it give special consideration to multicultural issues (e.g. culture, religion, gender) in disaster management?</li> <li>What should be included in DHM education in order to work in a multicultural environment?</li> </ul>	P11

## Group Discussion (by Country)

- Questions: Any additional questions or clarification?
- Respondent(s): who is an ideal person/department to answer the questions?



Group Presentation: 5 min/each

Feedback and finalize the questionnaire

July 31<sup>st</sup>, 2019

## 3. Q&A AND COMMENTS

Thank you very much

# Study for Capacity Development

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JICA CHIEF ADVISOR FOR ARCH  
S.IKEDA



## Purpose

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- ☐ To identify possible educational/training institutes which are capable to conduct domestic training programs on DHM in each AMS
- ☐ To identify needs for external supports in case that the above institutes will organize domestic training programs on DHM
- ☐ To specify AMS educational/training institutes which will be members of ASEAN academic/training centers network on DHM which is considered to be established in the POA on DHM

## **TOR of the Study**

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1. Medical education system, especially focusing on EMS
2. Information on educational institutes in above system, especially on EMS (subjects, curriculum, lectures)
3. Situation for education or training on DHM (pre-service education and in-service training)
4. Needs for education/ training on DHM
5. Candidates of educational institutes which are capable to conduct domestic training programs on DHM
6. Needs for external supports

## Steps and Procedures for the Study

1. To prepare Questionnaire for AMS; The contents and form for the Questionnaire shall be determined in the PWG2 meeting in July. It is necessary to carefully confirm appropriate address who can provide enough information in the Questionnaire in each AMS.
2. To send the Questionnaire to AMS (on Aug.2019)
3. To collect the Questionnaire by the end of Sept. 2019
4. To analyze results of the Questionnaire survey
5. To discuss on the results of the questionnaire survey and implementation plan (including selection of target countries) of complementary study trip to some of AMS in the PWG 2 meeting on Nov.2019
6. Study trips in the 1<sup>st</sup> or 2<sup>nd</sup> quarter of 2020. Members for the trips will be selected from PWG 2 representatives
7. To summarize the study result within the 2<sup>nd</sup> quarter of 2020
8. To identify academic/educational institute in each AMS which shall be invited in the ASEAN academic conference on DHM on Oct. 2020(not yet fixed)

## **Study of Systems and Needs for Capacity Development on Disaster Health Management in Each AMS**

### **1. Purpose**

- 1) To identify possible educational/training institutes which are capable to conduct domestic training programs on DHM in each AMS
- 2) To identify needs for external supports in case that the above institutes will organize domestic training programs on DHM
- 3) 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

### **2. TOR of the Study**

- 1) Medical education system, especially focusing on EMS
- 2) Information on educational institutes in above system, especially on EMS (subjects, curriculum, lectures)
- 3) Situation for education or training on DHM (pre-service education and in-service training)
- 4) Needs for education/ training on DHM
- 5) Candidates of educational institutes which are capable to conduct domestic training programs on DHM
- 6) Needs for external supports

### **3. Steps and Procedures for the Study**

- 1) To prepare Questionnaire for AMS; The contents and form for the Questionnaire shall be determined in the PWG2 meeting in July. It is necessary to carefully confirm appropriate address who can provide enough information in the Questionnaire in each AMS.
- 2) To send the Questionnaire to AMS (in the middle of Aug.2019)
- 3) To collect and analyze results of the Questionnaire survey (in the middle of Oct.2019)
- 4) To discuss on the results of the questionnaire survey and implementation plan (including selection of target countries) of complementary study trip to some of AMS in the PWG 2 meeting on Nov.2019
- 5) Study trips in the 1<sup>st</sup> or 2<sup>nd</sup> quarter of 2020. Members for the trips will be selected from PWG 2 representatives

July 9<sup>th</sup>, 2019  
Ikeda, ARCH

- 6) To summarize the study result within the 2<sup>nd</sup> quarter of 2020
- 7) To identify academic/educational institute in each AMS which shall be invited in the ASEAN academic conference on DHM on Oct. 2020(not yet fixed)

Note; JICA will hire one consultant to facilitate the above process

以上

## Concept of the framework for the development process of Regional standard curriculum and Regional training center

### Objective

- To Identify standard disaster health management curriculums, mechanisms, and committees to conduct and implement the curriculums as ONE ASEAN, ONE RESPONSE basis.

### Introduction

- The disaster management process consists of three main factors, that need to be properly conducted. The personnel, The system, and The equipment.
- Because ARCH Project working group has been discussed a lot on personal or team, who will participate in a disaster incident, especially in another country, should be standardized which relates to the training curriculums. And should comply with the ONE ASEAN, ONE RESPONSE basis.

### Question 1: HOW INTERNATIONAL STANDARDS COURSE CONDUCT?

- There are various methods to conduct standardization, but here are the 2 examples.

**1. Bottom-up model (eg. World Federation for Medical Education):** The way to conduct the standard in medical practices. the standard provides core and minimal competency for physicians and deploys it to the national, medical council or licensing authority in each country which want to comply with the standard. And let them design their curriculum in their own context. Remarks that the autonomous curriculums must comply with the national standard in each country's context and the training center have their own obligation to give certifications and register the participants who passed the evaluation by themselves.

**2. Top-down model (eg. American College of Surgeons):** There will be an academic organization that conducts the standard course, for example, American College of Surgeons, they have conducted the Advance trauma life support since the 1970s. With extensive evidence base, standard material and set of schedules. The implementation has proved that the course is very famous and successful. But to import this course to other countries, they need to construct the national authorities and buy licensing right from ACS, therefore to distribute the course to the training center in their country.

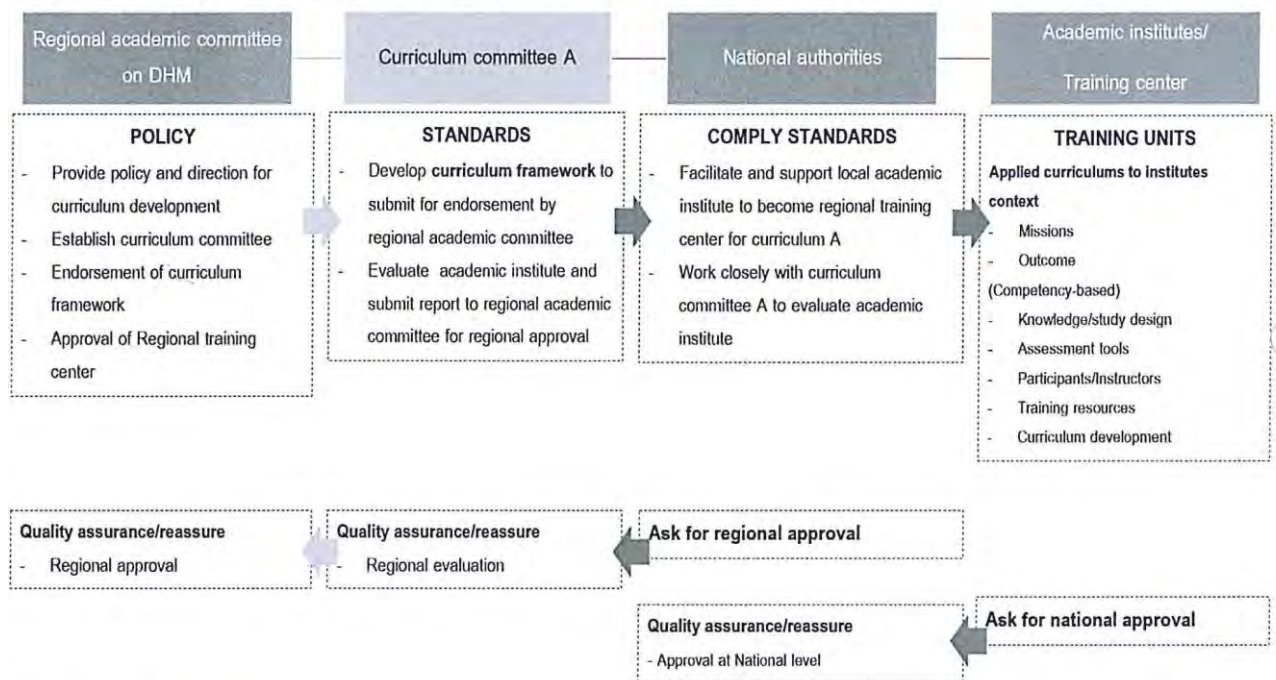
Diagram 1: Proposed structure for ASEAN disaster curriculum development organization



## Role and responsibilities

- The Role and responsibilities of the curriculum development organization shown in diagram 2. The diagram explains the outline of the roles and responsibilities of each position and some approval process

Diagram 2: Proposed role and responsibilities of the ASEAN disaster curriculum development organization



## By this information,

- The ASEAN shall have the Regional academic committee on Disaster health management under Regional coordination center on disaster health management.
- The organizational flow shall consist of Curriculum sub-committee, national authorities and academic institutes. shown in diagram 1.

## Question 2: WHICH CURRICULUMS SHOULD WE DO?

- There are many courses that have been conducted among the AMS members such as disaster response courses, Incident command systems courses with a variety of methods.
- In phase 1 of the ARCH Project, the PWG1 has proposed (which has already been endorsed) the minimal requirement and qualifications for members of the Emergency Medical Team (EMT). The concept is to classify the members of EMT to three tiers.
  - o Tier 1 is the backgrounded professional personnel with limited disaster knowledge.
  - o Tier 2 is the personnel that is able to perform disaster health management domestically.
  - o Tier 3 is the personnel having competencies to perform disaster health management in foreign countries.
- The training could be the **basic/domestic course** that aim to enhance knowledge, skills, and attitude of professional personnel such as medical officers, nurses, emergency medical technician

and logisticians to be able to operate in the disaster situation. And could have **the advance/ASEAN/international course** that aim to orient the team with the same protocols, the same concept of decision making. Otherwise, **the instructor course** and **the EMTCC course** are needed to be considered to conduct as well.

**By this information,**

- The ASEAN shall have the training courses in term of **the basic/domestic course** or **the advance/ASEAN/international course** or **the instructor course** or **the EMTCC course**. Regarding the consensus of the project working group representative.

**Question 3: WHO WILL BE CURRICULUM DEVELOPERS?**

- The stakeholder in the organizational flow shall be considered. shown in diagram 3.
- The authority above the pyramid shall be the regional coordinating center on disaster health management that shall work closely with the SOMHD/Health cluster mechanism.
- These stakeholders should be designated and/or facilitated by the upper layers of the pyramid.
- The member of the organization shall be academic personnel who familiar with the thorough curriculum management process eg. Educational expertise, scholars, disaster health management professionals, experienced NGOs or governmental sector that work in academic segments, either in AMS members or from the alliances.
- Academic networking on disaster health management is also the keystone of this process.

Diagram 3: Proposed stakeholder of the ASEAN disaster curriculum development organization



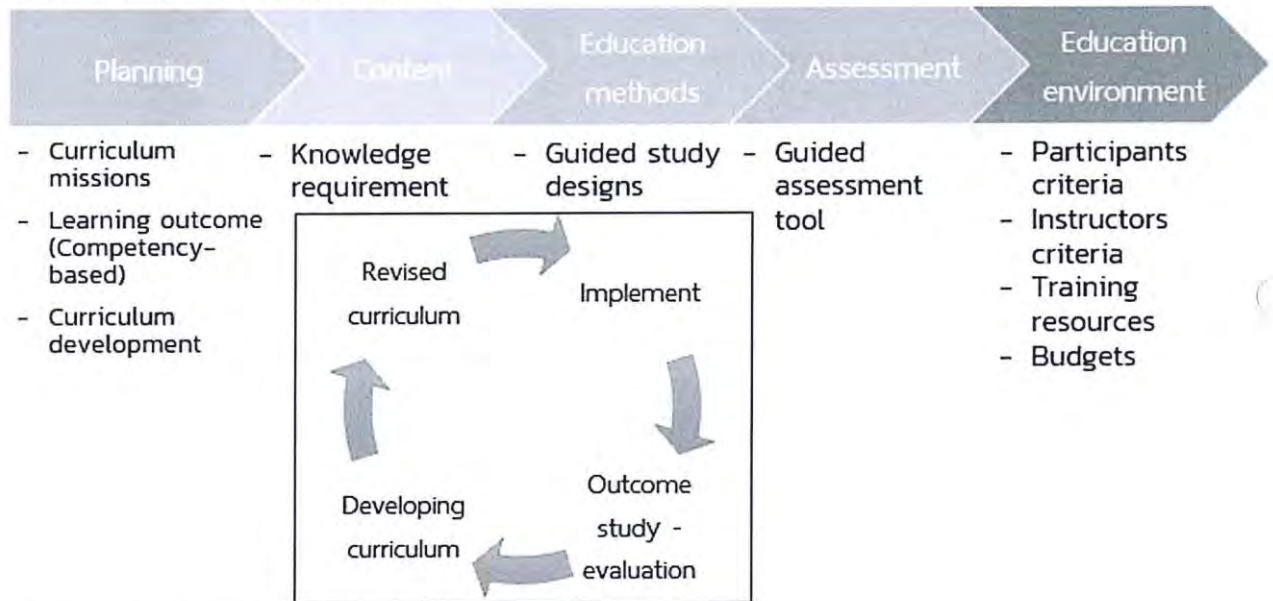
**By this information,**

- The ASEAN shall have a list and number of the candidates in the regional academic committee on disaster health management and the curriculum committee. And send the members of the committee to be endorsed by the RCCDHM.

#### Question 4: WHAT IS THE CURRICULUM FRAMEWORK?

- The curriculum framework is the format to create the course work to be objective, consistency, reliable and measurable. Start with Planning the outcome, identify the content, design the educational method and refine the assessment, as well as the supporting system for the training and finally the development cycle to quality assurance and sustainability. shown in diagram 4.

Diagram 4: The curriculum framework



#### By this information,

- The ASEAN disaster curriculum development organization shall have a format of the curriculum framework, which help the national level and institute level to conduct their curriculum easier.

#### Conclusions

- Disaster health management should be conducted as an international standard mechanism.
- The course should comply with the minimal requirement and Qualifications for Members of Emergency Medical Team (EMT).
- The committee and curriculum should be initiated

## **Concept of ASEAN Academic network on DHM**

### **Objective**

- To Facilitate and support academic activities on DHM in every member state.

### **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 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.

Selection criteria for institute to be the National focal point member of the academic network

: The institute shall have capability to take roles and responsibilities as follow;

- Collaborate with the academic network and other designated training centers of AMS
- Facilitate or organize training activities at national level.
- Participate and promote Regional conference on DHM to related local institutes
- Participate in joint research, as appropriate.
- Participate in Establishment ASEAN Journal/E-Bulletin on DHM, as appropriate
- Translate regional collaboration tools or learning material to local language, as appropriate.
- It is more favorable if representative of the institute is a member of PWG2 or RCCDHM.

### **Establishment of the academic network**

- PWG meeting shall agree on concept of the network.
- PWG representative shall propose institute to be national focal point of the network.
- All proposed institute will be approved by RCCDHM and register with the secretariat.
- Other local institute shall register with their National focal point then send all information to the secretariat.
- Regional conference on DHM will be organize on September 2020 as first activity of the network.

## Remarks

Academic network will be main mechanism to support achievement of regional and national targets described in POA as follow;

### Regional targets:

- 11.A network of national academic institutions is established to organize training activities at national level.
- 12.A Regional Conference on Disaster Health Management is organized every two years.
- 13.At least one joint research is proposed and conducted in a year.
- 14.An ASEAN Journal/E-Bulletin of Disaster Health Management is established and published twice a year.

### National target:

- 5.Each ASEAN member state has a disaster health training system responsible for the implementation of capacity development, knowledge management, research and development initiatives in collaboration with other designated training centers of AMS and with relevant academic networks, as appropriate.

# Academic Network on DHM

Dr. Phumthip Silapunt  
Thai project team (AMCH Project)

## Objectives

- To facilitate and support academic and training activities on DHM in every member state.

## 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 a national focal point member of the academic network. The National Focal Point can be an institute, center, committee, etc.
- 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/center/committee.

## Selection Criteria for National focal points

The institute shall have capability to take roles and responsibilities as follow:

- Collaborate with the academic network and other designated training centers of AMS
- Facilitate or organize training activities at national level.
- Participate and promote Regional conference on DHM to related local institutes
- Participate in joint research, as appropriate
- Participate in Establishment ASEAN Journal/E-Bulletin on DHM, as appropriate
- Translate regional collaboration tools or learning material to local language, as appropriate

## Establishment of the Academic Network

- PWG meeting shall agree on concept of the network.
- PWG representative shall propose institute to be national focal point of the network.
- All proposed institute will be approved by RCCDHM and register with the secretariat.
- Other local institute shall register with their National focal point then send all information to the secretariat.
- Regional conference on DHM will be organize on September 2020 as first activity of the network.



*6<sup>th</sup> Meeting of Project Working Group 2*

<b>Event</b>	<b><u>Joint Meeting of Project Working Group 1&amp;2</u></b>
<b>Dates</b>	10 July 2019
<b>Venue</b>	The Sukosol Hotel, Bangkok Thailand
<b>Participants</b>	60 participants from AMS, JICA, ASEC
<b>Agenda</b>	<ul style="list-style-type: none"> <li>● Recap on the 6<sup>th</sup> PWG 2 Meeting</li> <li>● Conclusion on Academic Network, Standard Curriculum and Regional Training Centre</li> <li>● Work Plan for POA in the implementation of the ALD/DHM</li> <li>● Mozambique Response Experience by JDR</li> <li>● RCD Implementation in the Extension Phase</li> <li>● 4<sup>th</sup> RCD</li> <li>● Guidebook for RCD Preparation</li> <li>● Comprehensive Team Information</li> <li>● Summary and way forward</li> </ul>
<b>Summary of Discussion</b>	<p>The meeting aims to inform members of PWG 1&amp;2 on key activities of ARCH Project in extension phase. Regional curricula will be developed by SWG which will be based on the needs of AMS. These can be delivered by regional training centers.</p> <p>Work Plan for the POA on ALD/DHM was presented. This work plan includes indicative outputs and targets perceived to be attained during the extension phase.</p> <p>2 RCDs will be conducted during the extension phase. 4th RCD will be in Bali, Indonesia employing the eruption of Mount Agung as the main scenerio. Necessary subjects; Comprehensive Team Information, pre-deployment and quality assurance visits are in addition to previous drills will be included.</p>
<b>Important Decisions</b>	<ul style="list-style-type: none"> <li>● The meeting endorsed the concept for Academic Network for DHM. The draft of concept paper on curriculum development shall be circulated by 26 July 2019</li> <li>● AMS will be communicated for the nomination of designated members for RCCDHM</li> </ul>

	<ul style="list-style-type: none"> <li>● Members of PWG1&amp;2 shall review and provide feedback of the draft work plan on HP 12 – DHM by 30 August 2019</li> <li>● The proposal format for hosting RCD will be circulated to PWG1&amp;2 members</li> <li>● Expression of interest to host RCD and proposals shall be submitted to ARCH Project by 30 September 2019</li> <li>● Final form of Comprehensive Team Information will be circulated to AMS for completion by 31 July 2019</li> <li>● By 24 October 2019, AMS will submit the completed form back ARCH Project</li> </ul>
<b>Attachments</b>	<ul style="list-style-type: none"> <li>● List of Participants</li> <li>● Overall Programme</li> <li>● Summary and Way Forward</li> <li>● Presentations and Documents <ul style="list-style-type: none"> <li>○ POA to Implement the ASEAN Leaders' Declaration On Disaster Health Management (2019-2025)</li> <li>○ Drafted ASEAN Work Plan on DHM 2021-2025</li> <li>○ JDR Expert Team Mozambique Response Experience</li> <li>○ RCD in the Extension Phase</li> <li>○ Comprehensive Team Information</li> <li>○ Guidebook for preparation of ARCH RCD</li> </ul> </li> </ul>

Participant list

	Country	Group	Title	Name	Sex	Contact	
						Email	Telephone
1	Brunei	PWG 1	Dr.	Zulhilmi Abdullah	M		
2	Brunei	PWG 2	Dr.	Linawati Haji Jumat	F		
3	Brunei	PWG 2	Ms.	Chiang Mei Mei	F		
4	Cambodia	PWG 1	Dr.	Teng Srey	F		
5	Cambodia	PWG 1	Dr.	Lak Muy Seang	F		
6	Cambodia	PWG 2	Mr.	Ean Sokoeu	M		
7	Cambodia	PWG 2	Dr.	Huy Meng Hut	M		
8	Indonesia	PWG 1	Mr.	Agus Hendroyono	M		
9	Indonesia	PWG 1	Dr.	Rakhmad Ramadhanjaya	M		
10	Indonesia	PWG 2	Dr.	Ina Agustina Isturini	F		
11	Indonesia	PWG 2	Dr.	Bella Donna	F		
12	Indonesia	RCD	Ms.	Madelina Ariani	F		
13	Indonesia	RCD	Mr.	Adithya Manggala	M		
14	Lao PRD	PWG 1	Dr.	Daovilay Banchongphanith	F		
15	Lao PRD	PWG 2	Dr.	Treychit Chanthasiri	M		
16	Lao PRD	PWG 1	Dr.	Vangnakhone Dittaphong	M		
17	Lao PRD	PWG 2	Dr.	Pathoumphone Sitaphone	F		
18	Malaysia	PWG 1	Dr.	Maria Suleiman	F		
19	Malaysia	PWG 2	Dr.	Kasuadi Bin Hussin	M		
20	Malaysia	PWG 2	Dr.	Khairi Bin Kassim	M		
21	Myanmar	PWG 1	Dr.	Khin Nan Lon	F		
22	Myanmar	PWG 1	Dr.	Cherry Lynn Lynn Zaw	F		
23	Myanmar	PWG 2	Dr.	Than Latt Aung	M		
24	Myanmar	PWG 2	Dr.	Nyan Tun Lay	M		
25	Philippines	PWG 1	Ms.	Evelyn Calagos Mendoza	F		
	Philippines	PWG 2	Ms.	Evelyn Calagos Mendoza	F		
26	Philippines	PWG 2	Ms.	Florinda Venzon Panlilio	F		
27	Philippines	PWG 2	Dr.	Alexis Quito Dimapilis	M		
28	Philippines	RCD	Ms.	Janice Palad Feliciano	F		
29	Philippines	RCD	Dr.	Alfonso Cruz Danac	M		
30	Singapore	PWG 1	Mr.	Ng Hock Sing	M		
31	Singapore	PWG 1	Mr.	Royston Chng	M		
32	Singapore	PWG 2	Dr.	Lim Ghee Hian	M		
33	Singapore	PWG 2	Ms.	Giny Chia	F		
34	Thailand	PWG 1	Dr.	Phusit Praklongsai	M		
35	Thailand	PWG 1	Dr.	Anupong Sujariyakul	M		
36	Thailand	PWG 2	Dr.	Prasit Wuthusuthimethawee	M		
37	Thailand	PWG 2	Dr.	Phummarin Saelim	M		
38	Viet Nam	PWG 1	Mr.	Tran Quang Hung	M		

39	Viet Nam	PWG 1	Mr.	Do Manh Hung	M	
40	Viet Nam	PWG 2	Ms.	Vo Minh Hai	F	
41	Viet Nam	PWG 2	Mr.	Tran Quang Phu	M	
42	ASEC	PWG 1&2	Mr.	Jim Pogoy Catampungan	M	
43	ASEC	PWG 1&2	Mr.	Michael Glen	M	



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

## The Eighth Meeting of the Project Working Group (PWG) 1 And The Sixth Meeting of the Project Working Group (PWG) 2

Date: 9 – 11, July, 2019  
 Location: Bangkok, Thailand  
 Venue: The Sukosol, Bangkok  
 Participants: ASEAN Member States, JICA, Other related organizations

### Programme

**July 9, 2019: PWG 2 Meeting**  
 Chotirosniramit

Chair: Dr. Narian

Time	Activity	Presenter
08:00 - 08:30	Registration	
08:30 - 08:40	Welcome Remarks	Chair
08:40 - 08:50	Group Photo	
08:50 – 09:00	Participants Introduction	Chair
09:00 - 09:30	Project framework and Plan of PWG2 meeting	Mr. Shuichi Ikeda and Dr. Phumin Silapunt
09:30 – 10:30	Academic Network	Dr. Phumin Silapunt
10:30 - 10:45	<i>Coffee Break</i>	
10:45 - 12:15	Standard Curriculum and Regional Training Center	Dr. Phummarin Saelim
12:15 - 13:15	<i>Lunch</i>	
13:15 - 14:45	TOR for study on CD for DHM in AMS	Mr. Shuichi Ikeda & Ms. Sato Junko
14:45 – 15:00	<i>Coffee Break</i>	
15:00 - 16:00	Questionnaire for academic/training, systems, and needs for CD on DHM in AMS	Ms. Sato Junko

16:00 - 16:30	Wrap-up of Day 1	ASEC
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#### 4<sup>th</sup> RCD Meeting (Indonesia, Thailand, Japan and Philippine)

17:00 - 18:30	Mentor Consultation Meeting of 4 <sup>th</sup> RDC	
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#### July 10, 2019: PWG 1 & 2 Joint Meeting

Chair: Dr. Jirot Sindhavananda &  
Dr. Narian Chotirosniramit

Time	Activity	
08:00 - 08:30	Registration	
08.30 – 08:40	Welcome Remarks	Project Manager& JICA
08:40 – 08:50	Group Photo	
08:50 – 09:00	Introduction	
09:00 – 09:10	Recap of Day1 (PWG 2)	ASEC
09:10 - 10:10	Conclusion of Academic Network and Standard Curriculum/ Regional Training Center	Dr. Phumin Silapunt
10:10 - 10:25	<i>Coffee Break</i>	
10:25 – 11:20	Workplan of POA	Dr. Phumin Silapunt
11:20 – 12:00	Mozambique Experience	Dr. Tomoaki Natsukawa & Mr. Yoshiki Toyokuni
12:00 – 13:00	<i>Lunch</i>	
13:00 – 13.20	RCD Implementation in the Extension phase	Mr. Shuichi Ikeda
13:20 – 14:10	RCD in Indonesia	Indonesia
14:10 – 14:45	Guidebook for RCD Preparation / AMS - EMT “Factsheet” (Comprehensive Team Information)	Mr. Shuichi Ikeda & Mr. Katsube Tsukasa
14:45 – 15:00	<i>Coffee Break</i>	
15:00 – 16:30	Group Discussion about AMS - EMT “Factsheet” (Comprehensive Team Information)	Mr. Katsube Tsukasa
	Present	
16:30 – 17:00	Wrap – up and Ways Forward	ASEC
18:00 – 20:00	Reception Dinner	

#### July 11, 2019: PWG 1 Meeting

Chair: Dr. Jirot Sindhavananda

Time	Activity	
08:00 - 08:30	Registration	
08:30 - 08:40	Welcome Remarks	Dr. Jirot Sindhavananda
08:40 - 08:50	Group Photo	
08:50 - 09:30	Project Framework and Implementation Plan of the extension phase	Mr. Shuichi Ikeda
09:30 - 10:00	Plan of PWG 1 meeting	Dr. Phumin Silapunt
10:00 - 10:15	<i>Coffee Break</i>	
10:15 - 12:00	Integration of SOP to SASOP	Dr. Alisa Yanasan
12:00 - 13:00	<i>Lunch</i>	
13:00 - 14:00	Development of a reporting format and guideline for lessons learned from the response for actual disaster	Mr. Shuichi Ikeda
14:00 - 15:00	ASEAN Standard for ASEAN EMT	Mr. Shuichi Ikeda
15:00 - 15:15	<i>Coffee Break</i>	
15:15 - 16:30	ASEAN Standard for ASEAN EMT (Continue)	Mr. Shuichi Ikeda
16:30 - 17:00	Wrap-up and Ways Forward	ASEC

(\* Times are tentative and subjected to change.)

## Summary and Ways Forward

### Joint Meeting of Project Working Group 1 on Regional Collaboration Tools and Project Working Group 2 on Capacity Development

#### Project for Strengthening ASEAN Regional Capacity in Disaster Health Management (ARCH Project)

10 July 2019 | Bangkok, Thailand

#### 1. Recap on the Sixth Meeting of Project Working Group 2

- The Meeting noted the summary and ways forward of the Sixth Meeting of PWG 2 on Capacity Development which was convened on 9 July 2019, as presented by the ASEAN Secretariat. The presentation appears as **Annex 1**.
- The ARCH Project Team informed the Meeting that the study questionnaire will be updated based on inputs from the PWG 2 Meeting. The updated questionnaire will be circulated to PWG 2 Members for internal consultation and feedback by 15 July 2019.

#### 2. Conclusion on the Academic Network, Standard Curriculum and Regional Training Centre

- The Meeting noted the revised concept/terms of reference on the Academic Network and the Standard Curriculum and Regional Training Centre, as presented by the ARCH Project Team. The revised documents appear as **Annex 2**.
- The Meeting exchanged views which focused on the following aspects:
  - a. Considering the differences in the development and needs of ASEAN Member States (AMS), the regional standard curricula will be developed based on identified learning and training priorities and needs of AMS. The proposed curricula will be developed for practitioners who [a] are identified for regional/international deployments, and then for those [b] who are national EMT members who have not been trained.
  - b. The process of identifying learning and training needs will be facilitated by the curriculum development committee, as part of their first courses of action, to ensure the products are evidence-based. Through this process, the required core and other competencies will also be determined and inform the required curricula, which may be ladderized to address different levels of capacity needs.
  - c. The regional curriculum can be delivered by a number of regional training centres. The developed courses will not be a requisite for regional deployment.
  - d. The regional curricula are proposed to be as simple as possible, and which can be easily adapted at national level.
  - e. Curriculum development is a huge and complex task and will require specific expertise. A small task force may be needed to develop the draft curriculum

in consultation with and under the supervision of the curriculum development committee.

- f. The engagement of relevant academic institutions will be critical in curriculum development which employ established processes in curriculum development and in adaptation of curricula to national and local levels.
- g. It is hoped AMS will be able to nominate members of the curriculum development committee by the next PWG 2 Meeting (29 November 2019).
- The Meeting endorsed the concept for the Academic Network for DHM and agreed that by 26 July 2019, the ARCH Project Team will circulate the draft concept paper on the curriculum development. The concept paper will include person specification of proposed AMS representative, and timeline of curriculum development.

### **3. Workplan for the Plan on Action (POA) in the implementation of the ASEAN Leaders' Declaration on Disaster Health Management (ALD/DHM).**

- The Meeting noted the draft ASEAN Workplan on DHM 2021-2025 to operationalise the POA for ALD/DHM. The draft Workplan consists of proposed outcome indicators and targets, programme strategies, projects and activities, expected outputs and output indicators, lead countries and sources of support. The draft workplan also includes indicative outputs and targets for ARCH Project Phase 2, building on what have been achieved during Phase 1 and perceived to be attained during the Extension Phase. The presentation and draft workplan appear as **Annex 3**.
- The Meeting was also informed on the following:
  - a. The POA for ALD/DHM was endorsed during the 14<sup>th</sup> SOMHD on 2-4 April 2019 in Siem Reap, Cambodia, pending clarification that the mandate of the Regional Coordination Committee on Disaster Health Management (RCC DHM) does not duplicate with existing ASEAN disaster management mechanism such as that of the AHA Coordinating Centre for Humanitarian Assistance in Disaster Management (AHA Centre). After submission of the clarification to SOMHD Chair Cambodia, the POA will be elevated for final approval during the 14<sup>th</sup> ASEAN Health Ministers Meeting on 26-30 August 2019 in Siem Reap, Cambodia.
  - b. AMS will be communicated for the nomination of designated members for RCC DHM, after the adoption of the POA for ALD/DHM. While the TOR of the RCC DHM, which is an annex of POA for ALD/DHM, specifies that face to face meetings of the Committee is back-to-back with regular meetings of ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats, there is a need that the proposed first meeting of RCC DHM will proceed sometime in January 2020 for the following reasons: there are ARCH Project Extension Phase matters that require the immediate attention and consideration of RCC DHM, and AHC 2 Meetings usually take place in August/September of each year which may affect the implementation of the extension phase.
  - c. The ASEAN Health Cooperation will be reviewing the current (2016-2020) Work Programmes of ASEAN Health Clusters, which findings will also inform

the planning for the 2012-2025 Work Programmes. A consultation meeting is planned in April 2020, as a side meeting of the 15<sup>th</sup> SOMHD to be hosted by incoming AHMM/SOMHD Chair Indonesia, to discuss the review findings and to initiate planning. The development of the proposed workplan which will form part of projects and activities under Health Priority 12 on Disaster Health Management (HP 12 - DHM) is appreciated, and there is sufficient time to further develop the plan. The draft workplan can be reported during the next AHC 2 Meeting for notation.

- d. HP 12 - DHM has developed mechanisms for regional collaboration in preparing for and responding to the health aspects of disasters, such as through the ALD on DHM and the development of its POA, as well as the ARCH Project. In the further development of a coordinated preparedness and response efforts to all hazards and emerging threats, there is a need to closely work with other initiatives of the ASEAN Health Cooperation, such as the ASEAN Emergency Operations Centre (EOC) Network. The ASEAN Secretariat, through the Health Division, will explore with AHC 2 Chair Myanmar the hosting of a side meeting during the next AHC 2 Meeting to discuss coordination matters within the ASEAN Health Cooperation.
- The Meeting exchanged views which focused on the following aspects:
    - a. The draft workplan may consider the facilitation of information sharing on disaster context and situation in AMS, as well as the development of guidelines and principles to respond to health aspects of disasters which can be reference for AMS, which are further developing their national mechanisms.
  - The Meeting agreed on the following:
    - a. PWG 1 and PWG 2 Members will review and provide feedback – in terms of taking leadership in proposed activities, and/or proposing other priority activities, among others – on the draft work plan on HP 12 - DHM by 30 August 2019; and,
    - b. ASEAN Secretariat will facilitate the conduct of a meeting with Lead Countries of relevant initiatives that strengthen ASEAN regional preparedness and response to disasters and public health emergencies, such as the ARCH Project and ASEAN EOC Network.

#### **4. Mozambique Response Experience by Japan Disaster Relief Expert Team**

- The Meeting noted the experience shared by the Japanese Disaster Relief (JDR) Expert Team who were deployed to Mozambique in response to Cyclone Idai to be part of the:
  - a. Japan EMT Type 1 Fixed which was deployed in Beira City and adjacent areas to support the 5,400 population. The presentation included a summary of the impact of the cyclone to the population; assessment, coordination, referral and other processes; patient care and key conditions seen; operational conditions and challenges, as well as noted good practices. The presentation appears as **Annex 4**.
  - b. Emergency Medical Team Coordination Cell (EMTCC) which was activated to provide leadership and coordination, communication, quality assurance and

support to national and international health partners providing medical services to disaster-affected populations. The presentation appears as **Annex 5**. The Expert Team, who particularly supported the information management function of the EMTCC:

- Focused their presentation on the EMT Minimum Data Set (MDS) daily reporting process/flow which was applied from 31 March – 11 June 2019 and complied with by all deployed registered EMT, as well as the analysis of conditions seen by responding EMT and their implications to the overall health response.
  - Noted that the evolution of the EMT MDS, which was considered to have been inspired by the Philippines' Surveillance in Post-Extreme Emergencies and Disasters (SPEED) which was fully tested during the Typhoon Haiyan 2013 response. The SPEED was adapted by Japan (J-SPEED) and employed in response to the 2016 Kumamoto earthquake.
- The Meeting also noted that the efforts of the ASEAN Health Cooperation through the ARCH Project have contributed to the health aspects of the cyclone response in Mozambique, such as through the application of reporting tools and mobilization of practitioners that completed ARCH Project Phase 1 supported capacity development trainings.

## **5. Regional Collaboration Drill (RCD) Implementation in the Extension Phase**

- The Meeting noted the update from the ARCH Project Team on plans related to the conduct of regional collaboration drills during the ARCH Project Extension Phase. The presentation and reference document appear as **Annex 6**. The salient points of the presentation include:
  - a. There will be two RCD planned during the Extension Phase: Fourth RCD, which will be hosted by Indonesia in November 2019; and Fifth RCD, which host is to be determined and tentatively set in November 2020.
  - b. The necessary subjects to be included in the planned RCD, such as comprehensive team information, prior learning and pre-deployment or quality assurance visits, which are in addition to those covered in previous drills.
  - c. There will be four-day drills consisting of a workshop for pre-learning on tools or guidelines, tabletop exercise, field exercises, and demobilization and after-action review, lasting one day each. The RCD will be immediately followed by a meeting of PWG 2 to further discuss the findings and recommendations of the RCD.
- The Meeting also noted the following information:
  - a. The ARCH Project Team has developed a proposal format which AMS willing to host RCD will submit as part of their expression of interest. The ASEAN Secretariat will re-circulate the proposal format for reference.
  - b. During the Joint Meeting of PWG 1 and PWG 2 on 6 December 2018 in Manila, Malaysia and Myanmar expressed their interest to host the RCD in 2020. Thailand and Viet Nam, which hosted the RCD in July 2017 and March 2018, respectively.

- The Meeting agreed that:
  - a. By 15 July 2019, ASEAN Secretariat will re-circulate the proposal format for the hosting of RCD/ARCH Project to PWG 1 and PWG 2 Members.
  - b. By 30 September 2019, AMS willing to host the Fifth RCD are encouraged to submit expressions of interest and proposals to the ARCH Project Team through the ASEAN Secretariat.
  - c. During the next PWG 2 Meeting (29 November 2019), the host of the Fifth RCD will be discussed and decided.

## **6. Fourth RCD in Indonesia**

- The Meeting noted the update from Indonesia on the preparations for the Fourth RCD scheduled on 26-28 November 2019 in Bali, Indonesia. The RCD will be preceded by a preparation workshop on 25 November and immediately followed by a PWG 2 Meeting on 29 November. The drill will employ the eruption of Mt. Agung as the main scenario. The presentation appears as **Annex 7**.

## **7. Guidebook for RCD Preparation**

- The Meeting noted the presentation and concept paper for the development of a guidebook that aims to help host countries to successfully organise RCD under the ARCH Project. The guidebook is planned to cover aspects from preparation, implementation to review phases, and which will include guidelines, templates and samples as annexes. The presentation and concept paper appear as **Annex 8**.
- The Meeting exchanged views which focused on the following aspects:
  - a. Consider the following aspects in the guidebook: creation of committees to support the organization of RCD; discussion and agreement between ARCH Project Team and Host Country on exercise objectives.
  - b. Consider the development of a documentation procedure in the organization and conduct RCD, as well as an evaluation tool to assess the achievement of RCD objectives.
  - c. The ARCH Project Team welcomes AMS to nominate experts that will help in developing the guidebook.

## **8. Comprehensive Team Information**

- The Meeting noted the proposed form that AMS will utilize when considering the establishment of EMT, based on the POA on ALD/DHM. The proposed form has been based on materials from the WHO EMT Initiative, such as the Self-Assessment Checklist for EMT and the EMTCC Handbook. For the purpose of the ARCH Project, the form will be used for the Fourth RCD in Indonesia, as part of the offer and request of assistance, the quality assurance and verification visits and the after-action review. Each AMS will also be requested to present a summary of the comprehensive team information at the start of the RCD. The presentation and draft form appear as **Annex 9**.

## PLAN OF ACTION TO IMPLEMENT THE ASEAN LEADERS' DECLARATION ON DISASTER HEALTH MANAGEMENT (2019-2025)

The Plan of Action (POA) aims to operationalize the ASEAN Leaders' Declaration on Disaster Health Management (hereinafter referred to as the ASEAN Declaration, or ALD on DHM), which was adopted on 13<sup>th</sup> November 2017 in Manila, the Philippines. This POA is designed to provide guidelines for governments of ASEAN Member States (AMS), ASEAN Sectoral Ministerial Bodies and the international community, including international organizations, and/or multilateral financial institutions, for achieving the objectives of the ALD on DHM. This POA is a framework to ensure practical coordination and collaboration of the AMS in operationalizing the ASEAN Declaration. In addition, it seeks to address regional challenges and opportunities by implementing the ALD on DHM over the next seven years after its activation while appreciating the involvement of non-health sectors and other relevant bodies in its development.

This POA is designed based on the Bangkok Principles for the implementation of health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030 as it is utilized as guidelines to help operationalize the ASEAN Declaration, enhancing complementarities between the ASEAN Community Vision 2025 and the UN 2030 Agenda for Sustainable Development, which will help guide discussions on the set of priority areas that cut across the various SDGs and serve as catalysts to promoting both community building and sustainable development.

<p><b>Goal: Disaster resilient health system in the ASEAN community</b></p>
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To achieve the goal of the POA, this POA proposes to address five priority areas which are implemented through a coordination mechanism, as follows:

### **PRIORITY AREAS**

#### **1. Strengthening and enhancing of regional collaborative frameworks on disaster health management**

1.1 Support the development of regional collaboration mechanisms on disaster health management, including the development of relevant standard operating procedures for regional collaboration on disaster health management.

1.1.1 Regularly conduct exercises to test the effectiveness and appropriateness of the standard operating procedures.

1.2 Increase dialogue and communication platform among the ASEAN Member States and stakeholders to forge greater collaboration.

1.2.1 Establish the Regional Coordination Committee on Disaster Health Management (RCC-DHM) to oversee and monitor the coordination and collaboration to develop and implement the regional collaboration mechanisms in disaster health management.

1.2.2 The committee shall have regular meetings to track progress in the development and implementation of the regional collaboration mechanisms on disaster health management.

**2. Multi-sectoral participation in disaster health management**

- 2.1 Deepen engagement with global, regional and national health and non-health sectors in participating in disaster health management activities.
  - 2.1.1 Strengthen close collaboration and involvement with the ASEAN Committee on Disaster Management (ACDM), ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre), ASEAN Center of Military Medicine (ACMM) and other regional collaboration platforms.
  - 2.1.2 Support the operation on health aspects of AHA Centre.
  - 2.1.3 Collaborate with relevant ASEAN Sectoral Bodies in enhancing capacities of ASEAN Member States.
  - 2.1.4 Collaborate with development partners, including the United Nations, other relevant inter-governmental, regional organizations and other stakeholders for technical and financial support.

**3. Promote the integration of disaster health management framework/concepts into national and sub-national legal and regulatory framework**

- 3.1 Promote the integration of disaster health management framework/concepts into national and sub-national legislation, policies, strategies, plans, protocols, guidelines, evaluation framework, etc.
  - 3.1.1 Create enabling environment for the development of national and sub-national legislation, policies, strategies, plans, protocols, guidelines, evaluation framework and other relevant mechanisms on disaster health management.
  - 3.1.2 Emphasize the issues on gender and on needs of specific vulnerable groups in the national and sub-national disaster health management framework.
  - 3.1.3 Integrate disaster risk reduction into health education and training curricula, as appropriate.
  - 3.1.4 Apply monitoring and evaluation frameworks for disaster health management to track and monitor the progress of implementation of plans at all levels.
- 3.2 Encourage the allocation of financial resources to support and promote the development of legal and regulatory frameworks, projects and programmes on disaster health management at all levels.
- 3.3 Support project and programme formulation at global, national or sub-national levels that aims to strengthen national capacities on disaster health management.
  - 3.3.1 Support and facilitate the development of effective mechanisms to manage health aspects of disasters that would facilitate the operation of emergency medical teams (EMTs) including the national standard operating procedures (SOP) for the coordination of the international EMT (I-EMT), information management systems, and logistic systems.
  - 3.3.2 Support the establishment of coordinating bodies that would facilitate the collaboration of EMT.

**4. Promotion of investment to develop and improve critical health facilities and infrastructure at national level**

4.1 Promote the utilization of advanced and modern technologies to build and improve hospitals, health facilities and critical health infrastructure so that they are safe and resilient.

4.1.1 Encourage public and private investment in research and innovation to build and improve safe and resilient health facilities and health infrastructure.

4.2 Promote the utilization of structural and non-structural measures to build hospitals and health facilities that are safe and resilient.

4.2.1 Enhance the awareness and preparedness of hospitals and health facilities through safety assessments, safe hospital initiatives and other activities, while applying the principles of “building back better” in the reconstruction of health facilities as part of post-disaster recovery efforts.

**5. Knowledge management on disaster health management**

5.1 Support the application of research, studies and trainings on disaster health management under the ASEAN framework and between ASEAN and Dialogue Partners.

5.1.1 Support participation in regional academic conferences on disaster health management to share best practices, exchange information, and facilitate transfers of health-related technologies.

5.1.2 Strengthen the cooperation between active academic networks among disaster health management programmes.

5.2 Promote communication and dialogue of ASEAN Member States in educational policies and initiatives.

5.3 Strengthen the capacities of health workers responsible for disaster health management.

5.4 Organize training activities to develop and strengthen the capacities of national and international EMT.

5.5 Encourage and facilitate AMS in the strengthening of their I-EMT to meet international standards, as appropriate.

**MECHANISM**

To operationalize the plan of action effectively and sustainably in a timely manner, the Regional Coordination Committee on Disaster Health Management (RCC-DHM) will be established and executed by the year 2019, and continuously developed to be the effective regional collaborative mechanism for the sustainable development of disaster resilient health system by the year 2025.

### **Regional Coordination Committee on Disaster Health Management (RCC-DHM)**

The RCC-DHM is composed of two representatives from each AMS, one representative from the ASEAN Secretariat and one representative from the AHA Centre. Roles and responsibilities of the RCC-DHM are as follows:

1) *Facilitate the development of regional collaboration on disaster health management.*

The Meeting of RCC is established to be the arena where ASEAN Member States and ASEAN Sectoral Bodies can share, discuss and monitor the progress of the regional collaboration on disaster health management.

2) *Collaborate with relevant ASEAN Sectoral bodies, both health and non-health sectors, and other international/regional organizations.*

The RCC is expected to organize or participate in meetings of other ASEAN collaborative platforms that are related to disaster health management such as ASEAN Committee on Disaster Management (ACDM), the ASEAN Center of Military Medicine (ACMM), while not limit to ASEAN but rather involve other relevant international/regional organizations to seek feedback, inputs and cooperation from/with these sectors.

3) *Develop Standard Operating Procedures (SOPs) and other collaboration tools.*

The RCC will develop SOPs for regional collaboration on Disaster Health Management. They will also develop other collaborative tools that would help facilitate the coordination and collaboration such as with the ASEAN (Public Health) Emergency Operation Center (EOC) Network and on standards of ASEAN I-EMT.

4) *Facilitate and provide policy guidance in the development of regional collaboration drills on disaster health management in AMS.*

Disaster drills aim to pilot and to test the collaborative tools, as well as to perform after-action reviews for improvement. The drills are expected to involve other health and non-health sectors relevant to the collaboration on disaster health management.

5) *Facilitate and support academic activities related to disaster health management*

The academic activities aim to build up capacity of AMS such as organize academic seminars, establish academic network and co-conducting research, organize training activities and conduct consultations in supporting and assisting the development and implementation of disaster health management activities.

6) *Facilitate the establishment of regional disaster health training centers.*

The regional disaster health training centers will be established based on specialty and expertise from AMS in Disaster Health Management. The respective centers will develop the standard training curriculum and provide training courses for specialized disaster health-related personnel in ASEAN and establish network with national academic institutions to provide training services to all AMS.

The RCC-DHM will be executed under the supervision by and guidance of Health Cluster 2 and Senior Officials Meeting on Health Development (SOMHD). The Terms of Reference of the Regional Coordination Committee on Disaster Health Management can be referred to in ANNEX 1 of this POA.

In order to achieve the goal of this POA and to receive optimal results, this paper proposes a set of targets that are to be achieved at regional and national levels by 2025:

## **Targets of the Plan of Action to Implement the ASEAN Leaders' Declaration on Disaster Health Management By 2025**

### **Targets at the Regional Level**

1. A Regional Coordination Committee on Disaster Health Management is established.
2. A set of Standard Operating Procedure (SOP) for the Coordination of International Emergency Medical Teams (EMTs) in ASEAN is regularly reviewed, tested through regional exercises or lessons learned from actual disaster responses, and updated every three years.
3. An SOP for the coordination of civil-military EMT operation is developed, regularly reviewed, tested and updated.
4. A database of Emergency Medical Teams (EMTs) in ASEAN is maintained and updated annually for utilization in disaster situations.
5. Standard reporting forms of EMTs, such as Minimum Data Set, Medical record and Health Needs Assessment forms are developed and regularly reviewed, tested and updated.
6. An ASEAN Standard for I-EMTs is developed and regularly reviewed, tested and updated.
7. An ASEAN drill for the coordination of EMT in disasters is scheduled and conducted annually.
8. A Standard Training curriculum of ASEAN I-EMTs, EMT Coordination Cell (EMTCC) and other topics related to disaster health management is developed. E-learning materials are also developed according to the standard curriculum.
9. A curriculum on Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030 is developed.
10. A regional disaster health training center is established to support the capacity development (through training programmes, including on-line courses), knowledge management, research and development priorities on disaster health management of AMS.
11. A network of national academic institutions is established to organize training activities at national level.
12. A Regional Conference on Disaster Health Management is organized every two years.
13. At least one joint research is proposed and conducted in a year.
14. An ASEAN Journal/E-Bulletin of Disaster Health Management is established and published twice a year.

### **Targets at the National Level**

1. Each ASEAN Member State has at least one I-EMT that is compliant to either ASEAN or WHO I-EMT minimum standards.
2. EMTCC has been established.
3. National SOPs for the Coordination of EMTs which determine the protocol in EMT coordination; such as, the request and offer of assistance, RDC process, CIQ process, or the authorization of healthcare professional have been developed.
4. Standard reporting system for EMTs has been developed.
5. Each ASEAN member state has a disaster health training system responsible for the implementation of capacity development, knowledge management, research and development initiatives in collaboration with other designated training centers of AMS and with relevant academic networks, as appropriate.

6. Disaster health management concept introduced in health education for relevant countries.
7. Safe hospital projects and programmes are initiated to enhance hospital preparedness and response along with quality assurance mechanism (continuous assessment).

**ANNEX 1**

**TERMS OF REFERENCE (TOR) OF THE  
REGIONAL COORDINATION COMMITTEE ON DISASTER HEALTH MANAGEMENT  
(RCC-DHM)**

The Regional Coordination Committee on Disaster Health Management, hereinafter referred to as “RCC-DHM”, shall be established as one of the mechanisms to operationalize the Plan of Action (POA) to Implement the ASEAN Leaders’ Declaration on Disaster Health Management (ALD on DHM) through the strengthening of the collaboration among the ASEAN Member States (AMS). The RCC-DHM shall be a body associated with the ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats which has purview of Health Priority 12 on Disaster Health Management of the ASEAN Post-2015 Health Development Agenda (APHDA), and shall be operated in accordance with the following Terms of Reference (TOR):

**1. COMPOSITION****1.1. Members.**

- a. The RCC-DHM shall be composed of two members from each AMS who are appointed by respective Governments of AMS, one member from the ASEAN Secretariat, and one member from the ASEAN Coordinating Centre for Humanitarian Assistance in disaster management (AHA Centre).
- b. The two appointed representatives from AMS shall consist of a primary member and an alternate member.
- c. The first appointed representatives from AMS shall have the following backgrounds:
  - The primary representative shall be the Director or Head of Disaster Health Management Department of the Ministry of Health, or their equivalent;
  - The alternative representative shall be the Deputy Director or Head of the Disaster Health Management Department of the Ministry of Health, or their equivalent.
- d. The second appointed representatives from AMS shall have the following backgrounds:
  - The primary and alternative representatives shall be officers who have experiences on building/strengthening the capacity on Disaster Health Management of the country.
- e. The RCC-DHM Members shall:
  - Attend official meetings of RCC-DHM, including relevant events and activities organized by the Committee.
  - Contribute to the development and implementation of programmes and plans to fulfill the mandate and functions of the RCC-DHM.
  - Facilitate and coordinate at the national level, the implementation and follow up of decisions and agreements of the RCC-DHM.

**1.2. Chairperson.**

- a. The Chairperson of RCC-DHM shall be appointed from among AMS primary representatives in accordance with the two-year chairpersonship rotation of the ASEAN Health Cluster 2.
- b. The Chairperson shall preside over all meetings of RCC-DHM and conduct the same in the traditional spirit of ASEAN solidarity and cordiality.
- c. The Chairperson shall ensure that the mandate and functions, as well as programmes of the RCC-DHM, are executed, resourced and regularly reviewed.

- d. The Chairperson shall report annually to the ASEAN Health Cluster 2, through the ASEAN Secretariat.
- e. The Chairperson shall represent the RCC-DHM in meetings or events of bodies of the ASEAN Health Sector, and relevant bodies of ASEAN non-health sectors.

### **1.3. Coordinating Secretariat.**

- a. The RCC-DHM shall be assisted by a lean Coordinating Secretariat which will be responsible to coordinate the work of RCC-DHM, and support and report to the Chairperson.
- b. The Coordinating Secretariat shall also coordinate with the ASEAN Secretariat, as well as relevant partners, committees and networks. It will also coordinate with and support the host countries of official and endorsed activities of the RCC-DHM.
- c. Thailand offers to support and host the Coordinating Secretariat of the RCC-DHM.

## **2. COMMITTEE MEETINGS**

- 2.1. The RCC-DHM shall conduct official meetings at least once a year. The official meeting shall be conducted either in person or remotely through video/tele-conference.
- 2.2. The hosting of the official in person (face-to-face) meetings of the RCC-DHM shall be held together with the ASEAN Health Cluster 2 meeting.

## **3. PRINCIPLES**

The RCC-DHM shall adhere to the principles of ASEAN including the respect over sovereignty of all AMS.

## **4. MANDATE AND FUNCTIONS**

The RCC-DHM shall facilitate the regional collaboration and coordination among AMS and ASEAN Sectoral Bodies, and work in partnership with relevant agencies, to support the strengthening of Disaster Health Management in the ASEAN region. Contribution under this TOR is flexible and on voluntary basis. The mandates and functions of the RCC can be clarified as follows:

- 4.1. Facilitate the development of regional collaboration on disaster health management by sharing, discussing and monitoring progress of the regional collaboration on Disaster Health Management.
- 4.2. Collaborate with relevant ASEAN Sectoral bodies both in health and non-health sector and other international organization.
- 4.3. Develop Standard Operating Procedures (SOPs) and other collaboration tools.
- 4.4. Facilitate and provide policy guidance in development of regional collaboration drills on disaster health management in AMS.
- 4.5. Facilitates and supports the academic activities related to disaster health management
- 4.6. Facilitate the establishment of a regional disaster health training center.

## **5. DECISION-MAKING**

Decision-Making in the RCC-DHM shall be based on consultation and consensus.

## **6. BUDGET AND FUNDING**

Budget and funding are hereby allocated for the implementation of the roles and responsibilities of the RCC-DHM. Financing of the RCC-DHM is clarified as the following:

- 6.1. In the conduct of official meetings, members shall be responsible for their accommodation, travel expenses and allowances, while the host country shall provide the meeting venue, and facilitate administrative and logistics arrangements.
- 6.2. AMS shall share the expenses in the conduct of disaster drills and other activities of the RCC-DHM, based on the agreement made in each case.
- 6.3. Additional funding and resources may also be obtained from external funding sources; including international and regional partners/organizations, and other institutions as deemed appropriate to support the RCC-DHM.

## **7. REPORTING MECHANISM**

The Chair of RCC-DHM will submit progress reports to the Chair of ASEAN Health Cluster 2, through the ASEAN Secretariat.

## **8. AMENDMENT**

The TOR may be amended subject to the consensus by the RCC-DHM, and approval from SOMHD through ASEAN Health Cluster 2.

# Drafted ASEAN Workplan on DHM 2021-2025

Dr. Phumin Silapunt  
Thai Project team (ARCH Project)

## Workplan on DHM 2021-2025

- Priority 12<sup>th</sup> Disaster Health Management
- Outcome indicator
  - Number of Targets described in POA on DHM be achieved
- Targets
  - 21 Targets described in POA on DHM

## Programme strategies (5 priority of POA)

1. Strengthening and enhancing of 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. Promotion of investment to develop and improve critical health facilities and infrastructure at national level
5. Knowledge management on disaster health management

## Project and Activities

1. ARCH phase2
2. Develop SOP for civil-military EMT coordination
3. Develop Curriculum of Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030
4. Safe hospital projects and programmes

## Project and Activities

Project and Activities	Lead country	Source of support
ARCH phase2	Thailand	JICA & Thai
Develop SOP for civil-military EMT coordination	??? + AHA center?	???
Develop Curriculum of Bangkok principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030	Thailand	Thailand
Safe hospital projects and programmes	???	???

## Effective Regional Collaboration on DHM



## Regional Mechanism : Collaboration Tools

- SOP for I-EMT coordination in ASEAN
- Minimal requirement for EMT members
- EMT database
- Health need assessment framework
- MDS, Medical record form (Regional reporting system?)

ARCH1

- Integration of all developed tools to SASOP
- RCD
- Study on possibilities of ASEAN collective approaches for ASEAN EMT(Standard of ASEAN I-EMT )

Extension

## Affected Country : National Capacity

- EOC/EMTCC
- National SOP for coordination and support I-EMT operation
- National reporting system
- National EMT

ARCH2

- Academic network ,Standard training curriculum
- Study on possibilities of ASEAN collective approaches for ASEAN EMT (National SOP)

Extension

## Unaffected Country : I-EMT Deployment

- Establishment of I-EMT
- Standard Training Curriculum for I-EMT
- SOP for Offer and Deployment of I-EMT

ARCH2

POA:Target at Regional level	Extension phase	2021-2025
A Regional Coordination Committee on Disaster Health Management is established.	To be achieved	
SOP for the Coordination of I-EMTs in ASEAN is regularly reviewed, tested through regional exercises or lessons learned from actual disaster responses, and updated every three years.	Processing	ARCH2
An SOP for the coordination of civil-military EMT operation is developed, regularly reviewed, tested and updated.		New project
A database of Emergency Medical Teams (EMTs) in ASEAN is maintained and updated annually for utilization in disaster situations.	Processing	ARCH2
Standard reporting forms of EMTs, such as Minimum Data Set, Medical record and Health Needs Assessment forms are developed and regularly reviewed, tested and updated.	Processing	ARCH2

POA:Target at Regional level	Extension phase	2021-2025
An ASEAN Standard for I-EMTs is developed and regularly reviewed, tested and updated.	Processing	ARCH2
An ASEAN drill for the coordination of EMT in disasters is scheduled and conducted annually.	Processing	ARCH2
A Standard Training curriculum of ASEAN I-EMTs, EMT Coordination Cell (EMTCC) and other topics related to DHM is developed. E-learning materials are also developed	Processing	ARCH2
A curriculum on Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030 is developed.		New project
A regional disaster health training center is established.	Processing	ARCH2

POA:Target at Regional level	Extension phase	2021-2025
A network of national academic institutions is established to organize training activities at national level.	Processing	ARCH2
A Regional Conference on Disaster Health Management is organized every two years	Processing	ARCH2
At least one joint research is proposed and conducted in a year		ARCH2 (new activity)
An ASEAN Journal/E-Bulletin of Disaster Health Management is established and published twice a year.		ARCH2 (new activity)

POA:Target at National level	Extension phase	2021-2025
Each ASEAN Member State has at least one I-EMT that is compliant to either ASEAN or WHO I-EMT minimum standards.		ARCH2 (new activity)
EMTCC has been established		ARCH2 (new activity)
National SOPs for the Coordination of EMTs which determine the protocol in EMT coordination; such as, the request and offer of assistance, RDC process, CIQ process, or the authorization of healthcare professional have been developed		ARCH2 (new activity)
Standard reporting system for EMTs has been developed.		ARCH2 (new activity)

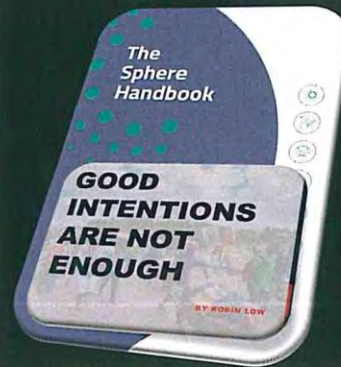
POA:Target at National level	Extension phase	2021-2025
Each ASEAN member state has a disaster health training system responsible for the implementation of capacity development, knowledge management, research and development initiatives in collaboration with other designated training centers of AMS and with relevant academic networks, as appropriate.	Processing	ARCH2
Disaster health management concept introduced in health education for relevant countries		Agreement in SOMHD & AHMM
Safe hospital projects and programmes are initiated to enhance hospital preparedness and response along with quality assurance mechanism (continuous assessment).		New project

**Thank you**

# Disaster Relief to Mozambique

POSTO DE  
SAÚDE

JDR  
Dr. Tomoaki Natsukawa



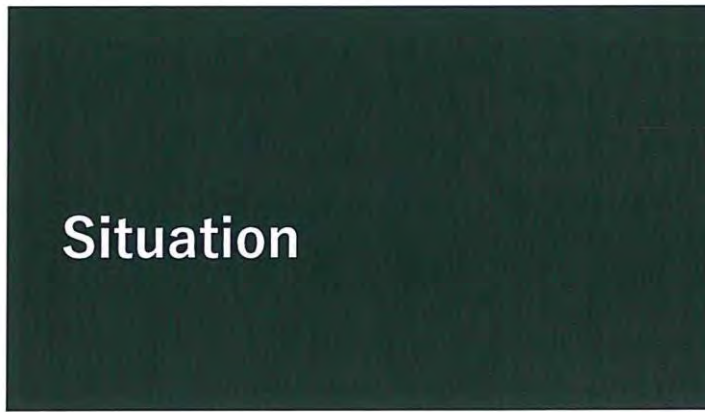
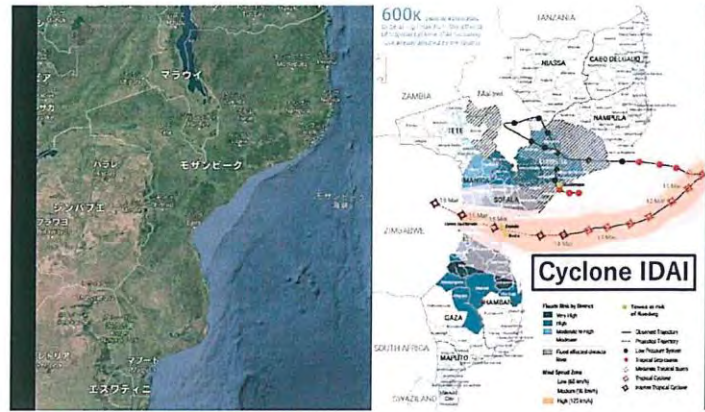
Assessment  
Access  
Do No Harm  
Respect  
Right  
Protect  
Transparency  
Coordination  
Need  
Sustainability  
Fairness  
Accountability  
Monitoring

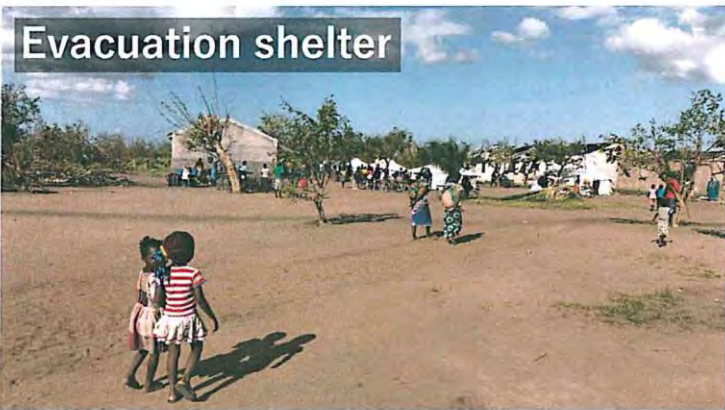


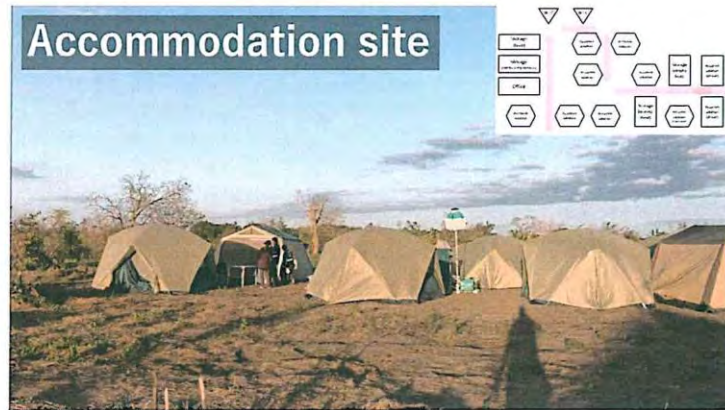
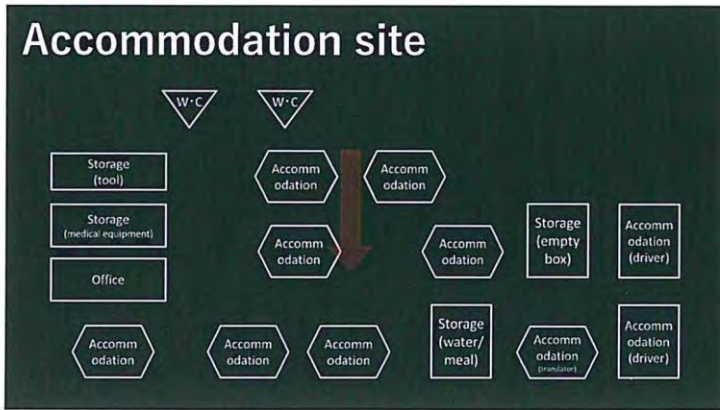
## Country Health Profile

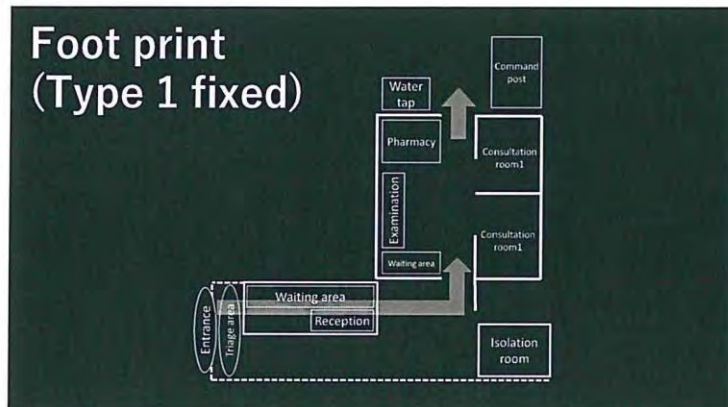
	Mozambique	Japan
Population	25,834,000 (2013)	126,435,000 (2018)
Population under 15	45% (2013)	4% (2018)
Population over 60	5% (2013)	28% (2018)
Life Expectancy	Male 57.7/ Female 62.3 (2018)	Male 81.1/ Female 87.3 (2018)
Maternal mortality rate	489 deaths / 100,000 live births (2015 est.)	5 deaths / 100,000 live births (2015 est.)
Infant mortality rate	64 deaths / 1,000 live births (2015 est.)	2 deaths / 1,000 live births (2017 est.)
Physicians density	0.06 physicians / 1,000 population (2013)	2.3 physicians / 1,000 population (2012)
Hospital bed density	0.7 beds / 1,000 population (2011)	13.7 beds / 1,000 population (2009)

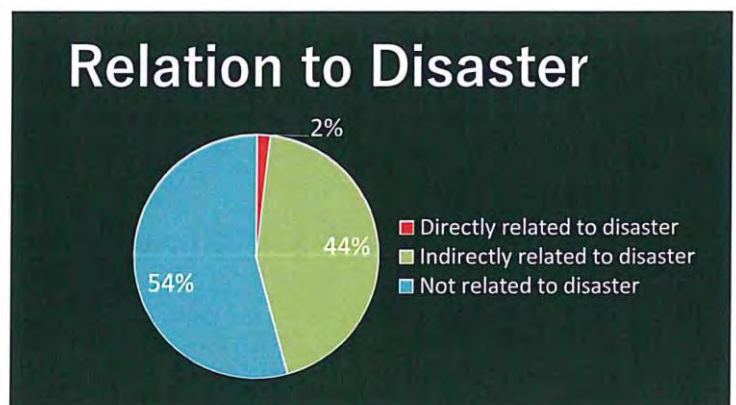
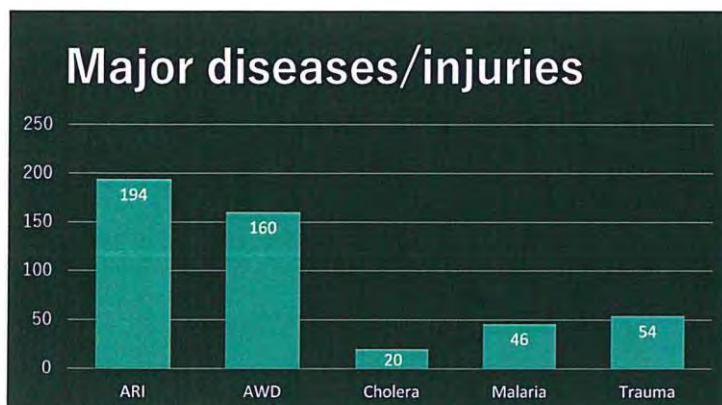
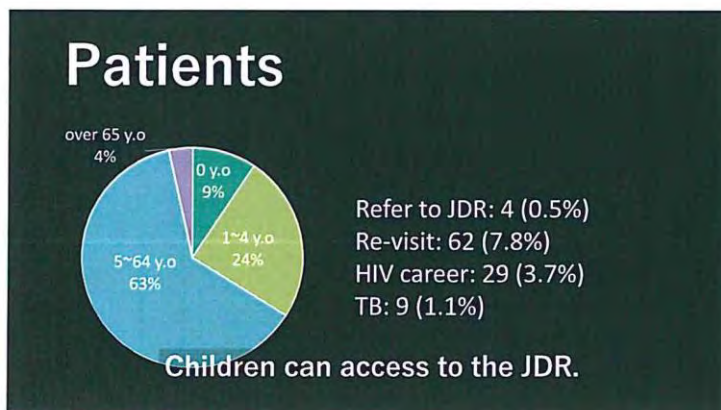
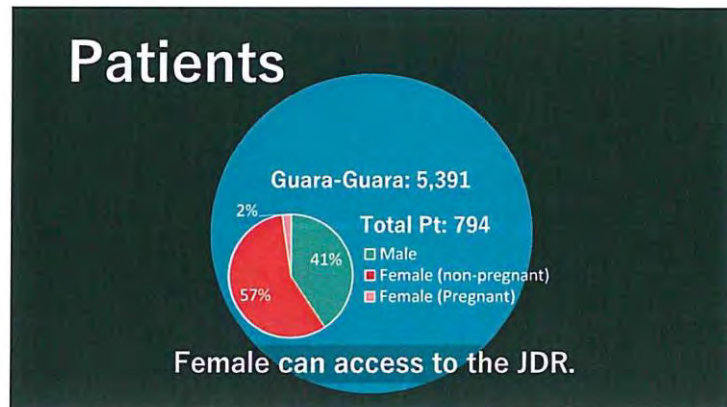
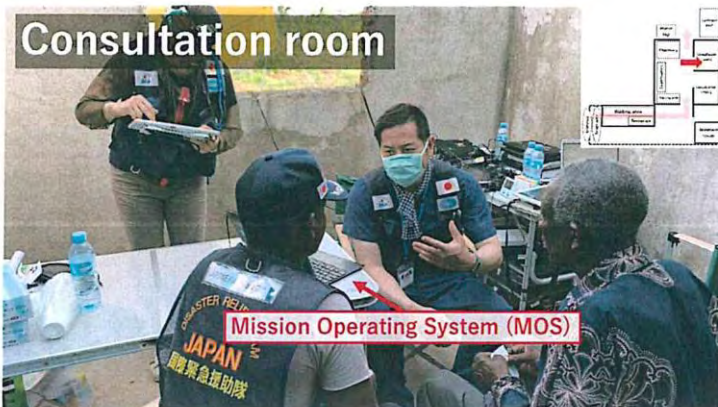


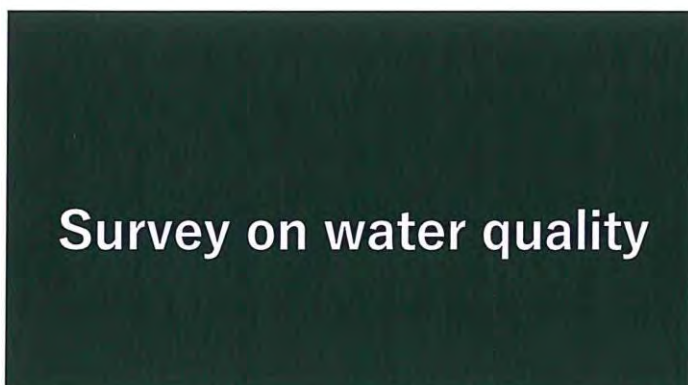
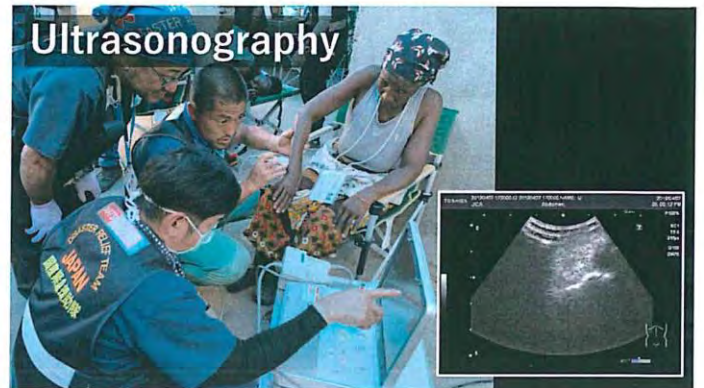


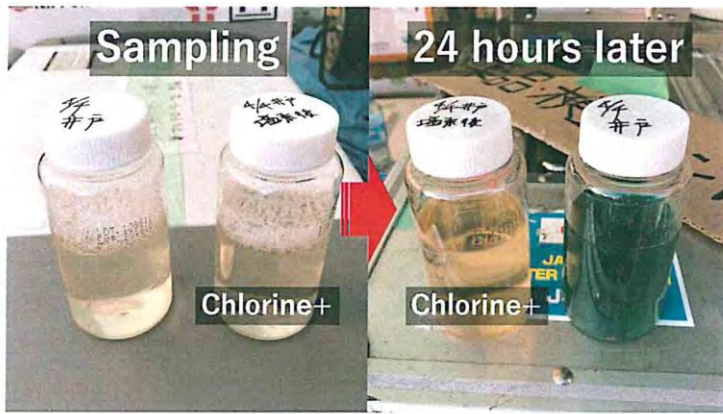












NO.	E. Coliform	E. Coli	Distance from toilet
1	+	+	100m
2	+	+	N/A
3	+	+	
4	+	+	
5	+	+	
6	+	+	
7	-	-	
8	+	+	
9	+	+	
10	+	+	150m
11	+	+	10m
12	+	+	10m

GOOD PRACTICE

Sharing the result with the WASH cluster

Sustainability Resilience



## RCD in the Extension Phase

JICA CHIEF ADVISOR FOR ARCH  
S.IKEDA

## Purpose of RCD

- To test host country's strategy and procedures for its disaster response including acceptance of I-EMTs, assuming a large scale disaster which is anticipated to be happened 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.

## Necessary subjects to be included in the RCD

- Preparation of Comprehensive Team Information on each AMS I-EMT
- Prior learning by AMS participants
- Pre-Deployment based on the SASOP
- Practice of ARCH regional tools, WHO forms and SASOP forms
- Test of host country's strategy or guideline and procedures
- Practice of WHO procedures such as RDC or EMTCC meetings
- Practice of Quality Assurance Visit
- Practice of HNA
- Sharing progress on the study on ASEAN collective measures for ASEAN-EMT (5<sup>th</sup> RCD)

## Overall Program

### 4 days

- Day 1; Workshop for pre-learning on tools or guidelines
- Day 2; TTX
- Day 3; Field Exercise
- Day 4; TTX(De-Mobilization) and After Action Review

## Schedule for RCDs in the Extension Phase

### 4<sup>th</sup> RCD; Nov.25-28, 2019 in Bali, Indonesia

A country which has an interest to host the 5<sup>th</sup> RCD should submit its statement of interest to the ARCH project office and ASEC by two(2)month before the 4<sup>th</sup> RCD

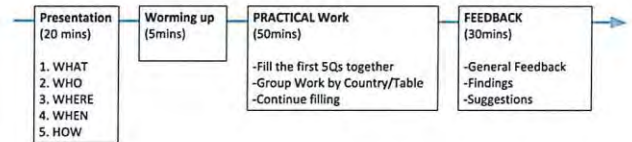
Nov. 29; PWG 2 meeting will discuss a host country of the 5<sup>th</sup> RCD

5<sup>th</sup> RCD; Nov or Dec, 2020

## Comprehensive Team Information ("The Factsheet")

ARCH Project, PWG2, 1500- 1630, 10July

### DELIVERY



### OBJECTIVE FOR THIS PRESENTATION

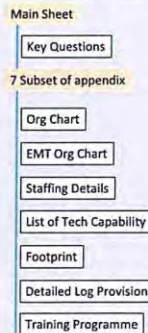
- To understand how the Comprehensive Team Info is utilized
- To make sure of development process of the sheet
- To kick-off the actual process
- To get feedbacks from PWG members to improve the sheet

### WHAT

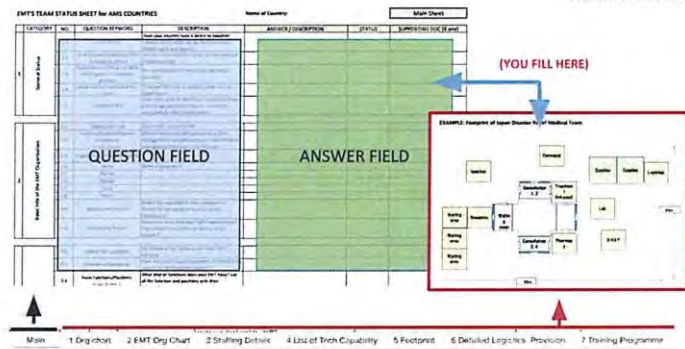
- NAME OF THE SHEET  
- "Comprehensive Team Information"
- ASSUMPTION  
- Not many teams are clear about detail planning of their EMT
- PURPOSE OF THE SHEET /CONCEPT  
- For all the AMS to be able to consider potential EMT establishment  
- to prepare for the detailed information  
- To facilitate the 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 and record relevant discussion histories  
- Presentation Report

Template for  
Compre...Info.xlsx

### COMPOSITION



### Overview of the Sheet



### EXAMPLE: HOW TO FILL THE FORM

CATEGORY	NO.	QUESTION KEYWORD	DESCRIPTION	ANSWER / DESCRIPTION	STATUS	SUPPORTING DOC (if any)
Basic info of the EMT Organization	2.2	Involving Ministries/Agencies, Government	Which ministry has the leading role for EMT management? And are there any other ministries and agencies involved in this initiative?	<p><b>QUESTION</b> - "Which ministry has the leading role for EMT management? Are there any other ministries and agencies involved in this initiative?"</p> <p><b>ANSWER (Example)</b> - Min of Health has the leading role. - XXX hospitals are also involving in terms of proving technical staffs</p> <p><b>ANSWER (Example)</b> - "National Act 999, 2012 -for staffing procedure-"</p>	N.A. CONFIRMED PLANNING DESIRE	

**(1) Fill your answer**

**(2) Select the status**

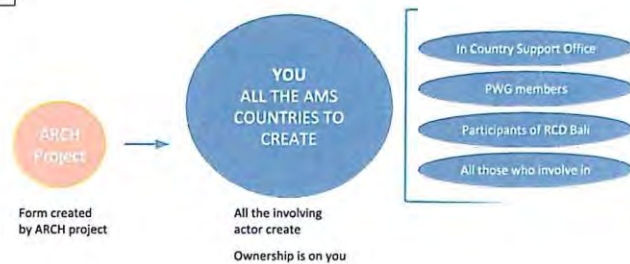
**(3) Introduce if this exists**

**(4) Draw and explain by Charts**  
Use Annex Tab

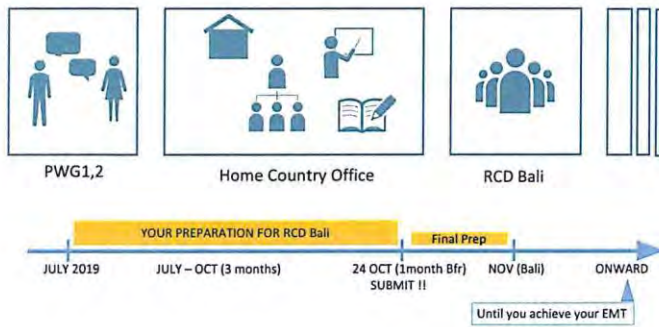
**Supporting Documents:**

- Ministry of Foreign Affairs
- JICA
- Secretariat of Japan
- EMT
- Advisory Committee
- Technical Committee
- Technical Working
- Registered Members

### WHO?



## WHERE and WHEN?



## HOW?

July to Oct	Your main Prep.	Submit by 24 Oct
DAY 1	Prep for Presentation	90 mins to discuss
DAY 2	Presentation	You give presentation based on your achievement (105 mins) *5mins/country
DAY 3	Offer and Request	During SIM, the info in the sheet will be used for pre-deployment information exchange
Day3,4	Verification Visit	During SIM, EMTs accept field visit by EOC/EMTCC. Each team will explain practices based on the info
DAY 4	After Action Review	Based on the previous days experience, teams will have a Q&A session for clarification



## WARMING UP

### QUESTION:

-Please make a list of 10 who in your country should be involving in the development of the Comprehensive Team Information? (particular position/title or even name of particular person)

-Take 5mins to complete

-no right/wrong answers

-you are the best knowledgeable resource in this room!!

### FOR INQUIRY, PLEASE CONTACT:

Tsukasa Katsube  
[katsube.tsukasa.3@jica.go.jp](mailto:katsube.tsukasa.3@jica.go.jp)



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

# Guidebook for preparation of ARCH RCD

JICA CHIEF ADVISOR FOR ARCH  
S.IKEDA

## Purpose of the Guidebook

To help a host country to successfully organize a **Regional Coordination Drill (RCD)** under the ARCH Project. Its content is organized chronologically, from the moment the host country is selected.

Then, readers receive orientation about the planning process, followed by the conduct of the exercise, its evaluation, and the transfer of the Knowledge to a next host country of RCD.

## Content ①

### 1. Outline of RCD

1. Purpose of RCD
2. Overall Program; 4days  
( A sample of overall program shall be attached)
3. Expenditure; Cost sharing for organizing the RCD by the ARCH project and the Host country;  
(Table on responsible parties for each item of payment shall be attached.)

## Content ②

### 2. Choosing a host country

1. 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.
2. PWG 2 meeting at least one year before the RCD will discuss on a concept paper submitted by the host candidate and approve it. (Template of the concept paper shall be attached)

## Content ③

### 3. Planning for the RCD

- Steps and outputs
- Step 1; Host country Internal design workshop
  - Step 2; Organizing Mentor team
  - Step 3; 1<sup>st</sup> Consultation meeting with Mentor team
  - Step 4; 1<sup>st</sup> Mentor team Visit in the venue
  - Step 5; Final Mentor Visit and consultation meeting
  - Step 6; Rehearsal

## Content ④

### 4. Conducting the RCD

- Steps and outputs
- Step 1; Invitation letter to AMS
  - Step 2; Flight arrangement and logistical support for the participants from AMS
  - Step 3; Pre-deployment procedures (Request of Assistance and Offer of Assistant through the AHA center channel)
  - Step 4; Day 1 for Workshop on tools (Practice of ARCH regional tools, WHO forms and SASOP forms )
  - Step 5; Day 2 for TTX (from occurrence of disaster to RCD registration)
  - Step 6; Day 3 for Field Exercise
  - Step 7; Day 4 TTX for Demobilization
  - Making and submission of Emergency Medical Team Exit Report
  - Step 8; Day 4; After-action Review

## Content ⑤

### 5. Reviewing the RCD and recommendations

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)

## Content ⑥

### Attachments (Template and Sample)

- A sample of Overall Program
- Table for Cost Sharing
- A sample for 'statement of interest'
- Template and a sample of the Concept Paper
- Template and a sample of Program Curriculum
- Template and a sample of Timeline for the preparation
- Template and a sample Script for the Master scenario by each scene
- Template and a sample of Inject plan for each AMS
- A sample of Layout plans for the venues(hotel rooms and field exercise)
- Logistical requirement
- Template and a sample of Case description for patients and other role players



*Joint Meeting of Project Working Group 1&2*

<b>Event</b>	<b>8<sup>th</sup> Meeting of Project Working Group 1</b>
<b>Dates</b>	11 July 2019
<b>Venue</b>	The Sukosol Hotel, Bangkok Thailand
<b>Participants</b>	40 participants from AMS, JICA, ASEC
<b>Agenda</b>	<ul style="list-style-type: none"> <li>● Project Framework and Implementation Plan of the extension phase</li> <li>● Plan of PWG 1 meeting</li> <li>● Integration of SOP to SASOP</li> <li>● Development of a reporting format and guideline for lessons learned from the response for actual disaster</li> <li>● ASEAN Standard for ASEAN EMT</li> </ul>
<b>Summary of Discussion</b>	<p>The meeting noted the work plan of activities under PWG1 on Regional Collaboration Tools which will be carried out during the Extension Phase. The integration of SOP to SASOP; the draft was subsequently reviewed via ad-referendum. Additional TTX will be in September 2019.</p> <p>ARCH Project proposed information sharing mechanism to review EMT coordination. The draft lessons learnt report forms will be further reviewed and revised.</p> <p>SWG on ASEAN collective approaches was established to study and develop regional mechanisms to meet WHO standards.</p>
<b>Important Decisions</b>	<ul style="list-style-type: none"> <li>● TTX is tentatively scheduled in September 2019 in Myanmar back to back with the 17th Meeting of ACDM P&amp;R WG.</li> <li>● AMS will provide feedbacks on the draft lesson learnt report forms</li> <li>● Indonesia, Myanmar, Philippines, Thailand and Vietnam will be members of SWG</li> </ul>
<b>Attachments</b>	<ul style="list-style-type: none"> <li>● List of Participants</li> <li>● Overall Programme</li> <li>● Summary and Way Forward</li> <li>● Presentations and Documents <ul style="list-style-type: none"> <li>○ Terms of Reference (TOR) for Project Working Group (PWG) 1 in the Extension Phase</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Working Plan for the Activities of ARCH Project's Extension Phase</li> <li>○ Integration SOP to SASOP</li> <li>○ Information Sharing for Disaster Medical Management and EMT activities for actual disaster in ASEAN</li> <li>○ Templates for AMS lesson learned report</li> <li>○ Concept and expected outcomes on regional measures for ASEAN-EMT in the Extension Phase</li> <li>○ Regional measures to be discussed for ASEAN-EMT in the Extension Phase</li> <li>○ Priority issues and activities for ASEAN-EMT</li> <li>○ The Sub-Working Group (SWG) on ASEAN Collective Approach for ASEAN EMT</li> </ul>
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**Project for Strengthening the ASEAN Regional Capacity  
on Disaster Health Management  
(ARCH Project)**

**List of Participants of the 8<sup>th</sup> PWG1 Meeting on 11 July 2019, Bangkok Thailand**

Country	Name	Department	Organization	E-mail Address
Brunei	Dr. Haji Zulhilmi Abdullah	Primary Health Services	Ministry of Health	zulhilmi.abdullah@moh.gov.bn
Cambodia	Dr. Lak Muy Seang	Preventive Medicine Department	Ministry of Health	sreanglak@yahoo.com
	Dr. Teng Srey	Communicable Disease Control Department	Ministry of Health	tengsrey72@gmail.com
Indonesia	Mr. Agus Hendroyono	Health Crisis Center	Ministry of Health	hendroyonoagus@gmail.com
	Dr. Rakhmad Ramadhanjaya	Health Crisis Center	Ministry of Health	mamad_42942@yahoo.com
Laos	Dr. Vangnakhone Dittaphong	Emergency Department	Mittaphab Hospital	vangnakhone@yahoo.fr
	Dr. Daovilay Banchongphanith	Cabinet	Ministry of Health	daovilay@yahoo.com
Malaysia	Dr. Maria Suleiman	Disease Control Division	Ministry of Health	mariasuleiman@moh.gov.my mariasuleiman@gmail.com
Myanmar	Dr. Khin Nan Lon	Disaster and Public Health Emergency Response Unit	Ministry of Health	Khinnanlon1965@gmail.com
	Dr. Cherry Lynn Lynn Zaw	Disaster and Public Health Emergency Response Unit	Ministry of Health	Cherrylynnlynnzaw@gmail.com
Philippines	Ms. Evelyn Calagos Mendoza	Senior Health Program Officer	Department of Health	emendoza.bihe@gmail.com
	Ms. Janice P. Feliciano	Nutritionist-Dietitian V	Department of Health (DOH)	ipaladfeliciano@gmail.com
	Dr. Alfonso Cruz Danac		Jose B. Lingad Memorial Regional Hospital	acdancmd@yahoo.com
Singapore	Mr. Ng Hock Sing	Emergency Preparedness and Response Division	Ministry of Health	<a href="mailto:ng_hock_sing@moh.gov.sg">ng_hock_sing@moh.gov.sg</a>
	Mr. Royston Chng	Emergency Preparedness and Response Division	Ministry of Health	royston_chng@moh.gov.sg
Thailand	Dr. Jirot Sindhvananda	Office of Permanent Secretary	Ministry of Public Health	jsindhva@gmail.com
	Dr. Phusit Prakongsai		Ministry of Public Health	phusit@ihpp.thaigov.net



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

	Dr. Anupong Sujariyakul	Department of Disease Control	Ministry of Public Health	anupongho@yahoo.com
Viet Nam	Dr. Do Manh Hung	-	Viet Duc University Hospital	manhhungdhy@yahoo.com
	Dr. Tran Quang Hung	International Cooperation Department	Ministry of Health	henitran@heritran.vn
ASEC	Mr. Jim P. Catampongan	Health Division	ASEAN Secretariat	jim.catampongan@asean.org



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

## The Eighth Meeting of the Project Working Group (PWG) 1 And The Sixth Meeting of the Project Working Group (PWG) 2

Date: 9 – 11, July, 2019  
 Location: Bangkok, Thailand  
 Venue: The Sukosol, Bangkok  
 Participants: ASEAN Member States, JICA, Other related organizations

### Programme

**July 9, 2019: PWG 2 Meeting**  
 Chotirosniramit

Chair: Dr. Narian

Time	Activity	Presenter
08:00 - 08:30	Registration	
08:30 - 08:40	Welcome Remarks	Chair
08:40 - 08:50	Group Photo	
08:50 – 09:00	Participants Introduction	Chair
09:00 - 09:30	Project framework and Plan of PWG2 meeting	Mr. Shuichi Ikeda and Dr. Phumin Silapunt
09:30 – 10:30	Academic Network	Dr. Phumin Silapunt
10:30 - 10:45	<i>Coffee Break</i>	
10:45 - 12:15	Standard Curriculum and Regional Training Center	Dr. Phummarin Saelim
12:15 - 13:15	<i>Lunch</i>	
13:15 - 14:45	TOR for study on CD for DHM in AMS	Mr. Shuichi Ikeda & Ms. Sato Junko
14:45 – 15:00	<i>Coffee Break</i>	
15:00 - 16:00	Questionnaire for academic/training, systems, and needs for CD on DHM in AMS	Ms. Sato Junko

16:00 - 16:30	Wrap-up of Day 1	ASEC
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#### 4<sup>th</sup> RCD Meeting (Indonesia, Thailand, Japan and Philippine)

17:00 - 18:30	Mentor Consultation Meeting of 4 <sup>th</sup> RDC	
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#### July 10, 2019: PWG 1 & 2 Joint Meeting

Chair: Dr. Jirotsindhavananda &  
Dr. Narian Chotirosniramit

Time	Activity	
08:00 - 08:30	Registration	
08:30 - 08:40	Welcome Remarks	Project Manager & JICA
08:40 - 08:50	Group Photo	
08:50 - 09:00	Introduction	
09:00 - 09:10	Recap of Day1 (PWG 2)	ASEC
09:10 - 10:10	Conclusion of Academic Network and Standard Curriculum/ Regional Training Center	Dr. Phumin Silapunt
10:10 - 10:25	<i>Coffee Break</i>	
10:25 - 11:20	Workplan of POA	Dr. Phumin Silapunt
11:20 - 12:00	Mozambique Experience	Dr. Tomoaki Natsukawa & Mr. Yoshiki Toyokuni
12:00 - 13:00	<i>Lunch</i>	
13:00 - 13:20	RCD Implementation in the Extension phase	Mr. Shuichi Ikeda
13:20 - 14:10	RCD in Indonesia	Indonesia
14:10 - 14:45	Guidebook for RCD Preparation / AMS - EMT "Factsheet" (Comprehensive Team Information)	Mr. Shuichi Ikeda & Mr. Katsube Tsukasa
14:45 - 15:00	<i>Coffee Break</i>	
15:00 - 16:30	Group Discussion about AMS - EMT "Factsheet" (Comprehensive Team Information)	Mr. Katsube Tsukasa
	Present	
16:30 - 17:00	Wrap - up and Ways Forward	ASEC
18:00 - 20:00	Reception Dinner	

#### July 11, 2019: PWG 1 Meeting

Chair: Dr. Jirotsindhavananda

Time	Activity	
08:00 - 08:30	Registration	
08:30 - 08:40	Welcome Remarks	Dr. Jirot Sindhavananda
08:40 - 08:50	Group Photo	
08:50 - 09:30	Project Framework and Implementation Plan of the extension phase	Mr. Shuichi Ikeda
09:30 – 10:00	Plan of PWG 1 meeting	Dr. Phumin Silapunt
10:00 - 10:15	<i>Coffee Break</i>	
10:15 - 12:00	Integration of SOP to SASOP	Dr. Alisa Yanasan
12:00 - 13:00	<i>Lunch</i>	
13:00 - 14:00	Development of a reporting format and guideline for lessons learned from the response for actual disaster	Mr. Shuichi Ikeda
14:00 – 15:00	ASEAN Standard for ASEAN EMT	Mr. Shuichi Ikeda
15:00 – 15:15	<i>Coffee Break</i>	
15:15 - 16:30	ASEAN Standard for ASEAN EMT (Continue)	Mr. Shuichi Ikeda
16:30 – 17:00	Wrap-up and Ways Forward	ASEC

(\* Times are tentative and subjected to change.)

## Summary and Ways Forward

### Eighth Meeting of Project Working Group 1 on Regional Collaboration Tools

#### Project for Strengthening ASEAN Regional Capacity in Disaster Health Management (ARCH Project)

11 July 2019 | Bangkok, Thailand

#### 1. Project Framework and Implementation Plan of the ARCH Project Extension Phase

- The Meeting noted the update from the ARCH Project Team on the project framework for the ARCH Project Extension Phase, through the presentation of schedule of implementation which elaborates the project outputs and activities under each output, including project management and responsible Project Working Group and Agency from Lead Country Thailand. The schedule further includes activities and timelines for the preparation of proposal for ARCH Project Phase 2. The presentation and tentative schedule of implementation appear as **Annex 1**.
- The Meeting was reminded that the ARCH Project contributes to the implementation of the 10-year three-step vision for strengthening Disaster Health Management (DHM) in ASEAN. Considering the achievements during Phase 1 which fulfilled the desired outcomes of Step 1 (Regional Coordination on DHM is Strengthened in ASEAN), the Extension Phase is envisaged to fulfill Step 2 of the vision (Collaboration Mechanism on DHM is developed).
- The Meeting was also reminded that the Extension Phase also contributes the operationalisation of the Plan of Action to implementation of the ASEAN Leaders Declaration on Disaster Health Management (POA/ALD on DHM), which is anticipated to be adopted during the 14<sup>th</sup> ASEAN Health Ministers Meeting (AHMM) on 26-30 August 2019 in Siem Reap, Cambodia.
- The Meeting also exchanged views and was further reminded that:
  - a. The ARCH Project contributes to Health Priority 12 on Disaster Health Management which is under the purview of ASEAN Health Cluster 2 (AHC 2) on Responding to All Hazards and Emerging Threats. The ASEAN Health Cluster 2 is one of the four operational bodies under the Governance and Implementation Mechanism (GIM) to operationalise the ASEAN Post-2015 Health Development Agenda (APHDA).
  - b. Programmes and projects under the adopted 2016-2020 APHDA and Work Programmes of ASEAN Health Clusters is being implemented through Lead Countries and in partnership and collaboration with Development and Dialogue Partners. The ARCH Project, which is one of the three projects under Health Priority 12, is led by Thailand and supported by Japan through the Japan International Cooperation Agency (JICA). All AMS, as much as possible, actively participate and cooperate in the implementation of project

activities to maximise the realisation of outcomes of different programmes and projects.

- c. The ASEAN-China and ASEAN Plus Three also cooperate in the area of health. DHM is also identified as one of the areas of collaboration of these mechanisms which are discussed at the levels of Senior Officials and Health Ministers.
- The next meeting of AHC 2 is sometime in September 2019, when the POA/ALD on DHM has been adopted by AHMM. During the AHC 2 Meeting, progress of ARCH Project Phase 1 and plans for the extension phase will be reported by Lead Country Thailand, and which may include consideration for the conduct of the first meeting of RCC/DHM in January 2020.

## **2. Plan of PWG 1 Meeting during the ARCH Project Extension Phase**

- The Meeting noted the proposed workplan of activities under the purview of PWG 1 on Regional Collaboration Tools which will be carried out during the Extension Phase. During the Extension Phase, PWG 1 will focus on the following components:
  - a. Workplan 2021-2025 for Health Priority 12 on Disaster Health Management;
  - b. ASEAN collective measures on identified issues for the ASEAN EMT;
  - c. Guidelines for information sharing on actual ASEAN EMT response to disasters; and,
  - d. Standard Operating Procedures for the Coordination of EMT in the ASEAN Region (ASEAN EMT SOP) endorsement and integration in the ASEAN Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (ASEAN SASOP).
- The ARCH Project Team presentation, and reference documents appear as **Annex 2**.

## **3. Integration of ASEAN EMT SOP into ASEAN SASOP**

- The Meeting noted the update on consultations conducted leading to the endorsement of the ASEAN EMT SOP, and its integration into the ASEAN SASOP. The consultations have been and will be with relevant bodies within the Health and the Disaster Management Cooperation in ASEAN. The presentation appears as **Annex 3**.
- The Meeting was further informed that:
  - a. The AHC 2 already endorsed the draft ASEAN EMT SOP in March 2019 through ad-referendum consultation.
  - b. The draft ASEAN EMT SOP, through facilitation of AHA Centre, was tabled during the 16<sup>th</sup> Meeting of the ASEAN Committee for Disaster Management Working Group on Preparedness and Response (ACDM P&R WG) in February 2019 in Singapore. The draft document was subsequently reviewed via ad-referendum and the consultation was concluded. The draft ASEAN

EMT SOP was also introduced and discussed during the 11<sup>th</sup> Joint Task Force to promote synergy with other relevant ASEAN Bodies on Humanitarian Assistance and Disaster Response (JTF on HADR) which met in April 2019 in Mandalay, Myanmar; the JTF on HADR includes the ACDM and Senior Official representation from the Health, Security, Social Welfare and Development Cooperation of ASEAN.

- c. It is anticipated that ACDM Chair will communicate with the SOMHD Chair Cambodia regarding consultations on the ASEAN EMT SOP within the ASEAN DM Cooperation as summarized above. The communication will include proposals for [a] conduct of a joint tabletop exercise to review the ASEAN EMT SOP vis-à-vis the ASEAN SASOP, and [b] the organization of a technical working group to plan and prepare for the tabletop exercise. The ACDM Chair communication may be anticipated in early August 2019.
  - d. The tabletop exercise is tentatively scheduled in September 2019, back to back with the 17<sup>th</sup> Meeting of ACDM P&R WG in Myanmar. The further testing of the ASEAN EMT SOP through the ASEAN Regional Disaster Emergency Response Simulation Exercise (ARDEX) which is scheduled in May 2020 in the Philippines. The need for further testing the ASEAN EMT SOP will be decided by ACDM which meets in October 2019 in Myanmar.
- The Meeting further exchanged views which focused on the following:
    - a. The endorsement of the ASEAN EMT SOP has to be carried out closely with the ACDM taking into account the One ASEAN One Response Declaration which confirms that the ASEAN SASOP is the main standard operating procedure to be used for the mobilization of both civilian and military response.
    - b. The form of the integrated ASEAN EMT SOP into ASEAN SASOP may be defined by the tabletop and simulation exercises. There was a concern that there may be proliferation of chapters of SASOP when other ASEAN Sectors have developed their preparedness and response mechanisms.
    - c. There is a need to clarify the role of PWG 1 in the tabletop and simulation exercises. The ARCH Project Team will meet with ASEAN Coordinating Centre for Humanitarian Assistance in Disaster Management (AHA Centre) and ASEAN Secretariat in early August 2019 in Jakarta, Indonesia (in connection with the mentoring visit for the Fourth RCD that will be hosted by Indonesia in November 2019) to discuss and prepare for the conduct of the tabletop exercise, and the representation from the ASEAN Health Cooperation.
  - The ARCH Project Team through the ASEAN Secretariat will update PWG 1 Member the outcomes of the meeting. The communication will be in the week of 12 August 2019.

#### **4. Development of a Reporting Format and Guideline for Lessons Learned from Response to Actual Disaster**

- The Meeting noted the proposed information sharing mechanism that will be fulfilled by the ARCH Project contact points from affected countries, and from countries which deployed EMT in response to disasters. The proposed mechanism:

- a. Aims to review EMT coordination by affected countries and outcomes of deployment from assisting countries, to confirm application of key guidelines and tools for actual EMT activities, to document good practices and lessons learnt, and to put forward recommendations.
  - b. Puts forward format and content of reports to be produced by the affected country as well as by country dispatching EMT
- The ARCH Project Team presentation, and reference documents appear as **Annex 4**.
- The Meeting appreciated the effort of the ARCH Project Team to develop the concept and draft forms, and exchanged views which focused on the following:
  - a. Capturing good practices and lessons learned in EMT deployment are critical. The draft ASEAN EMT SOP stipulate the conduct of operations reviews of EMT deployments to support learning as well as to inform the further improvement of the SOP itself. The form is to be completed as part of the after-action review of an overall medical response, including pre-deployment, deployment to exit;
  - b. Clarify how the forms relate to the Final Report Form in ASEAN SASOP, EMT Exit Report in EMTCC Handbook, and other reporting forms which EMT are expected to be completed as per ASEAN EMT SOP. Ensure that the form does not duplicate with existing processes for knowledge management and quality improvement;
  - c. Clarify if there is interest in reflecting the quality of medical services provided by EMT deployed in affected, as well as security and other logistics;
  - d. Some of the questions are difficult to objectively respond. The 'prompt setting up of EMTCC' and 'appropriate assignment of EMT to operation sites', for example, are very subjective and will be understood differently by AMS and other entities;
  - e. Consider the different processes outlined in the ASEAN EMT SOP when further developing the form;
  - f. Clarify if the report form is to be applied to all deployed EMT, or exclusive to I-EMT and of AMS;
  - g. Clarify who will produce the lessons learned report. The proposed Academic Report which could be designated to conduct lessons learned exercises and produce the report; and,
  - h. Clarify when the lesson learned reports are to be submitted to RCC/DHM.
- The Meeting agreed on the following:
  - a. PWG 1 Members will further review the draft lessons learnt report forms and provide feedback to the ARCH Project Team by 30 August 2019.
  - b. ARCH Project Team will revise the forms and present during the next meeting of PWG 1 sometime in January 2020. The next meeting will also agree to what extent the form will be utilized, such as if it would be compulsory for every health response.

## 5. ASEAN Standard for ASEAN EMT

- The Meeting noted the proposed processes in the development of regional collective measures for ASEAN EMT for deployment within the ASEAN region including the establishment of a Sub Working Group (SWG), under the purview of PWG 1, to study and discuss on ASEAN collective measures or regional mechanism. The ARCH Project Team presentation, and reference documents appear as **Annex 5**.
- The Meeting exchanged views which focused on the following:
  - a. For consistency and better understanding, the EMT in AMS for overseas deployment shall be referred to AMS I-EMT. It was stressed that AMS aim to ultimately meet WHO EMT standards, though there are current challenges in attaining them. As it may take for AMS to meet global standards, AMS need to collaborate and complement resources so that immediate medical needs of severely-affected populations are served when disasters occur.
  - b. The objective of the initiative is to study and develop an ASEAN regional mechanism to meet global standards as established by the WHO EMT Initiative, through cooperation among ASEAN Member States. It was clarified that the study does not propose to develop ASEAN-specific standards.
  - c. The proposed initiative has initially identified [a] customs compliance on all goods and materials for EMT operation [b] waste management, [c] indemnity and malpractice, [d] logistics support, and [e] registration of medical practitioners to practice in affected countries. The proposed sub-working group (SWG), while focusing on the five key identified issues, may need to also consider other standards which AMS (such as sending country) may have challenges in meeting and which other AMS (such as receiving country) may be able to support.
  - d. To assist countries with intention to development EMT, the WHO EMT Initiative has developed and/or compiled references and resources (referred to as EMT Toolkit) which will be available sometime in August or September 2019.
  - e. In addressing identified issues and challenges, the SWG may need to map out and consider existing mechanisms which may inform and facilitate resolving these issues.
  - f. The SWG consist of representatives from AMS that are prone to disasters, in addition to having hosted regional collaboration drills. The ASEAN Joint Disaster Response Plan (AJDRP) has identified scenarios in Indonesia, Myanmar and Philippines that may result to large-scale disasters in the region.
- The Meeting agreed on the following:
  - a. Indonesia, Myanmar, Philippines, Thailand and Viet Nam will be members of the SWG. These AMS will nominate representatives with relevant expertise to the SWG. AMS that are not represented in the SWG will provide the necessary information and support that will be requested by the SWG.
  - a. By 30 August 2019, AMS will nominate contact points to the SWG through submission of names and communication details.

- b. By 30 September 2019, JICA will hire a consultant to support the SWG in fulfilling their mandate and tasks.

## **6. Wrap up and Ways Forward**

- The Meeting adopted the Summary and Ways Forward of the Eighth Meeting of PWG 1, as presented by ASEAN Secretariat.

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## Terms of Reference (TOR) for Project Working Group (PWG) 1 in the Extension Phase

### I. Purpose

The purpose of the Project Working Group (PWG) 1 of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project) is to facilitate the implementation of the activities for Output 1,2(partially) and 3 of the ARCH Project (Extension Phase).

### II. Scope of activities

PWG 1 will:

- Review and improve the regional collaboration tools such as the SOP, minimum requirement for health professionals of EMT, framework of health needs assessment (HNA) and database of EMTs
- Facilitate the endorsement process of all regional collaboration tools by ASEAN SOMHD or relevant ASEAN sectoral bodies
- Draft the Work Plan for the Plan of action(POA) of ASEAN Leader Declaration on Disaster Health Management (ALD on DHM)
- Discuss on a format for sharing lessons learned from responses for actual disaster
- Discuss on ASEAN standards or methods for ASEAN-EMT

### III. Expected outputs

By the end of the extension period, PWG 1 will contribute to produce the followings:

1. Integration of SOP for International EMT coordination to SASOP.
2. Draft of the Work Plan for the POA of ALD on DHM
3. Information Sheet Format for Lessons Learned from Disaster Response
4. Recommendations for ASEAN standards or methods on some necessary issues for deployment of ASEAN-EMT

### IV. Responsibility of individual members

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

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

### V. Membership

PWG 1 is comprised of the following members:

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

## VI. Chairperson

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

The chairperson will:

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

## VII. Meetings

During the extension period, a total of **four (4)** meetings are tentatively planned to be held. The duration of each meeting is one (1)-two (2) days. Meetings will be conducted in English only.

## VIII. Secretarial and administrative support

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

## IX. Costs

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

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<sup>1</sup> A team consisting of Thai personnel of the NIEM/MOPH and Japanese experts.

## Working Plan for the Activities of ARCH Project's Extension Phase

### Project Working Group (PWG) 1

	Workplan 2021 – 2025	ASEAN EMT	Lesson Learned	SOP's Inclusion to SASOP
<b>Expected Output</b>	Workplan 2021–2025 of ASEAN 12th Health Priority (DHM)	Recommendation for ASEAN measures on some necessary issues for ASEAN - EMT	Guideline and format for sharing information on actual disaster	Integration of all developed tools to SASOP
<b>Target</b>	Workplan will be endorsed by SOMHD on April 2020.	Endorsed by SOMHD on April 2021.	Approved by RCCDHM on January 2020.	Authorized by ACDM by June 2020.
<b>July 2019 (PWG1 Meeting)</b>	Seek for recommendation on the 1st draft of the Work Plan.	-Discuss format of Comprehensive Team Information.  -Design the issue to be discussed for ASEAN Collective Measures.  -Discuss about TOR of SWG.	Discuss about the information sharing methods.	- Plan for integration process.  - Update all AMS and AHA Centre about the process of integration.
<b>August 2019 - December 2019</b>	Revise the draft (If necessary)	-Discuss about TOR of SWG.  -Nomination of SWG members.  -E-mail discussion among the SWG members.		-Discuss the integration in the Joint Workshop of PRWG & HC2.  -Propose integration process to ACDM.
<b>January 2020 (PWG1 Meeting)</b>	Present the draft for consideration.	Updates the progress for consideration (1 <sup>st</sup> SWG Meeting)	Present the draft for consideration and suggestions.	
<b>January 2020 (RCCDHM)</b>	Submit the draft for approval.	Follow-up the progress	Submit the draft for approval.	Updates the progress.
<b>February – April 2020</b>	-Circulate the Workplan to HC2 for endorsement.  -Submit to SOMHD for endorsement.	2 <sup>nd</sup> SWG Meeting (April)		
<b>May 2020 (PWG1 Meeting)</b>		Inform the updates for consideration and suggestion.		- Test in ARDEX  -Revise the draft version (If necessary)
<b>June 2020 - December 2020</b>	Preparation proposal for ARCH phase2			Endorsement by SOMHD/ACDM via the referendum (June 2020)
<b>January 2021 (PWG1 Meeting)</b>	Submit proposal of ARCH phase 2 to JICA HQ.	Present the Final Draft for consideration.		
<b>January 2020 (RCCDHM)</b>		Submit for approval.		
<b>February- April 2021</b>		Circulate to HC2 for endorsement.		
<b>April 2021 (SOMHD)</b>		Submit to SOMHD for endorsement.		

## ARCH project



- ARCH's project ASEAN-EMT SOP
- SASOP
- ACDM and AADMER work program 2015-2020
- Process of Integration of Chapters in SASOP
- Timeline and current status

From ARCH project

## ASEAN-EMT coordination SOP

**Table of Contents:**

**List of Acronyms & Abbreviations**

**I. Introduction**

**II. Institutions**

**III. Disaster Preparedness**

A. National Focal Units for Emergency Medical Team (EMT) Coordination

B. Inventory of Emergency Medical Team (EMT) Assets and Capacities

C. Emergency Medical Team (EMT) Capacity Building and Strengthening

**IV. Emergency Response**

A. Request for Assistance/Offer of Assistance and Registration of EMTs

B. Mobilization of Emergency Medical Teams (EMTs)

C. On-Site Operations of Emergency Medical Teams (EMTs)

D. (Rapid) Health Needs Assessment

E. Direction and Coordination of Assistance

F. Periodic Reporting/Daily Report

G. Demobilization of Assistance

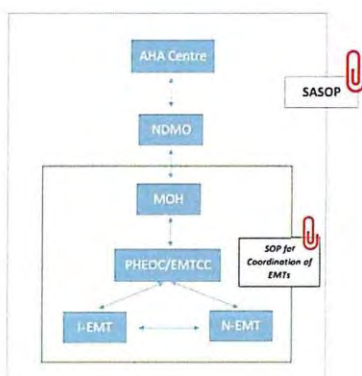
H. Reporting (Handover and Exit Phase)

I. Review of Operations, Experiences and Lessons Learnt (Post-deactivation Phase)

**V. Review**

**VI. Annexes**

## The Scope of ASEAN-E MT SOP



The  
ASEAN-EM  
T SOP  
through  
ARCH  
project

• **SOPs for ASEAN-EMT coordination** with 4 regional collaboration tools were developed and tested through **3 Regional Collaboration Drills**

Standard Operating Procedure (SOP)  
for Coordination of Emergency Medical Teams (EMTs) in ASEAN  
(Working Title)

Please submit your feedbacks via email  
To: Dr Alisa Yanasan  
Ma Danglun Promthum  
[yanasan.a@pru.ac.th](mailto:yanasan.a@pru.ac.th)  
[danglun.promthum@gmail.com](mailto:danglun.promthum@gmail.com)

**List of Acronyms & Abbreviations**

**I. Introduction**

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# The SASOP

Standard Operating Procedure for Regional  
Standby Arrangements and Coordination of  
Joint Disaster Relief and Emergency Response  
Operation



Sections I-V adopted at the 11<sup>th</sup> meeting of the  
ASEAN Committee on Disaster Management,  
March 2008.

Section VI adopted at the 29<sup>th</sup> meeting of the  
ASEAN Committee on Disaster Management,  
October 2016



**SASOP**  
STANDARD OPERATING

The Association of Southeast Asian Nations (ASEAN) was  
established on 8 August 1967. The Member States of the  
Association are Brunei Darussalam, Cambodia, Indonesia, Lao PDR,  
Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam.  
The ASEAN Secretariat is based in Jakarta, Indonesia.

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Catalogue-in-Publication Data

SASOP - Standard Operating Procedure for Regional Standby  
Arrangements and Coordination of Joint Disaster Relief and  
Emergency Response Operations  
Jakarta: ASEAN Secretariat, December 2017

363 34595

1. Disaster Management - ASEAN  
2. Disaster Relief - Emergency management  
3. SOP - Standard Operating Procedure



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- Chapter I : Introduction
- Chapter II : Institutions
- Chapter III : Disaster Preparedness
- Chapter IV : Assessment and monitoring
- Chapter V : Emergency Response
- Chapter VI : Facilitation and Utilization of Military Assets and Capacities

**Proposal for  
new Chapter  
VII :  
Mobilization  
and  
Coordination  
of  
ASEAN-EM  
T**

- In the extension phase of  
ARCH project
- July 2019 - March 2021

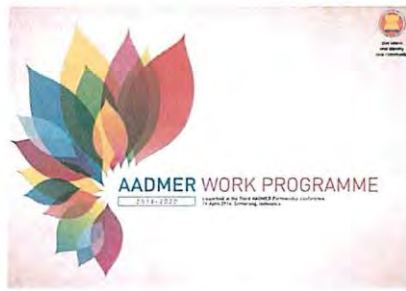
## ACDM and AADMER WORK PROGRAM 2015-2020

ACDM :

ASEAN Committee on Disaster Management

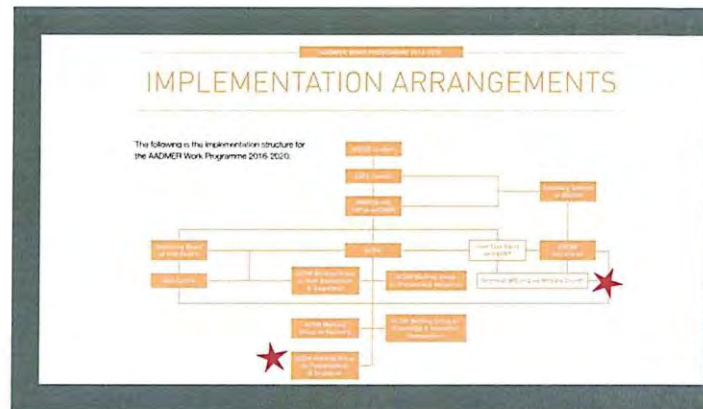
AADMER :

ASEAN Agreement on Disaster Management and Emergency  
Response



### •8 Priority Programs

•: Aware,Build safely,Advance,Protect,**Respond as one** Equin Recover Lead



## Work plan of Chapter VI

: Facilitation and Utilization of Military assets and capacities

COMPONENTS	OUTPUTS	KEY ACTIVITIES	IMPLEMENTING AGENCY	TIMEFRAME																			
				2016				2017				2018				2019				2020			
1. Establishing the ASEAN Joint Disaster Response Plan (AJDRP)	1.1. Regional framework and standards for coordinated response and joint response plan	1.1.1. Draft AJDRP submitted by consultant	AHA Centre																				
		1.1.2. Conduct multi sectors/ multi-stakeholder	Working Group on Preparedness and Response																				
	1.2. Updated SASOP	1.2.1. Compile lessons learnt from using the SASOP	AHA Centre																				
		1.2.2. Update SASOP through biennial reviews	WG PR																				
		revisions in line with AJDRP																					
		1.1.6. Update AJDRP or relevant standards/SOPs/ policies	AHA Centre																				
	1.2. Updated SASOP	1.2.1. Compile lessons learnt from using the SASOP	AHA Centre																				
		1.2.2. Update SASOP through biennial reviews	WG PR																				

COMPONENTS	OUTPUTS	KEY ACTIVITIES	IMPLEMENTING AGENCY	TIMEFRAME																			
				2016				2017				2018				2019				2020			
		2.1.3. Conduct ASEAN Civil (Law) ASEAN One Programme mentions for civil military cooperation structures	ANM Centre																				
		2.1.4. Conduct annually an ASEAN specialised training in civil military coordination	ANM Centre																				
		2.1.5. Coordinate and participate in other regional disaster response simulation exercises	ANM Centre																				
		2.1.6. Support and participate in national disaster simulation exercises	ASEAN Member States																				
	2.2. Regional military readiness and coordination platform at regional, national, and local levels	2.2.1. Develop a strategy for the establishment and management of ASEAN FCMs Master Plan for Disaster Response	Working Groups on Preparedness and Response																				

COMPONENTS	OUTPUTS	KEY ACTIVITIES	IMPLEMENTING AGENCY	TIMEFRAME																				
				2016				2017				2018				2019				2020				
				1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
2.2 Enhanced coordination mechanisms with military sector		2.2.2 Standardize ASEAN ICS training curriculum including EOG and other components	Working Group on Preparedness and Response																					
		2.2.3 Develop an Incident Management support capacity for ASEAN-ERAT	Arkh Centre																					
		2.2.4 Conduct Incident Action Planning training for Arkh Centre	Arkh Centre																					
		2.2.5 Conduct national level trainings on ICS	ASEAN Member States																					
		2.2.1 Develop the TDR of ASEAN Military Ready Group (AMRG)	ADGOFM WVS, TVNG CMIC																					
		2.2.2 Operationalize ASEAN Military Ready Group (AMRG)	ADGOFM WVS, TVNG CMIC																					
		2.2.3 Develop ASEAN Logistics Support Framework for mobilisation of military assets in	ADGOFM WVS, TVNG CMIC																					

## Process of integration of chapters into SASOP



### Endorsement of ASEAN EMT SOP and Integration into ASEAN SASOP

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

*As proposed by ARCH Project Team, AHA Centre, ASEAN Secretariat; presented during 4<sup>th</sup> RCC/ARCH Project Meeting*

### Endorsement of ASEAN EMT SOP and Integration into ASEAN SASOP

Process/Step	Timeline
Consultation with ASEAN Health Cluster 2 for feedback	Feb '19
Introduction to ACDM WG on Preparedness and Response; consultation for feedback	Feb – Mar '19
<del>Also discussed during 11<sup>th</sup> JTF on HADR, April 2019</del>	
<del>Joint consultative meeting between ACDM WG PR and AHC 2 further review and finalization (linked with ACDM meeting)</del>	<del>Q2 '19</del>
Testing via table-top exercise (linked with WG PR meeting)	Sept '19
Testing via simulation exercise thru ARDEX 20, Philippines	May '20
Endorsement by SOMHD and ACDM	June '20
Incorporation in ASEAN SASOP (linked with ACDM meeting)	August '20

## Timeline for Integration



## Conclusion

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- Integration of SOP into SASOP
- Support Sendai framework and ASEAN Leader's Declaration on Disaster Health Management
- Strengthen and sustain Disaster Health Management in AMS
- Enhance Coordination and Mobilization of Regional Response



Thank you

## **Information Sharing for Disaster Medical Management and EMT Activities for Actual Disaster in ASEAN**

### **1 . Purpose**

- To review result of EMT coordination by an affected country (recipient of foreign assistance) for an actual disaster and result of deployment of I-EMT by AMS
- To confirm utilization of various guidelines or standard procedures such as SASOP, ARCH SOP or WHO guidelines for actual EMT activities.
- To pick up good practices and problems in various different phases of a disaster response and analyze the causes and factors.
- Based on the above analysis, to make recommendations for a future disaster response in terms of political, institutional, organizational, technical aspects and human resource development.

### **2. Information Sharing Method**

In case that large scale disaster be occurred in the ASEAN region and AMS I-EMT be dispatched in affected area, the affected AMS(recipient of I-EMTs) and AMS whose dispatched her EMT to the affected area are respectively required to submit their reports on EMT to the RCCDHM, according to a form mentioned below in the article 3. RCCDHM discusses on lessons learnt and recommendations from the reported cases.

### **3. Form and Contents**

Report Form for affected country and Report Form for EMT dispatched country

#### **1 ) Report Form for affected country**

<Responsible party> Department responsible for EMTCC set-up in MOPH

<Main Contents>

- Summary of I-EMT and N-EMT in affected areas (Total number of EMTs, Numbers by EMT types, Transition table of EMT deployment numbers)
- Summary of Medical services conducted by I-EMT (Summary of aggregate results of MDS such as numbers of patients by health events, age categories or gender)
- Summary of results of Quality Assurance Visit for I-EMTs
- Process evaluation for acceptance of I-EMTs in each phase  
Especially, it is expected to evaluate on situation of compliance for the SASOP and the ARCH SOP and utilization of designated forms  
(examples)
  - ✓ “Request of Assistance” “Offer of Assistance” “ Acceptance of I-EMT” were conducted smoothly according to the SASOP?

- ✓ EMTCC was set up promptly?
- ✓ RDC was set up at entry site?
- ✓ I-EMTs registered at the RDC?
- ✓ EMTCC grasped Capacities of I-EMTs and appropriately assigned them to their sites?
- ✓ Provision of logistical supports to I-EMTs
- ✓ Submission of MDS Daily reports by I-EMTs (%)
- ✓ Submission of Exit Reports by I-EMTs
- ✓ Patient transfer (Total number /break-down / problems)
- ✓ Waste management and disposal method
- ✓ Demobilization of I-EMTs
- Good Practices and problems in each phase of disaster response (example; high or low rate for MDS report submission by EMTs, cause and countermeasure)
- Recommendations for future acceptance of I-EMT in terms of political, institutional, organizational, technical aspects and human resource development

## 2 ) Report Form for EMT dispatched county

<Responsible party> AMS-EMT team leader

<Main Contents>

- Process evaluation for deployment of AMS-EMTs in each phase (examples)
  - ✓ “Request of Assistance” “Offer of Assistance” “ Acceptance of AMS-EMT” were conducted smoothly according to the SASOP? (Date and Time for Request, Offer and Acceptance)
  - ✓ Did AMS-EMT move promptly to the affected country? (transportation method, length of time, problems)
  - ✓ Did AMS-EMT smoothly complete Immigration procedures and custom clearance ? (length of time and problems)
  - ✓ Did AMS-EMT register its arrival and team information at the RDC?
  - ✓ Did AMS-EMT get sufficient information for its activity at the RDC or EMTCC?
  - ✓ Did AMS-EMT smoothly decide appropriate site for its activities? (Selection process of the site, outline of the site, problems)
  - ✓ Did AMS-EMT promptly and smoothly move to the site and start its activity? (Transportation method, length of time, problems)

- ✓ Local medical staff and interpreters were assigned to AMS-EMT?
- ✓ Did AMS-EMT secure controlled medical substances such as anesthetic and blood products?
- ✓ Did AMS-EMT get enough water supply(liter/day) and set up appropriate drainage system
- ✓ Preparation for food
- ✓ Was AMS-EMT sufficiently provided logistical supports by EMTCC? (contents and problems)
- ✓ Did AMS-EMT submit MDS Daily Report?
- ✓ Did AMS-EMT submit Exit Report?
- ✓ Did AMS-EMT conduct proper transfer of patients to referral hospitals (Number of transferred patients, transferred hospitals and problems)
- ✓ Waste management and disposal method
- ✓ Demobilization of I-EMTs (including handover method of medical equipment and medicines)
- Good Practices and problems in each phase of disaster response(example; Medical coordinator was dispatched or not dispatched. As a result , good points or problems)
- Recommendations for future dispatch of AMS-EMT in terms of political, institutional, organizational, technical aspects and human resource development

# Lesson Learnt Report on International Emergency Medical Team (I-EMT) Coordination in ASEAN Affected Country

## A. Event

*Country, Event, Month and Year*

## B. Deployed EMTs

Total Number of International EMTs (including AMS-EMT) ;

Total Number of Domestic EMTs;

(List of ASEAN Member States EMT; AMS-EMT)

Name of AMS-EMT	Country	Team Classification	Date of Arrival	Date of Departure
		<i>Type 1 Fixed</i>		

## C. Services Provided by EMTs (Summary of statistics by the EMT-MDS)

(Total numbers of patients by health events, age categories or gender)

#### D. Process evaluation for deployment of AMS-EMTs

1. Were "Request of Assistance" "Offer of Assistance" " Acceptance of AMS-EMT" conducted smoothly according to the SASOP?

Rating      1      2      3      4      5

(1; very bad, 2; bad, 3; fair, 4; good, 5; very good)

Date of submission for "Request of Assistance" ; \_\_\_\_\_

2. Was EMTCC set up promptly?

Rating      1      2      3      4      5

(1; no set-up, 2; slow, 3; fair, 4; quick, 5; very quick)

Date of set-up of EMTCC ; \_\_\_\_\_

3. Was RDC set up at entry site?

Yes or No

Date and place of set-up of EMTCC ; Date: \_\_\_\_\_ Place: \_\_\_\_\_

4. Did I-EMTs properly registered at the RDC?

Rating      1      2      3      4      5

(1; not at all, 2; bad, 3; fair, 4; good, 5; very good)

Specify the reasons if the rating is less than 3;\_\_

5. Did EMTCC appropriately assigned I-EMTs to their operation sites ?

Rating      1      2      3      4      5

(1; very bad, 2; bad, 3; fair, 4; good, 5; very good)

Specify the reasons if the rating is less than 3;\_\_

6. What did you provide I-EMTs with logistical supports

☐ Medical liaison staff    ☐ Interpreter    ☐ Security guard

- ☐ Arrangement of local transportation    ☐ Provision of controlled medical substances
- ☐ Support for Water Supply
- ☐ Others If so, specify items and contents; \_\_\_\_\_

7. Submission of MDS Daily reports by I-EMTs

Rating      1      2      3      4      5

(1; very bad, 2; bad, 3; fair, 4; good, 5; very good)

Specify the reasons if the rating is less than 3; \_

8. Submission of Exit Reports by I-EMTs

Rating      1      2      3      4      5

(1; very bad, 2; bad, 3; fair, 4; good, 5; very good)

Specify the reasons if the rating is less than 3; \_

9. Did I-EMTs conduct proper transfer of patients to referral hospitals

Rating      1      2      3      4      5

(1; very bad, 2; bad, 3; fair, 4; good, 5; very good)

Specify the reasons if the rating is less than 3; \_

10. Did I-EMTs conduct proper Waste management

Rating      1      2      3      4      5

(1; very bad, 2; bad, 3; fair, 4; good, 5; very good)

Specify the reasons if the rating is less than 3; \_

11. Did I-EMTs properly conduct handover of medical equipment and medicines

Rating      1      2      3      4      5

(1; very bad, 2; bad, 3; fair, 4; good, 5; very good)

Specify the reasons if the rating is less than 3;\_\_

#### E. Good practice or problem

Phase of EMT Coordination	Good practice or problem
Activation (from Request of Assistance)	
Entry and Registration	
Operations	
De-mobilization	

#### F. Lesson Learned

Phase of EMT Coordination	Lesson Learned
Activation (from Request of Assistance)	
Entry and Registration	
Operations	
De-mobilization	

#### G. Recommendations

**1. Recommendations to improve the regional tools such the SOP for Coordination of Emergency Medical Teams (EMTs) in ASEAN**

**2. Recommendations to improve the RCD**

**3. Recommendations for ASEAN Collective measures for ASEAN-EMT**

## Definition of ASEAN-EMT

### Concept and expected outcomes on regional measures for ASEAN-EMT in the Extension Phase

JICA CHIEF ADVISOR FOR ARCH  
S.IKEDA

**AMS Emergency Medical Team (EMT)** which is dispatched to other country in the ASEAN region for large scale disaster in the region. The AMS EMT should be acknowledged by other AMS that it could rapidly deploy across the border in the region and has sufficient capacity to appropriately conduct medical supports for victims in affected area.

### Perspectives for ASEAN-EMT

- ✓ ASEAN EMT should have **self-sufficient capacity** for its deployment in reference to the WHO Minimum Standards for I-EMT. Based on this principle, each AMS should prepare **comprehensive team information** on its I-EMT.
- ✓ On the other hand, according to the ASEAN policy "**One ASEAN One Response**", it is necessary to discuss and agree in the ASEAN on **collective measures or regional rules to complement self-sufficient capacity** of ASEAN-EMT for swift and smooth deployment in an actual disaster

### Agenda to be considered in the Extension Phase①

#### 1) Comprehensive Team Information of AMS-EMT

Each AMS is required to consider its EMT which is internationally deployable for a future disaster in the region and organize the comprehensive information on the EMT prior to participation in the RCD in the Extension Phase. The following information shall be collected.

- Type of EMT
- Staff Number and Staffing details by profession
- EMT Capacity(Outpatients/day, bed capacity, number of surgical tables, major and minor surgical procedures/day)
- EMT organization chart
- Medical Equipment List (including detail specs. and number)
- List of Medicines
- EMT Footprint
- Number of Registered standby members for EMT (by profession)

### Agenda to be considered in the Extension Phase②

#### 2) Regional measures for swift and smooth deployment of ASEAN EMT

Collective measures or regional rules for some logistical issues which AMS EMTs have difficulties in immediately satisfying WHO I-EMT minimum standards, will be discussed in the extension phase in order to make it easier for the smooth and effective deployment of the EMTs of AMS in the ASEAN region.

Possible Priority issues to be discussed in the Extension Phase for **collective measures or regional rules** are as follows

Customs compliance on controlled substances and dangerous goods

Waste Management

Indemnity & Malpractice

Other Logistical Support such as water, food, fuel, medical coordinator/interpreter, domestic transportation and security

### Target Countries

It is recommended that the target countries as receiving countries of ASEAN-EMTs should be selected for the study of regional measures among the countries which have already conducted or will plan to conduct the RCD (Thailand, Vietnam, Philippines, Indonesia)

Note; It is expected that the selected target countries should nominate respectively an appropriate member for the Sub-Working Group(SWG)

## Expected Outputs or Products

### 1) EMT Comprehensive Information Package

### 2) ASEAN Measures for swift and smooth deployment of ASEAN EMT

#### Customs compliance on controlled substances and dangerous goods:

"Pre-procedures will be confirmed for quick custom clearance in an actual disaster"

#### Waste Management:

"Guideline of Waste Management for ASEAN-EMT"

(Note: Besides a standard guideline for the whole region, it is necessary to clarify special considerations, especially for some disaster prone countries)

#### Indemnity & Malpractice:

"To clarify the measures so that members of deployed ASEAN-EMTs could avoid any complaint & grievance from patients."

#### Other Logistical Support:

"To develop a guideline of logistical support for ASEAN-EMT by receiving countries"

## Steps and procedures

PWG1 meeting on July will decide the framework and method for the study and TOR of Sub Working Group(SWG)

Members for SWG will be selected by Aug.

A consultant who will collect necessary relevant information and facilitate discussion among SWG members shall be hired by the end of Sept.

Discussion by email among Members of SWG. SWG meetings will be held at least 2 times in Bangkok

Preparation of recommendations for ASEAN Measures

Circulation of the result by SWG with its recommendations among PWG 1 members and discussion of the outputs by SWG in PWG meeting

## TOR for the SWG

SWG shall be set up under the PWG1 to study and discuss on the ASEAN Collective measures or regional rules from a professional point of view. Results of discussion and recommendations by the SWG will be submitted to the PWG1. Procedures are as follows.

The members for the SWG shall be nominated by August.

JICA will hire a consultant to collect necessary information on the priority issues and facilitate the discussion among the SWG members

The SWG will discuss on the information collected by the above consultant and the products through e-mail communications among the members.

The SWG meetings will be organized at least two(2) times in the extension phase

The SWG will document the result of the discussions and submit the products to the PWG1.

## SWG Members

### 1) Less than 10 members

### 2) Qualification for the member

who is familiar with administrative practices for international deployment of EMT

in addition, more preferable if he/she is a person who has experiences for actual international deployment as a member of EMT.

who is familiar with receiving I-EMTs in AMS.

### 3) Member Composition

From AHA Center

From Experienced countries for receiving or dispatching I-EMTs

From JICA

(In addition, JICA will hire a consultant to facilitate the discussion among the members)

## **Regional measures to be discussed for ASEAN-EMT in the Extension Phase**

### **1 Definition of ASEAN-EMT**

AMS Emergency Medical Team (EMT) which is dispatched to other country in the ASEAN region for large scale disaster in the region. The AMS EMT should be acknowledged by other AMS that it could rapidly deploy across the border in the region and has sufficient capacity to appropriately conduct medical supports for victims in affected area.

### **2 Perspectives for ASEAN-EMT**

ASEAN EMT should have self-sufficient capacity for its deployment in reference to the WHO Minimum Standards for I-EMT. Based on this principle, each AMS should prepare comprehensive team information on its I-EMT.

On the other hand, according to the ASEAN policy "One ASEAN One Response", it is necessary to discuss and agree in the ASEAN on collective measures or regional rules to complement self-sufficient capacity of ASEAN-EMT for swift and smooth deployment in an actual disaster

### **3 Agenda to be considered in the Extension Phase**

#### **1 Comprehensive team information of AMS-EMT**

Each AMS is required to consider its EMT which is internationally deployable for a future disaster in the region and organize the comprehensive information on the EMT prior to participation in the RCD in the Extension Phase. The following information shall be collected.

- 1 Type of EMT
- 2 Staff Number and Staffing details by profession
- 3 EMT Capacity(Outpatients/day, bed capacity, number of surgical tables, major and minor surgical procedures/day
- 4 EMT organization chart
- 5 Medical Equipment List (including detail specs. and number)
- 6 List of Medicines
- 7 EMT Footprint
- 8 Number of Registered standby members for EMT (by profession)

#### **2 Regional measures for swift and smooth deployment of ASEAN EMT**

According to the Recommendation based on the ARCH Project Evaluation, collective measures or regional rules for some logistical issues which AMS EMTs have difficulties in immediately satisfying WHO I-EMT minimum standards, will be discussed in the extension phase in order to make it easier for the smooth and effective deployment of the EMTs of AMS in the ASEAN region.

PWG 1 meeting will decide on priority issues which should be discussed in the Extension Phase for collective measures or regional rules. The followings are the possible issues.

- 1 Customs compliance on controlled substances and dangerous goods
- 2 Waste Management
- 3 Indemnity & Malpractice
- 4 Other Logistical Support such as water, food, fuel, medical coordinator/interpreter, domestic transportation and security

On the other hand, it is necessary to select some AMS target countries as receiving countries of ASEAN-EMTs whose cases will be analyzed on the above priority issues in details. It is recommended that the target countries should be

selected among the countries which have already conducted or will plan to conduct the RCD (Thailand, Vietnam, Philippines, Indonesia).

Note; It is expected that the selected target countries should nominate respectively an appropriate member for the Sub-Working Group(SWG)

**4 Steps and procedures**

- 1 PWG1 meeting on July will decide the framework and method for the study
- 2 TOR of Sub Working Group(SWG) will be decided in the PWG1 on July.
- 3 Members for SWG will be selected by Aug.
- 4 A consultant who will collect necessary relevant information and facilitate discussion among SWG members shall be hired by Sept.
- 5 Discussion by email among Members of SWG. SWG meetings will be held at least 2 times in Bangkok
- 6 Preparation of recommendations for collective measures or regional rules
- 7 Circulation of the result by SWG with its recommendations among PWG 1 members and discussion of the outputs by SWG in PWG meeting

(Note; Please refer to the Attached document 2 ; Possible Priority Issues for collective measures or regional rules for ASEAN-EMT)

**5 Expected Outputs or Products**

EMT comprehensive team information

Collective measures or regional rules for swift and smooth deployment of ASEAN

EMT

- 1 Customs compliance on controlled substances and dangerous goods  
Pre-procedures will be confirmed for quick customs clearance in an actual disaster
- 2 Waste Management  
Guideline of Waste Management for ASEAN-EMT  
(Note; Besides a standard guideline for the whole region, it is necessary to clarify special considerations, especially for some disaster prone countries)
- 3 Indemnity & Malpractice  
To clarify the measures so that members of deployed ASEAN-EMTs could avoid any complaint & grievance from patients.
- 4 Other Logistical Support;  
To develop a guideline of logistical support for ASEAN-EMT by receiving countries

Attachment

Attachment 1. TOR for the SWG

Attachment 2. Priority Issues for collective measures or regional rules for ASEAN-EMT

## Priority Issues and activities for ASEAN-EMT

Issue	Necessary activities in the ARCH extension phase		Future Actions after the extension phase	Relevant Research Needs
	1st Year	2nd Year		
Customs compliance on controlled substances and dangerous goods	To list-up controlled substances and dangerous goods which ASEAN-EMT must bring into affected country for its deployment			
	To study rules and regulations of Customs Clearance for controlled substances and dangerous goods in disaster prone countries	To pursue the possibilities of quick Customs Clearance for controlled substances and dangerous goods in each AMS		
	To study the situation for stock of controlled substances and dangerous goods in disaster prone countries		To agree in the SOMHD to utilize the stock for deployed ASEAN-EMTs	
Waste Management	To study rules and regulations for waste management in disaster prone countries		To expand the stock for controlled substances and dangerous goods in each AMS	Disaster risk analysis and medical needs assessment in each AMS
Indemnity & Malpractice	To study the situation on Indemnity & Malpractice in each AMS, especially in disaster prone countries	To develop a guideline for medical waste management for ASEAN-EMT	To authorize the guideline in the SOMHD	
		To clarify the measures so that members of deployed ASEAN-EMTs could avoid any complaint & grievance from	To agree in the SOMHD on the measures so that members of deployed ASEAN-EMTs could avoid any complaint &	
Other Logistical Support	To identify possible logistical support for ASEAN-EMT by receiving countries	To develop a guideline of logistical support for ASEAN-EMT by receiving countries	To authorize the guideline in the SOMHD	

### **The Sub-Working Group (SWG) on ASEAN Collective Approach for ASEAN EMT**

#### **1 . Terms of Reference(TOR) for the SWG**

According to the Recommendation based on the ARCH Project Evaluation, ASEAN Collective measures or regional rules for some issues which AMS EMTs have difficulties in satisfying WHO I-EMT minimum standards, will be discussed in the extension phase in order to make it easier for the smooth and effective deployment of the EMTs of AMS in the ASEAN region. Sub Working Group shall be set up under the PWG1 to study and discuss on the ASEAN Collective measures or regional rules from a professional point of view. Results of discussion and recommendations by the SWG will be submitted to the PWG1. Procedures are as follows.

- 1 The PWG 1 will select the priority issues which should be discussed for the ASEAN Collective measures or regional rules in the extension phase.
- 2 The PWG 1 will decide necessary points to be considered for each selected issue and to clarify the way or form of final product for each issue such as a draft guideline or recommendations for special arrangements.
- 3 The members for the SWG will be nominated.
- 4 JICA will hire a consultant to collect necessary information on the priority issues and facilitate the discussion among the SWG members
- 5 The SWG will discuss on the information collected by the above consultant and the products through e-mail communications among the members.
- 6 The SWG meetings will be organized at least two(2) times in the extension phase
- 7 The SWG will document the result of the discussions and submit the products to the PWG1

#### **2. Members of the SWG**

1) Numbers; less than 10 members

2) Qualification for the member

- 1 who is familiar with administrative practices for international deployment of EMT in addition, more preferable if he/she is a person who has experiences for actual international deployment as a member of EMT.
- ② who is familiar with receiving I-EMTs in AMS.

3) Member Composition(Assumed)

From AHA Center

From Experienced countries for receiving or dispatching I-EMTs

From JICA

(In addition, JICA will hire a consultant to facilitate the discussion among the members)

#### **3. Possible priority issues to be considered for the ASEAN-EMT**

- 1 Customs compliance on controlled substances and dangerous goods
- 2 Sanitation & Waste Management
- 3 Indemnity & Malpractice
- 4 Other Logistical Support(Water, Food, Fuel, Interpreter, Domestic Transportation and Security)

Annex; Priority Issues and activities for ASEAN-EMT



*8<sup>th</sup> Meeting of Project Working Group 1*

<b>Event</b>	<b><u>7<sup>th</sup> Meeting of Project Working Group 2</u></b>
<b>Dates</b>	29 November 2019
<b>Venue</b>	Grand Inna Bali Beach, Indonesia
<b>Participants</b>	29 Participants from ASEAN Member States, ARCH, JICA, Other related organizations
<b>Agenda</b>	<ul style="list-style-type: none"> <li>● Conclusions, Recommendations from the Fourth RCD</li> <li>● Host Country and Concept Plan for the Next RCD in 2020</li> <li>● Guidebook for RCD Preparation</li> <li>● Work Plan for POA to Implement the ALD on DHM</li> <li>● Regional Disaster Health Training Centre and Development of Standard Training Curriculum</li> <li>● Results of Questionnaire for Academic/Training, Systems, and Needs for Capacity Development on DHM in AMS</li> <li>● Plan for Field Visits in CLMV on Capacity Development for DHM</li> <li>● Schedule Setting and Members of the Field Trips in CLMV on Capacity Development for DHM</li> </ul>
<b>Summary of Discussion</b>	<ul style="list-style-type: none"> <li>- Myanmar presented their proposal for the hosting of the 5<sup>th</sup> RCD tentatively during the second week of December 2020. With Yangon, Mandalay, and Bagan as the potential venues of the 5<sup>th</sup> RCD.</li> <li>- The 2<sup>nd</sup> Consultation meeting of 5<sup>th</sup> RCD will take place in Thailand, January 2020.</li> <li>- The Meeting noted the update from the ARCH Project Team on the development of a guidance note for the preparation of future regional collaboration drills. The guidance note is proposed to consist of a main document of 20 pages with annexes consisting of templates and samples, PWG 2 will review and provide comments to the draft guidebook and send feedback by the third week of December 2019.</li> <li>- The Meeting endorsed the TOR of the Academic Network and AMS shall identify respective institutes to be the national focal point of the regional network.</li> <li>- The Meeting also talked about the conceptual framework for the regional training center including the members qualifications, the plan for the first curriculum development meeting, and expected outputs for the curriculum. The Meeting further noted the curriculum will be developed based on the basic/local context of EMT and standardize for all AMS.</li> </ul>

	<ul style="list-style-type: none"> <li>- If there are AMS cannot fulfill the criteria considering that disaster health management is relatively a new and diverse area. It is requested that the AMS will endeavor to nominate members who are closest to the agreed criteria.</li> <li>- The Meeting agreed on the proposed SWG for Curriculum Development that will be organize 3 times in 2020.</li> <li>- ARCH Project Team proposed field visits to Cambodia, Lao PDR, Myanmar and Viet Nam. Brunei Darussalam, Malaysia and Singapore expressed interest to be part of the field study in Cambodia and Lao PDR, while Indonesia and Philippines expressed their interest to join the study to Myanmar and Viet Nam.</li> </ul>
<b>Attachments</b>	<ul style="list-style-type: none"> <li>- Overall Programme</li> <li>- List of Participants</li> <li>- Summaries and Way Forward</li> <li>- Presentation and Meeting Document</li> </ul>

Participants for 7th PWG 2 Meeting  
29 November 2019 (Grand Inna Bali Beach, Indonesia)

	Country	Group		Name	Organization	EMAIL
1	Brunei	PWG2	DR.	LINAWATI HAJI JUMAT	Ministry of Health	
2	Brunei	PWG2	MS.	CHIANG MEI MEI	Ministry of Health	
3	Cambodia	PWG2	DR.	MUY SEANG LAK	Ministry of Health	
4	Cambodia	PWG2	DR.	TENG SREY	Ministry of Health	
5	Indonesia	PWG2	MR.	ADITHYA MANGGALA	Ministry of Health	
6	Indonesia	PWG2	DR.	INA AGUSTINA	Ministry of Health	
7	Indonesia	PWG2	DR.	BELLA	Ministry of Health	
8	Lao PRD	PWG2	DR.	VILAYPHANH SOUNANTHA	Emergency Department of Mahosot Hospital	
9	Lao PRD	PWG2	DR.	PATHOUMPHONE SITHAPHONE	Ministry of Health	
10	Malaysia	PWG2	DR.	KASUADI BIN HUSSIN	Medical Development Division, MOH	
11	Malaysia	PWG2	DR.	KHAIRI BIN KASSIM	Ministry of Health	
12	Myanmar	PWG2	DR.	HTUN TIN	MINISTRY OF HEALTH AND SPORTS	
13	Myanmar	PWG2	DR.	THAN LATT AUNG	Ministry of Health and Sport	
14	Philippines	PWG2	MS.	MARIA CARISSA LUNA OCAMPO	Department of Health	
15	Philippines	PWG2	DR.	AIMEE LACAMBRA AGNER	Eastern Visayas Regional Medical Center	
16	Singapore	PWG2	DR.	LIM GHEE HIAN	Ng Teng Fong General Hospital	
17	Singapore	PWG2	MR.	ROYSTON CHNG	Ministry of Health	
18	Thailand	PWG2	MR.	PHUMMARIN SAEUM	HRH Princess Chulabhorn College	
19	Thailand	PWG2	MR.	PRASIT WUTHISUTHIMETHAWEE	Faculty of Medicine, Prince Songkla University	
20	Thailand	CHAIR	MR.	JIROT SINDHVANANDA	Chulabhorn International College of Medicine	
21	Viet Nam	PWG2	MR.	NGUYEN NHU LAM	Ministry of Health	
22	Viet Nam	PWG2	MR.	TRAN QUANG HUNG	Ministry of Health	
23	ASEC	PWG2	MR.	MICHAEL GLEN	ASEAN Secretariat	
24	ASEC	PWG2	MR.	JIM CATAMPONGAN	ASEAN Secretariat	
25	AHA	PWG2	MS.	AGUSTINA TNUNAY	AHA Center	
26	Thailand	PWG2	MS.	Sansana Limpapan	NIEM	
27	Thailand	PWG2	MS.	Pumin Silapunt	Chulabhorn Hospital	
28	Japan	PWG2	MS.	Junko Sato	ARCH Project	
29	Japan	PWG2	MR.	Tsukasa Katsube	JICA	

**Day 5: Friday, 29 November**

**PWG 2 Meetings (Venue: Grand Inna Hotel)**

Time	Agenda
08:30 - 09:00	Registration
09:00 - 09:10	Welcome Remarks
09:10 - 09:20	Introduction of the Participants
09:20 - 09:50	Conclusions, Recommendations from the Fourth Regional Collaboration Drill
09:50 - 10:00	Group Photo
10:00 - 10:15	<i>Break</i>
10:15 - 10:40	Host Country and Concept Plan for the Next RCD in 2020
10:40-11:20	Guidebook for RCD Preparation
11:20-12:00	Work Plan for POA to Implement the ALD on DHM
12:00 - 13:00	<i>Lunch</i>
13:00-14:00	Regional Disaster Health Training Centre and Development of Standard Training Curriculum
14:00 - 15:15	Results of Questionnaire for Academic/Training, Systems, and Needs for Capacity Development on DHM in AMS
15:15-15:30	Plan for Field Visits in CLMV on Capacity Development for DHM
15:30 - 15:45	<i>Break</i>
15:45-16:00	Schedule Setting and Members of the Field Trips in CLMV on Capacity Development for DHM
16:00 - 16:15	Wrap-up and Way Forward
16:15 - 16:30	Closing Remarks

**SUMMARY AND WAYS FORWARD**

**SEVENTH MEETING OF  
PROJECT WORKING GROUP 2 ON CAPACITY DEVELOPMENT**

**PROJECT FOR STRENGTHENING ASEAN REGIONAL CAPACITY IN  
DISASTER HEALTH MANAGEMENT (ARCH PROJECT)**

29 NOVEMBER 2019 | NUSA DUA, BALI, INDONESIA

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**INTRODUCTION**

1. The Meeting was co-chaired by Indonesia and Thailand, attended by representatives from Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, Viet Nam as well as the ARCH Project Team, AHA Centre and ASEAN Secretariat through the Health Division. The Meeting was also attended by Japan International Cooperation Agency (JICA) and World Health Organisation (WHO). The List of Participants appears as **ANNEX 1**.

**AGENDA 1: CONCLUSIONS AND RECOMMENDATIONS FROM THE FOURTH REGIONAL COLLABORATION DRILL**

2. The Meeting congratulated the Ministry of Health – Indonesia for the successful hosting of the Fourth Regional Collaboration Drill (RCD) in Bali, Indonesia, on 25-28 November 2019.
3. The Meeting noted the report of the ARCH Project Team on the outcomes of, conclusions and recommendations from the RCD, which was a summary of the after-action review on 28 November involving participating teams from ASEAN Member States (AMS) and Japan, mentors and host country. The presentation appears as **ANNEX 2**.
4. The Meeting exchanged views which key points have been summarized below:
  - a. The 4<sup>th</sup> RCD facilitated the gaining of new skills and knowledge for AMS EMT, particularly on the composite team and quality assurance components;
  - b. Key recommendations for the next drill include, as follows:
    - To include more patient details, such as results of electrocardiogram, chest x-ray, among others
    - To consider mass casualty incident and management as part of scenario;
    - To enhance information management;
    - To consider the inclusion of injects requiring response to acute outbreaks that resulted from the main scenario, e.g. diarrhea, or poisoning; and
    - To include public health components in the scenario among others, chemical, biological, radiological and nuclear emergency (CBRNE) incidents resulting from the impact of disaster, that will enhance the

capacity of EMT not limited to dealing with naturally triggered disasters but to all other hazards.

5. The Meeting agreed on the following:
  - a. The above-mentioned proposals will be considered as inputs in the development and preparation of 5<sup>th</sup> RCD scenario; and
  - b. The ARCH Project Team will compile all lessons, good practices, and challenges that transpired from and presented during the after-action review sessions of the RCD.

## **AGENDA 2: HOST COUNTRY AND CONCEPT PLAN FOR THE NEXT RCD IN 2020**

6. Myanmar presented their proposal for the hosting of the 5<sup>th</sup> RCD tentatively during the second week of December 2020. The following are the proposed objectives:
  - a. To test the national mechanism (include RDC);
  - b. To test the SOP Pre-Deployment;
  - c. To include the quality assurance component;
  - d. To further develop comprehensive team information for AMS; and
  - e. To further develop and test the ASEAN Composite EMT.
7. The Meeting noted a severe earthquake as the proposed scenario, and with Yangon, Mandalay, and Bagan as the potential venues of the 5<sup>th</sup> RCD. The presentation appears as **ANNEX 3**.
8. The Meeting exchanged views and put forward points for recommendations as follows:
  - a. Myanmar will conduct internal consultations to further develop the proposal taking into consideration all inputs that transpired from the 4<sup>th</sup> RCD, the preparatory meeting with ARCH Project Team and mentors on 28 November 2019, and to further contextualize the proposal to Myanmar conditions;
  - b. To consider secondary events resulting from the earthquake, such as biological or chemical incidents that may challenge the EMT and require to adjust response priorities;
  - c. To also include a programme that will benefit local authorities and facilitate enhancing their capacities; and
  - d. To involve the social welfare, foreign affairs and other relevant ministries or entities in the development of scenario and planning for the drill.
9. The Meeting agreed the following:
  - a. The Meeting agreed and expressed support to Myanmar to be the Host Country for the 5<sup>th</sup> RCD and related meetings;
  - b. Myanmar will undertake internal consultations in December 2019 to further develop the proposal;

- c. The revised proposal will be discussed in a preparatory Meeting in January 2020 that will involve mentors; and,
- d. The revised proposal will be circulated to AMS through PWG 2 for review through ad-referendum mechanism.

### **AGENDA 3: GUIDEBOOK FOR THE PREPARATION OF REGIONAL COLLABORATION DRILLS**

10. The Meeting noted the update from the ARCH Project Team on the development of a guidance note for the preparation of future regional collaboration drills. The guidance note is proposed to consist of a main document of 20 pages with annexes consisting of templates and samples, as well as essential (must) and good-to-have components. It is also proposed to be test during the Fifth RCD and subsequently endorsed, and to be a living document which can be revised or expanded on a periodic basic. The presentation appears as **ANNEX 4**.
11. The Meeting exchanged views which key points have been summarized below:
  - a. To include a Gantt chart that will reflect the overall organization tasks and with corresponding timeline;
  - b. To provide more clarity on the meeting agenda for the preparations, as well as objectives, discussion points and expected outputs for each meeting;
  - c. To include a guideline on how to choose the drill location, to take into consideration all relevant factors for the scenario, logistics concerns, impacts of disasters among others, and to put these components into a comparative measure for selection;
  - d. To further look at the roles and responsibilities of mentors, which task may include supporting the host country in determining RCD objectives that will also benefit the host country;
  - e. To include a set of recommendations that will enable the host country to choose a proper scenario that consider previous experiences and current conditions of the host country;
  - f. To take note that the ASEAN Disaster Management sector has produced a handbook for the conduct of ASEAN Regional Disaster and Emergency Simulation Exercise (ARDEX); the handbook can be readily made a key reference in developing the guidebook;
  - g. To enhance and provide more clarity on the budgeting component, including the division of costs that are to be shouldered by the ARCH Project and the Host Country; and
  - h. To include the possible formation of committees that are needed for the preparation and conduct of the RCD, including its roles and responsibilities.
12. The Meeting agreed on the following:
  - a. The draft guidebook will be forwarded to PWG 2, as part of the circulation of the Summary and Ways Forward;

- b. PWG 2 to review and provide comments to the draft guidebook and send feedback by the third week of December 2019;
- c. All of inputs will be gathered and considered, and a revised draft will be further discussed during the workshop in January 2020;
- d. The revised draft will be utilized by Myanmar in their preparation, and will be test run in the 5<sup>th</sup> RCD; it will be further reviewed after the 5<sup>th</sup> RCD; and
- e. The Meeting considered the guidebook as a living document that can be further improved based on the future context and inputs.

#### **AGENDA 4: ACADEMIC NETWORK AND INTERNATIONAL SEMINAR**

13. The Meeting noted that based on the 6<sup>th</sup> PWG Meeting, the Meeting endorsed the TOR of the Academic Network and AMS shall identify respective institutes to be the national focal point of the regional network. The Meeting also noted the proposed three-day International Academic Seminar on DHM that will take place in the first quarter of 2021. The presentation appears as **ANNEX 5**.
14. The Meeting exchanged views which key points have been summarized below:
  - a. The Meeting requested the issuance of an official letter request issued by the ARCH Project Team and/or Thailand for the nomination of national focal points;
  - b. On the structure and membership, it was recommended to have more than one institute as national focal points, which shall include an official from an institute under the Ministry of Health and another from a non-government or a private institute, taking into consideration the reporting hierarchy in the governments. However, for more effective and efficient coordination, the Meeting was reminded that the 6<sup>th</sup> PWG 2 Meeting decided that there would only be one national focal point that will coordinate with the Academic Network through the RCC DHM Coordinating Secretariat, and which will also be responsible for coordination of national institutes that are part of the network;
  - c. To further define the roles and responsibility of national institutes that are part of the network, the national focal points from each AMS, and the RCC in relation to their operationalization.
15. The Meeting agreed on the following:
  - a. The ARCH Project Team will further review the TOR based on feedback from the Meeting. The revised TOR will be presented during the First Meeting of RCC DHM in January 2020 for their consideration and endorsement.
  - b. Subsequently, a call for nomination of national focal points for the Academic Network will be circulated.

## **AGENDA 5: REGIONAL DISASTER HEALTH TRAINING CENTRE AND DEVELOPMENT OF STANDARD TRAINING CURRICULUM**

16. The Meeting also noted the presentation from the ARCH Project Team on the standard training curriculum, which touched upon the conceptual framework and tiers of trainings, proposed priority curricula to be developed, the creation of a curriculum development committee including profiles of membership, and proposed timeline in curriculum development. The presentation and concept paper appear as **ANNEX 6**.
17. The Meeting noted the conceptual framework for the regional training center including the members qualifications, the plan for the first curriculum development meeting, and expected outputs for the curriculum. The Meeting further noted the curriculum will be developed based on the basic/local context of EMT and standardize for all AMS.
18. The Meeting exchanged views which key points have been summarized below:
  - a. The network of training centres on disaster health management will consist of members from ASEAN Member States that have specific expertise, and will be delivering trainings based on their expertise; it is acknowledged that there are training centres that offer and deliver a range of courses under the umbrella on disaster health management;
  - b. The network of training centres is envisaged to support each other in the development of training curriculum, and subsequently in the delivery of trainings
  - c. To consider expanding the qualification to expert non-medical professionals to ensure operational concerns are captured; the last meeting recommended the involvement of academic institutions with background on curriculum development
  - d. If there are AMS cannot fulfill the criteria considering that disaster health management is relatively a new and diverse area. It is requested that the AMS will endeavor to nominate members who are closest to the agreed criteria
  - e. It was highlighted that all AMS need to be engaged in the curriculum development, as the process is also a national capacity development.
19. The Meeting agreed the following:
  - a. The proposed qualifications for membership to the sub-working group for curriculum development be considered guidelines for ASEAN Member States, and with 3-5 years of experience; Non-medical professionals with relevant background and experience can be nominated by AMS to ensure operational aspects can also be captured;
  - b. The sub-working group will meet three times in 2020: February, May and August
  - c. ARCH Project Team will circulate through ASEAN Secretariat the call for nomination of SWG for Curriculum Development by early December 2019.

## **AGENDA 6: RESULTS OF QUESTIONNAIRE FOR ACADEMIC/TRAINING, SYSTEMS AND NEEDS FOR CAPACITY DEVELOPMENT ON DHM IN AMS**

20. The Meeting noted the presentation from the ARCH Project Team on the draft report of the survey component of the Study on Capacity Development for Disaster Health Management in ASEAN Member States, which focused on current medical education system and disaster health management, educational institutes providing emergency medical programme, education and training needs that require external support, and potential educational institutes that can develop curriculum and conduct trainings for DHM in countries. The key preliminary findings and recommendations from the survey highlighted appears as **ANNEX 7**.
21. The Meeting exchanged views which key points have been summarized below:
- a. The Meeting noted the different status of available training curricula related to emergency medicine, based on the survey results;
  - 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; and
  - c. Some AMS may still need to complete the survey, therefore there's a need to complete the survey in order to have a regional information on the status of training curriculum in the region.
22. The Meeting agreed on the following:
- a. The ARCH Project Team, with copy to ASEAN Secretariat, will circulate the completed survey questionnaire to relevant AMS for their review and verification. ASEAN Member States will revert to the ARCH Project Team with proposed revisions or confirmation of data provided within three weeks from receipt of the completed questionnaire;
  - b. The Meeting noted on the needs for multisectoral coordination and support, as well as resources that may be obtained from the private sectors, CSOs, etc.; and
  - c. The Meeting agreed to determine a set of criteria for the selection of national focal points for ASEAN academic network.

## **AGENDA 7: PLAN FOR FIELD VISITS IN CLMV ON CAPACITY DEVELOPMENT FOR DHM**

23. The Meeting noted the presentation of the ARCH Project Team on the proposed field visits to Cambodia, Lao PDR, Myanmar and Viet Nam, which is the second component of the Study discussed above, and which objectives are to:
- a. Identify possible educational/training institutes that conduct domestic DHM training programmes
  - b. Identify training and competency needs for personnel in DHM
  - c. Identify needs for external support for the conduct of domestic DHM training programmes

- d. Specify AMS education/training institutes that will potentially be part of the ASEAN academic/training centres network on DHM
24. The Meeting also noted the items to be covered by the field study (on the bases of the survey) including proposed institutes to be engaged in the study, team composition, proposed schedule and proposed next steps. The presentation appears as **ANNEX 8**.
25. The Meeting agreed on the conduct of the field study, as well as on the following:
- a. ARCH Project Team and countries to be visited to further consult and agree on the dates of field study, agencies to be visited and other actions related to the preparation and conduct of the field study;
  - b. ARCH Project Team through ASEAN Secretariat will send letters along with concept paper to countries that will be visited for the field study; and,
  - c. ARCH Project Team through ASEAN Secretariat will send letters along with concept paper to ASEAN Member States inviting them to participate in the field study.

#### **AGENDA 8: SCHEDULE SETTING AND MEMBERS OF THE FIELD TRIPS IN CLMV ON CAPACITY DEVELOPMENT FOR DHM**

26. The Meeting noted the proposed schedule of the field study as discussed with representatives
- a. Lao PDR and Cambodia  
Lao PDR - 11-14 February 2020  
Cambodia - 17-19 February 2020
  - b. Myanmar and Viet Nam  
Myanmar - 3-6 March 2020  
Viet Nam - 9-11 March 2020
27. Brunei Darussalam, Malaysia and Singapore expressed interest to be part of the field study in Cambodia and Lao PDR, while Indonesia and Philippines expressed their interest to join the study to Myanmar and Viet Nam;

#### **AGENDA 9: WRAP UP AND WAYS FORWARD**

28. The Meeting adopted the Summary and Ways Forward of the Seventh Meeting of PWG 2 held on 29 November 2019, as presented by ASEAN Secretariat.

**Concept Paper**  
**Regional Disaster Health Training Center and Standard curriculum**

**A. Regional Disaster Health Training Center**

**Objective**

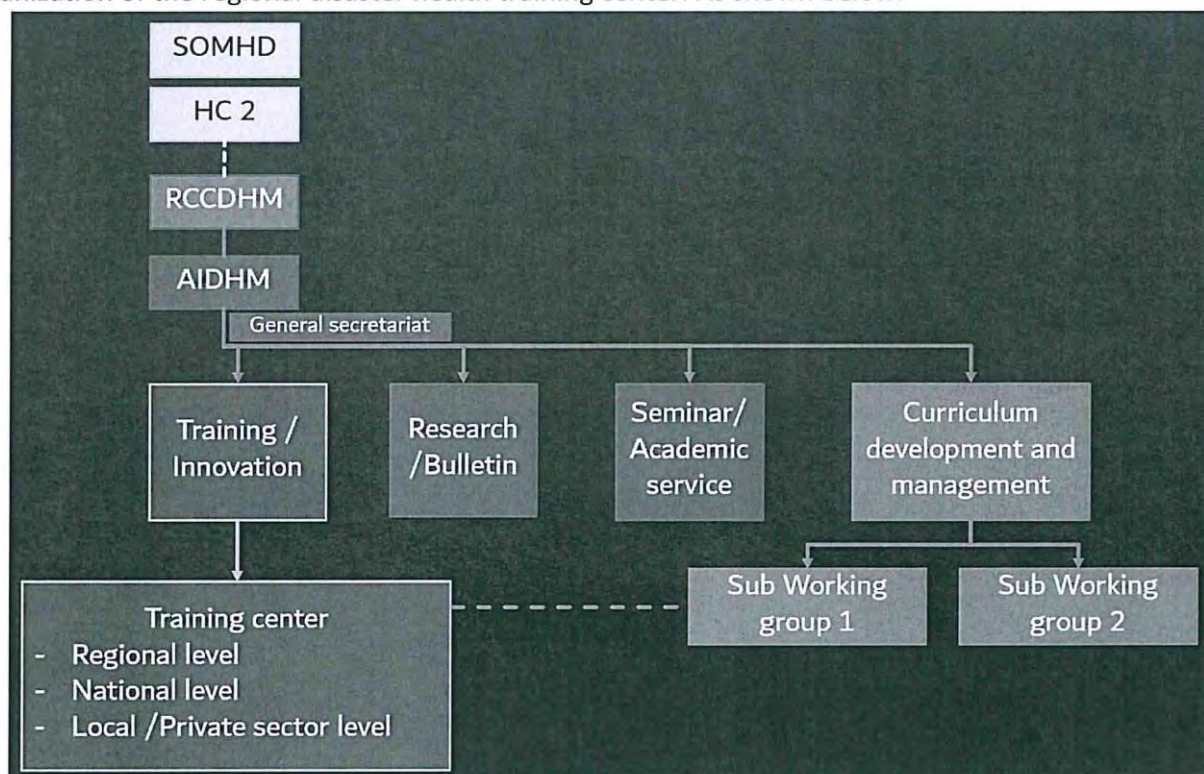
To conceptualize the organization, construction, and function of the Regional Disaster Health Training Center.

**Introduction**

- From previous PWG2 meeting in July 2019,
  - The ASEAN shall have **the Regional academic committee on Disaster health management** under the Regional coordination center on disaster health management (**RCCDHM**).
  - The organizational flow shall consist of **Curriculum sub-committee, National authorities and academic institutes**.
  - The ASEAN shall have **a list and number of the candidates** in the regional academic committee on disaster health management and the curriculum committee. And **send the members** of the committee to be endorsed by the RCCDHM.

**The organization, construction, and function of the Regional Disaster Health Training Center**

From the previous draft version, the working group would like to propose the detailed organization of the regional disaster health training center. As shown below.



This organization is divided into 3 levels.

**Executive Level (the Regional coordination center on disaster health management: RCCDHM)**

This body is an executive member of disaster health management. It has a role to be a part of Health cluster 2 (HC 2) member and has the authority to ask for endorsement and participate in the HC2, as the respondent of Capacity development. It also has the authority to endorse the project, concept of development, standard curriculum, training center by its budget. It should have at least an annual meeting.

**Level (ASEAN Institute for Disaster health management (AIDHM))**

On the basis of One ASEAN, One RESPONSE, the working group proposes that there should be an academic entity, called ASEAN Institute for Disaster health management (AIDHM), positioned between the RCCDHM and the Training centers that every AMS should take their effort and dedicate on this academic entity. The AIDHM responds to all academic activities about disaster health management such as coordinating, training, curriculum developing, research encouraging and conducting seminars as well as data gathering and analyzing. It has a general secretariat as the executive and manager of the institute. It should conduct a regular meeting (at least every 3-4 months).

For example, Initially it might have **the curriculum development sector**, that has a role to make the standard curriculum for the ASEAN EMT together with the sub-working group that consisted of the nominated member from the AMS. The products of this sector would be the standard course and regulatory system as well. **The Training sector** will respond as the manager of national focal point and the training units in from the AMS which will be classified into 3 levels, the Regional, the National and local training units.

**Operational Level (Training center / Curriculum sub-working group)**

The operational level was assigned by each related sector from AIDHM.

**In the curriculum development sector**, It has specific work on curriculum development. it has to co-ordinate and cooperate network from regional to national and Local training units. in order to make the trustable standard curriculum for all AMS as possible, the members should have acceptable qualifications and be acknowledged by their own country and have their own academic autonomy.

**In the Training sector**, the Regional training units will work closely with the national focal point (or be the national focal point) as the director of the training courses. they have obligation to moderate and manage the program project, train and manage the instructors, manage the course budget and finance, find the venue, etc. as well as the quality assurance on training, together with national training units and local training units.

**Remarks**

1. Every AMS could participate in AIDHM and its activities.
2. Any prompt AMS can be a regional training center.
3. The curriculum sub-working group should consist of each nominated AMS.
4. One AMS should have one national focal point for administration and coordination.

### The candidates of the curriculum sub-working group's members

the working group proposes the qualification of the curriculum sub-working group's members as described below.

Basic criteria: the members should

- Be representative of each AMS and some advisory expertise from outside ASEAN (eg. Japan).
- Be a health care profession (Medical doctor, Nurse, Paramedic, etc.) or health academicians.
- Be the person who is trustable, influent or well known to the other disaster personnel in each AMS.
- Have their academic autonomy and none of the conflicts of interest.

Specific qualification : divided into 2 types.

**Table 1. the specific qualification of the curriculum sub-working group's members**

Academic personal	Experienced personal
all of this following - at least 1. Work or used to work in the university/ academic Institute. 2. Acknowledge as an assistant professor or have a master's degree in disaster/health care or related. 3. Published one academic research / was an author in the article that related to disaster/health care or related in 3 years.	all of this following - at least 1. Position 1.1 Administration: Be or used to be a director of the division level organization that related to health/medical care in disaster 1.2 Operation: Expert level 2. Five years of experience in the disaster medicine field 3. Actively participated in disaster health management activities (was in the committee, attended the disaster event, went to the affected area, etc.) 4. Published one academic research / was an author in the article that related to disaster/health care or related in 5 years.

### B. Standard curriculum

#### Objective

- To Identify the standard disaster health management curriculums needed, content, and mechanism of implementation.

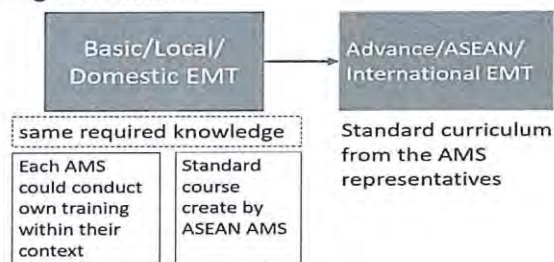
#### Introduction

- According to the previous PWG2 meeting in July 2019,
  - The course should comply with **the minimal requirement and Qualifications for Members of The Emergency Medical Team (EMT)**.
  - The ASEAN shall have the training courses in terms of the **basic/domestic course** or the **advance/ASEAN/international course** or the **instructor course** or the **EMTCC course**. Regarding the consensus of the project working group representative.
  - The ASEAN disaster curriculum development organization shall have a format of **the curriculum framework**, which helps the national level and institute level to conduct their curriculum easier.

### (Draft) Standard Training Curriculum

The concept of standard training, from the previous meeting, the working group would like to propose the step of training, as follows.

Diagram 2. Conceptual of training curriculums



#### 1. The basic/domestic courses:

**The course objective:** to prepare the **necessary** knowledge and skills for effective **medical operation** in disaster. Its contents aim to give the basic knowledge to the EMT personnel as a medical profession or logistician.

- Conceptual framework in disaster health management
- Triage in mass casualty incident and disaster
- Medical and surgical care
- Overview of ASEAN and organization mechanism e.g. ACDM, AHA center as well as coordination mechanism e.g. SASOP, EMTCC, Regional coordination tools
- Information management
- Logistic issue
- Related context of each AMS e.g. culture, weather, coordinating bodies
- Self-preparation both physical and psychological
- Team preparation e.g. equipment, management, arrangement

**Implementation in the AMS:** Because it is the basic course and there are various contexts about disaster health management among AMS, this type of training can be conducted in the individual country. however, it has to have the same required knowledge that would be announced by the curriculum sub working group(Or committee in the future).

#### 2. The advance/ASEAN/international course:

**The course objective:** to prepare knowledge and skills for effective medical operations in the **ASEAN** region. Its contents aim to give advance knowledge especially the law, regulation, and mechanism of ASEAN disaster response, the crew resource management mindset, coordination, and cooperation process, etc.

- Review the conceptual framework of DHM and essential medical operation
- Related ASEAN and organization mechanism e.g. ACDM, AHA center
- Coordination mechanism e.g. SASOP, EMTCC, Regional coordination tools
- Information management
- Logistic issue
- Related context of each AMS e.g. culture, weather, coordinating bodies
- Self-preparation (international) both physical and psychological
- Team preparation (international) e.g. equipment, management, arrangement

**Implementation in the AMS:** This is an advanced course for the international EMT in the ASEAN. The personnel should have the same protocols and equal knowledge whether the WHO standard or ASEAN acceptable standard.

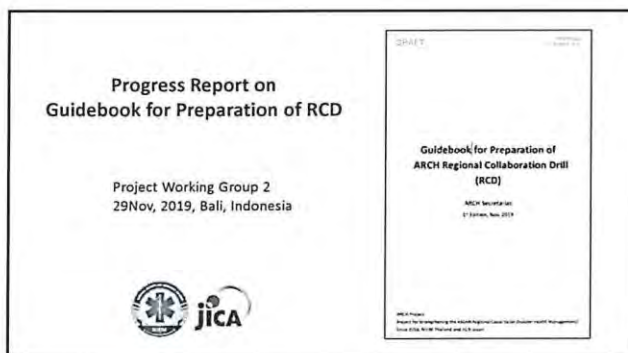
The course should be conducted by all the expert members, as mentioned before, and ask for an endorsement from the AIDHM.

**Remark:** The participants of the course must pass the basic/domestic courses as a prerequisite. So, the committee has to approve the content of the domestic course whether or not they have the required knowledge.

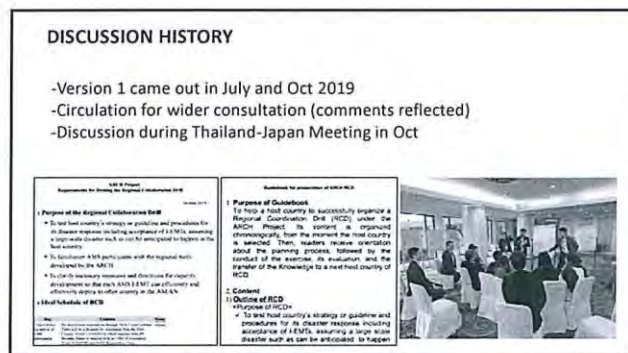
: the draft of the training schedule is attached in the slide for your information.

**Point of consideration**

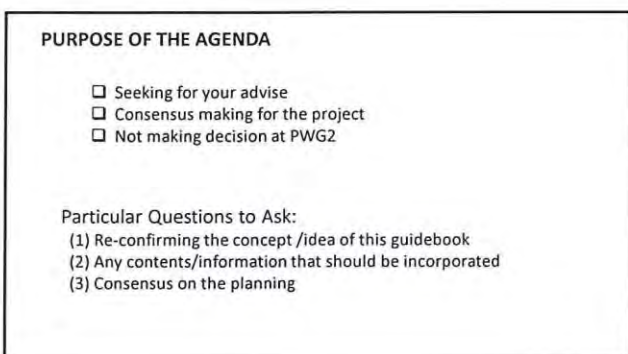
- ◆ 1. The qualification of curriculum sub-working group members
- ◆ 2. The nomination of AMS
- ◆ 3. Concept of Training curriculum



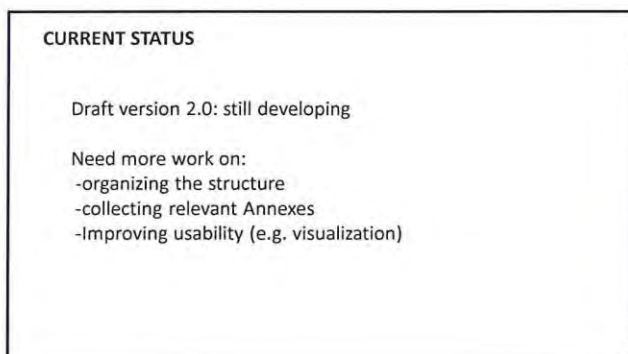
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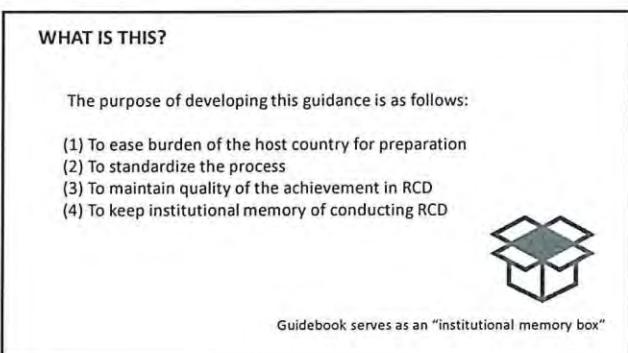
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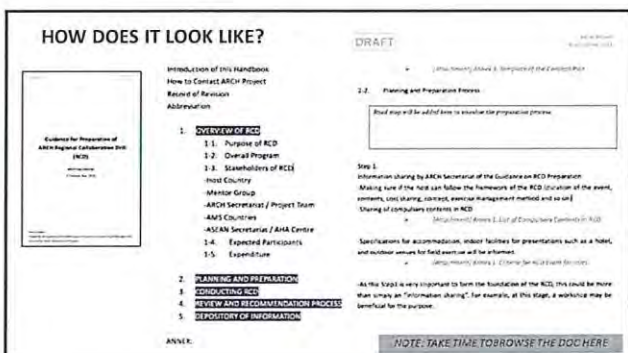
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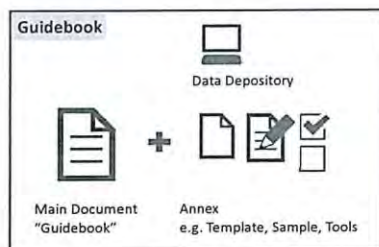


3



6

## STRUCTURE



7

## FOR INQUIRY, PLEASE CONTACT:

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[katsube.tsukasa.3@jica.go.jp](mailto:katsube.tsukasa.3@jica.go.jp)



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

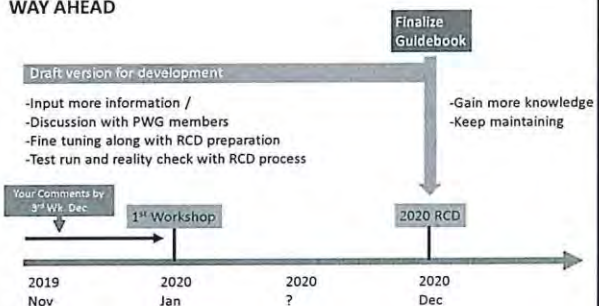
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## CONSIDERATIONS

- Keep the document within 20 pages so that people use
- Many Annexes / Subordinating documents (Templates, Samples and Tools)
- Internet Depository for relevant data
- "Living Document"
- Maintenance is a key for effective use of the guidebook (Who does this?)

8

## WAY AHEAD



9




# Academic Network and International seminar on DHM



Dr. Phumin Silapunt  
Thai project team (ARCH Project)


1



## 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.


4



## Summary of last PWG2 meeting

- TOR of the academic network was presented and agreed in PWG2 meeting.
- AMS shall identify their institute to be national focal point member of the network.
- List of National focal points will be presented in next PWG2 meeting on November 2019 then submitted to RCCDHM for approval.
- International academic seminar will be held on September 2020 as the first event of the network.


2



## Structure and Membership

- Each member state shall assign 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.


5



## Objectives

- To facilitate and support academic activities on DHM in every member state.

3

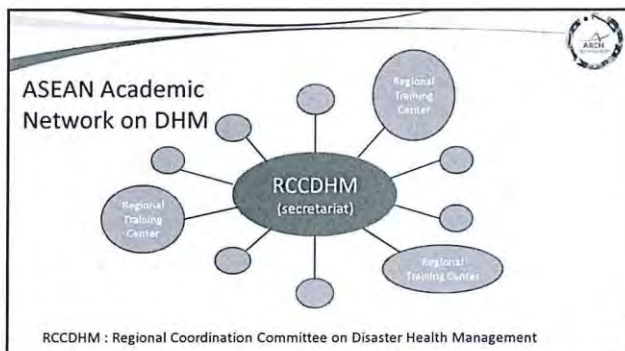


## Selection Criteria for National focal points

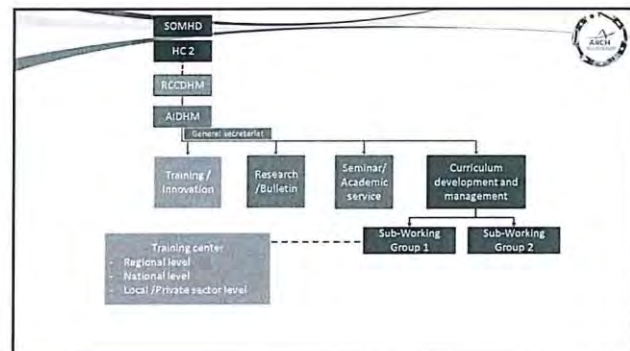
The institute shall have capability to take roles and responsibilities as follow:

- Collaborate with the academic network and other designated training centers of AMS
- Facilitate or organize training activities at national level.
- Participate and promote Regional conference on DHM to related local institutes
- Participate in joint research, as appropriate
- Participate in Establishment ASEAN Journal/E-Bulletin on DHM, as appropriate
- Translate regional collaboration tools or learning material to local language, as appropriate

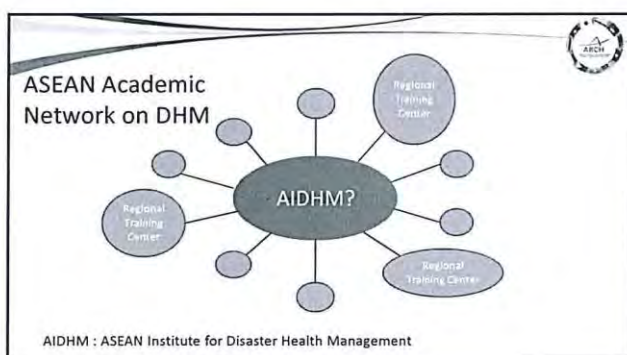
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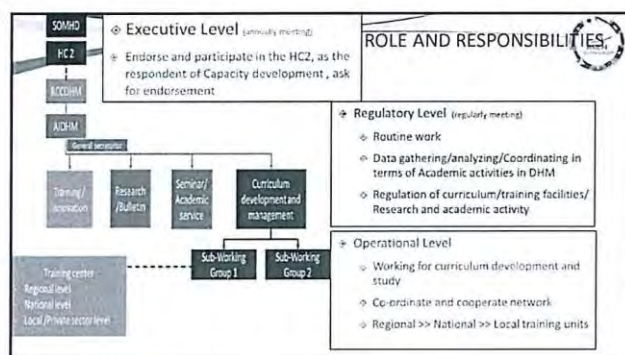
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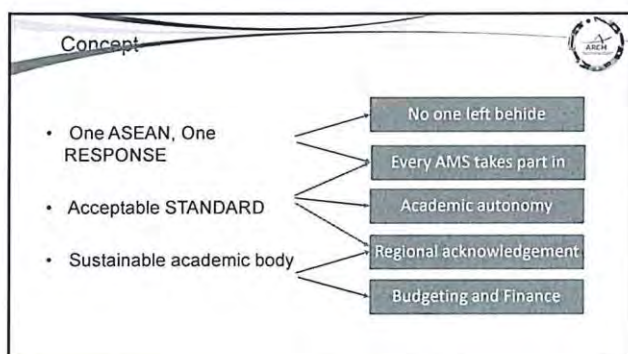
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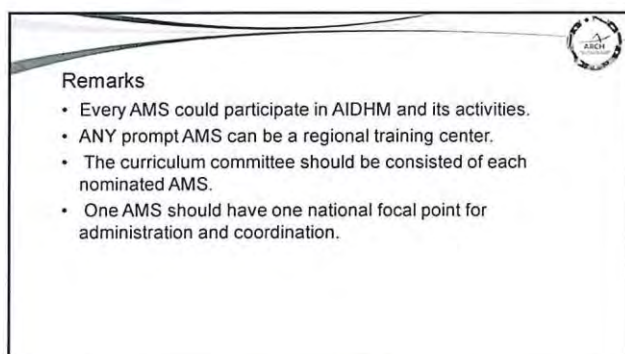
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**International seminar on DHM**

**Objectives**

- To exchange knowledge on Disaster and Emergency medicine


**Participants**

- 3-5 representatives from each AMS
- Japanese Advisory Committee
- Any Emergency/Disaster enthusiasts(Any nationalities)
- Speakers from other countries, other than ASEAN

**Duration**

- 3 days: January-March 2021

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**International Seminar on DHM**

**(Draft) Content and format of the event**

- 3 presentations a country: 10 mins to presents and 5 mins Q&A
- 3 Special lecture (eg.AHA,ASEC ,WHO or non-ASEAN speakers)
- Workshop
- City tour / Study visit

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**(Draft) agenda**

	AM	PM
Day 1	Registration/Opening Ceremony/ 3 Special lectures	Workshop
Day2	1 presentation a country of AMS/Japan = 165 mins. (Round 1)	1 presentation a country of AMS/Japan = 165 mins. (Round 2)
Day 3	1 presentation a country of AMS/Japan = 165 mins. (Round 3)	City tour or Study visit

15

## Conclusions, Recommendations from the fourth Regional Collaboration Drill

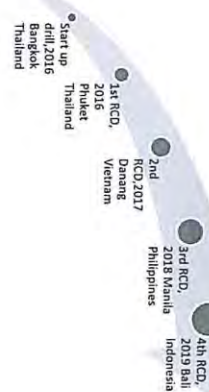
Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCh project)



### Objective

- To report the conclusion of 4<sup>th</sup> regional collaboration drill
- To report comments, suggestions and recommendations for the next drill

### Drills



## 4th Regional Collaboration Drill

25 November 2019

- Introduction
- Health information system of Indonesia
- Practice in filling forms
- Composite team

26 November 2019

- RDC
- Comprehensive team information

## 4th Regional Collaboration Drill

27 November 2019

- Field exercise at Tanah Ampo
  - Medical case
  - Form filling
  - EMTCC
  - HNA
- Composite team

28 November 2019

- Demobilization
- AAR
- Evaluation

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.



#### Pre-deployment

- 6 countries sent "Offer of Assistance form" to AHA Centre (WeEOC) via NDMO
- 3 countries sent "Offer of Assistance form" from respective MOH directly to MOH Indonesia
- Some AMS encountered coordination problem in their countries (between NDMO and MOH)



#### 4th Regional Collaboration Drill

- Forms filling
  - Most of AMS are familiar with the forms
  - Need more time to practice without facilitator and coaching
  - More practice in home country of each EMT



#### 4th Regional Collaboration Drill

- Comprehensive team information
  - Most country have their team and equipment, easy to fill questionnaire
  - Take only short time to do the answer; some EMT search for the answers before exercises

#### Suggestion

- Differentiation of experience and knowledge between each country



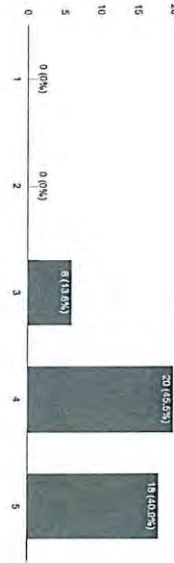
#### 4th Regional Collaboration Drill

- Reception Departure Centre (RDC)
  - Every drill team reported to RDC to complete EMT registration and submit WHO EMT registration form, copies of passport of each team member and other registration requirement



#### FIELD EXERCISE

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



4th Regional Collaboration Drill  
Public Health Emergency  
Operation Center (PHEOC)



4th Regional Collaboration Drill  
Health need assessment  
(HNA)

- Most EMTs could fill the forms very well and used them easily.
- Most EMTs have experienced
- Too small HNA site to direct observe



4th Regional Collaboration Drill

- EMT operation
  - Every drill team took care patients at field hospital and used standard form (Medical Record Form, EMT-MDS Tally Sheet and Patient Referral Form)

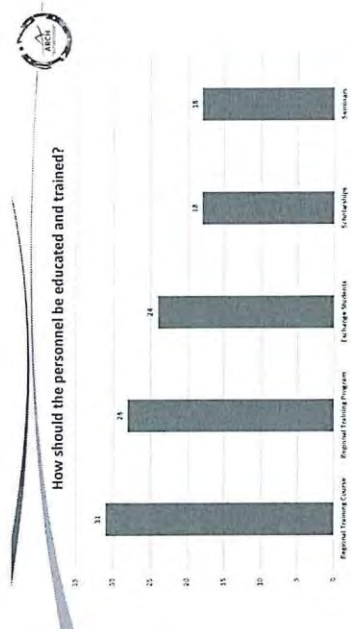
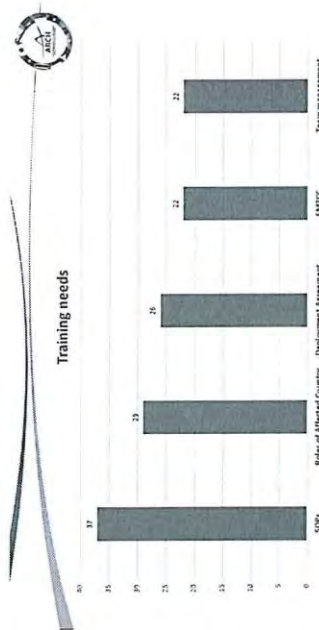
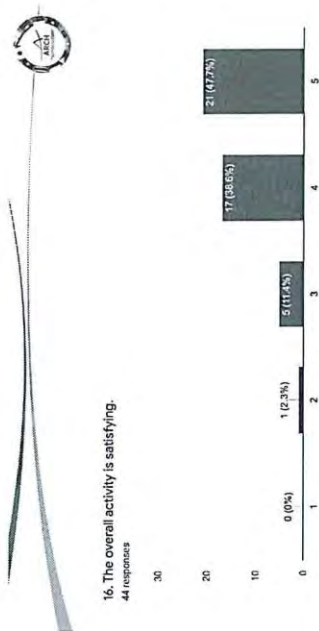


12. Drill activities are well-managed throughout the day.  
44 responses



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





Skill/knowledge of EMT

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

Skill/knowledge of EMT

	1st DRILL Phuket, Thailand	2nd DRILL Da nang, Vietnam	3rd DRILL Manila, Philippines	4th 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

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

Project Working Group 2 Meeting  
November 29<sup>th</sup>, 2019

Junko SATO

1

## 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

4

## Objectives of this Session

To share and discuss the results of Questionnaire Survey for AMS for further consideration for Academic network in ASEAN and planning training curriculum in ASEAN

- Reference 1: Questionnaire
- Reference 2: Spreadsheet

<https://drive.google.com/drive/folders/135OjmZNBuicmZbYTqUafUgduG8Debsq>

2

## Questionnaire Survey

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

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## 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

3

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



6

### 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

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### 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	1		
Indonesia		65	13	304		
Laos	2	1	0	6		
Malaysia	3	Approx. 20	4	Approx. 25	4 (medical assistant)	19 (medical assistant)
Myanmar	5	5	2	2		
Philippines	27	37	37	67		
Singapore	1	7	1	1		
Thailand	EMR 80 centers EMT 40 centers A-EMT 7 centers EMT-P 5 centers					
Vietnam	unknown	12	unknown	Nursing school: 100		

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### 1. Current medical education system in each AMS

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### 1.6 License

#### National Exam for License



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

#### 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

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### 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



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### 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

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## 2. Educational institutes providing emergency medicine program

13

### 2.3 Training period for Emergency Medicine



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## 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



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### 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)

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### 2.1 Availability of training curriculum for Emergency Medicine

	Doctor	Nurse	Remark
Brunei	Yes	No	
Indonesia	Yes	Yes	
Laos	Yes	Yes	
Malaysia	No	No	Yes for medical assistant
Myanmar	Yes	Yes	
Philippines	Yes	No	
Singapore	Yes	Yes	
Thailand	Yes	Yes	
Vietnam	Yes	Yes	

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### 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

18

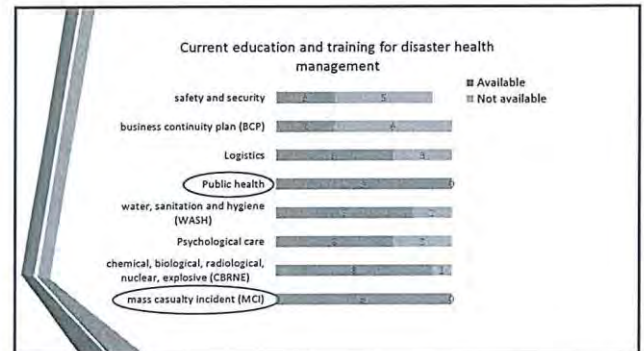
### 2.6 Other educational qualification for competency on Disaster Health Management

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)

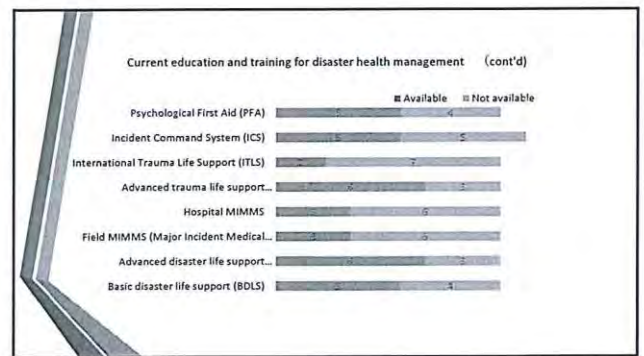
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### 3. Current education and training for disaster health management (DHM) for EMT members including medical personnel

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

Questions

- Training Program available for medical personnel
- Training Institute/Organizer
- Challenges in DHM Education

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### 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)

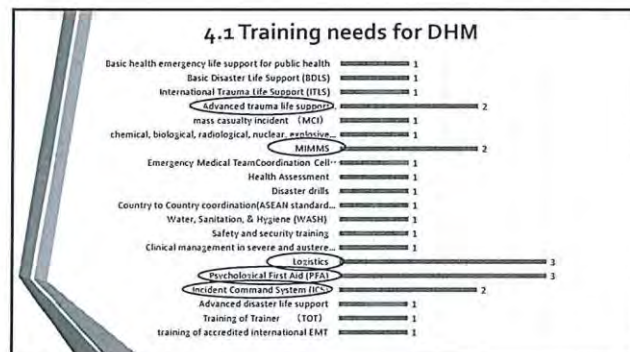
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Training Institute/Organizer for DHM (cont'd)

**Association**

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

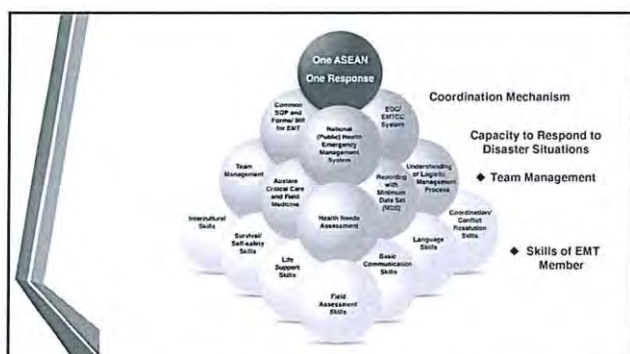
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**4. Education and training needs for DHM/Needs for external supports**

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**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

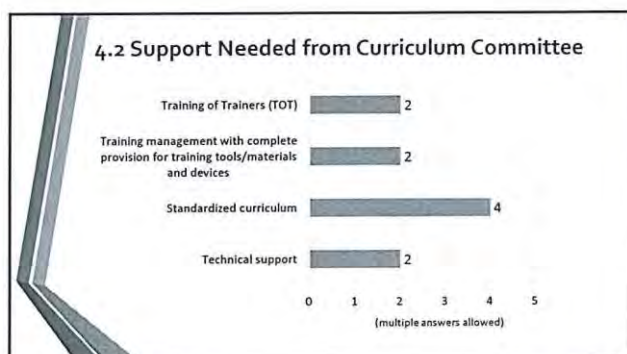
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**4.1 Training needs for DHM (cont'd)**

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)

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**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"> <li>They have curriculum and conduct trainings for disaster health for undergraduate and postgraduate program.</li> <li>Involved in ARCH (PWG, RCC, 4<sup>th</sup> RCD)</li> </ul>
Malaysia	Hospital Serdang	Coordinates the nationwide training under MOH
Myanmar	Emergency Medical Service Training Center (NAY PYI TAW)	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

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

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**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"> <li>Thai College of Emergency Physician</li> <li>Chulabhorn Disaster and Emergency medicine Center</li> </ul>	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"> <li>officially conducting training program of DHM for medical students.</li> <li>Base on this department, National center for Emergency and Disaster Medicine is currently set up.</li> <li>The Vietnam Association of Emergency and Disaster medicine will be established and located at the NBH.</li> </ul>

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**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

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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"> <li>• MDMC (Muhammadiyah Disaster Management Center), LPBINU,</li> <li>• Indonesia Red Cross,</li> <li>• MPBJ, etc.</li> </ul>
Malaysia	Mercy Malaysia
Myanmar	Australian college of Emergency Medicine
Philippine	<ul style="list-style-type: none"> <li>• Philippine Red Cross</li> <li>• Metro Manila Development Authority</li> <li>• World Health Organization (WHO)</li> <li>• Anti-Terrorism Assistance Program of US Department of State</li> </ul>
Singapore	Singapore Red Cross
Thailand	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

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

38

- ### 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.

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

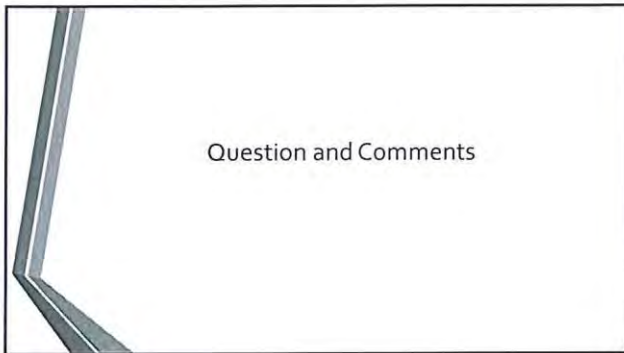
Questions

- 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

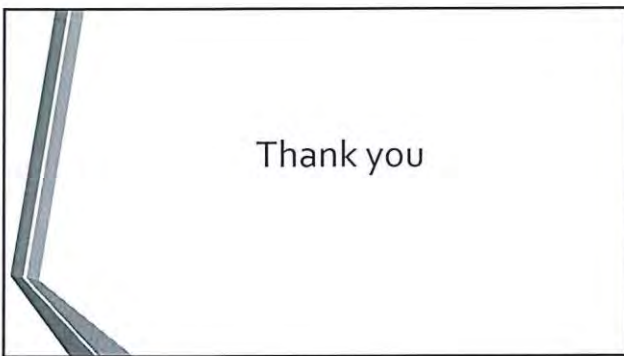
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- ### Summary (cont'd)
- #### Training resources/institutes
- Training program of some issues are implemented by non-health, non-government stakeholders. We need **multisectoral coordination and support** and resources would be from private sector, 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.

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### Objectives of Field Visits

- 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

4

### Purpose of this Session

- To share and agree on the plan of Field Visits to CLMV
- To discuss and agree the contents of the survey
- To decide survey members

2

### Why CLMV?

- Progress in DHM in AMS since ARCH started in 2016 especially in CLMV  
(e.g. Vietnam: hosting a drill, Myanmar: DHM training)  
→ Need to understand the current situation properly on the progress and efforts in DHM
- Previous survey (2014): Stronger needs for strengthening the capacity for Emergency Medicine  
→ Need to understand the current training needs for planning standard training curriculum/Regional Training Institute.
- Follow-up the questionnaire survey to identify a potential core institute for Academic network in ASEAN/training needs in DHM

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### Outline of Presentation

- Objectives of Field Visits
- Schedule
- Survey Items
- Interviewees/Places to visit
- Methodology
- Survey Team members
- Next Step
- Q&A

3

Reference: Disaster Health Management in AMS (prior study)

	Group I			Group E			Group SE		
	Countries with abundant disaster experience and countermeasures			Countries with insufficient disaster experience and countermeasures			Countries with relatively sufficient systems for disaster response but without disaster experience		
	Indonesia	Philippines	Thailand	Laos	Myanmar	Vietnam	Burma	Malaysia	Singapore
Have permanent administration organizations for disaster health management	○	○	○	○	○	○	○	○	○
Have systems for medical teams that respond to disasters	○	○	○	○	○	○	○	○	○
Education and training systems for disaster health management is developed	○	○	○	○	○	○	○	○	○
Have experience in accepting EMT from abroad	○	○	○	○	○	○	○	○	○
System for accepting EMT from abroad is developed	○	○	○	○	○	○	○	○	○
The government has experience of dispatching a EMT abroad	○	○	○	○	○	○	○	○	○
System to dispatch EMT abroad as a government is developed	○	○	○	○	○	○	○	○	○

Source : Data is from "Data Collection Survey on ASEAN Emergency Health Management" and modified by survey team.

6

### Survey Items

- Educational/Training institutes
  - Training capacity
  - Faculty, facility
  - Network with other institutes/countries/donors
- Domestic training programs on DHM
- Training/competency needs
- Needs for external supports

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### Survey Items (Plan)

Interviewees	Survey Items
MOH	<ul style="list-style-type: none"> <li>• Policy/Plan for human resource development in DHM</li> <li>• Progress on DHM since ARCH started</li> <li>• The most needed education and training program in DHM</li> <li>• Challenges in DHM education/training</li> <li>• Support needed</li> <li>• Education/training institutes, which play a core role in DHM education in the country and in a network building with major educational institutes in other AMS.</li> <li>• Resistance for receiving medical teams from other countries in the event of a disaster in the country (if any), and the reasons</li> </ul>
Hospital - Emergency Medicine Dept. - Dept. of Disaster medicine	<ul style="list-style-type: none"> <li>• Basic information (faculty, facilities)</li> <li>• Training program for DHM</li> <li>• The most difficult medical requirements/needs to respond in the past disasters</li> <li>• Education/training needs from the perspective of regional collaboration/coordination. Most needed skills/knowledge for EMTs in the country.</li> <li>• The most needed resources to meet the training needs/requirement.</li> <li>• Important points to work in a multicultural setting</li> <li>• Specific image of "cooperation and collaboration with other countries" at a disaster site.</li> </ul>

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### Interviewees (Plan)

Country	MOH + Potential core institute(s)	Other Candidates
Cambodia	MOH - Disaster Management and Environmental Health Bureau, Preventive Medicine Dept. - ASEAN Bureau, Dept. of International Cooperation (DIC)?	- Calmette Hospital - National Center for Disaster Management (NCDM) - Cambodia Red Cross
Lao PDR	MOH (Dept. of Health Care?)	- Mittarphab Hospital (Emergency Department) - University of Health Science - Lao Red Cross

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### Survey Items (cont'd)

Interviewees	Survey Items
Medical Univ./Training Institute	<ul style="list-style-type: none"> <li>• Basic information (Year of establishment, Vision, # of faculty members &amp; students)</li> <li>• Process of the training curriculum development</li> <li>• Overview of Training program for DHM (e.g. number of credits, learning objectives, trainees)</li> <li>• Contents of the training curriculum &amp; training methodology</li> <li>• Training needs/Challenges in training DHM</li> <li>• Training Capacity (faculty/facilities/equipment)</li> <li>• Support from other donors</li> </ul>
NGO and association	<ul style="list-style-type: none"> <li>• Training program for DHM</li> <li>• Target of support</li> <li>• Challenges in DHM education in the country</li> <li>• Future plan of support or project in the area of capacity development in DHM</li> </ul>

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### Interviewees (Plan)

Country	MOH + Potential core institute(s)	Other Candidates
Myanmar	• Ministry of Health and Sports • Emergency Medical Service Training Center (NAY PYI TAW)	• Ministry of Social Welfare, Relief and Resettlement (MSWRR) • North Okkalapa General Hospital and teaching Hospital, Yangon • University of Medicine 1, Yangon • Myanmar Medical Association (MMA)
Vietnam	• MOH, Department of planning and finance Management, • National Burn Hospital (Department of Disaster medicine)	• Hanoi University of Public Health (HUPH) • Vietnam Red Cross

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### Methodology

- Key Informant Interview
- FGD (alternative)

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### Need to agree

- Survey Team Members
  - Thai & Japanese
  - AMS
- Schedule (Feb. & Mar. 2020)

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### Next Steps

	Activity	Focal Point(s)
Dec.10, 2019	<ul style="list-style-type: none"> <li>• To finalize the list of interviewees /organizations to visit</li> <li>• To make an appointment</li> </ul>	PWG 2 Members in CLMV
Dec.10, 2019	To decide a member of survey team	PWG 2 Members
Dec.15, 2019	<ul style="list-style-type: none"> <li>• To prepare detail plan of the visits and interview sheets</li> <li>• To share the plan with other survey team members</li> </ul>	Consultant
Jan.5, 2020	To give feedback on the plan and interview sheets	All Survey team members
Feb. & Mar. 2020	Field Visits in CLMV	PWG2 members in CLMV Survey Team
Mar-Apr	To summarize the survey results	Consultant, Survey Team
1 <sup>st</sup> or 2 <sup>nd</sup> Quarter,	To share the results and recommendations with all	Consultant, Survey

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### Members of Survey Team

- ARCH Project (Thai and Japanese members)
- Consultant
- Representatives from AMS that are not target of field visits
  - One (1) from each country
  - 2-3 countries/each mission
  - PWG 2 member or a designated official, who has participated in ARCH activities/is involved in capacity building in DHM
- Expected roles
  - To lead discussion on specific issues (Interview/FGD)
  - To share experiences/ advanced efforts in DHM education in own country with CLMV
  - To contribute/provide inputs to standardization of training curriculum after the survey

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Thank you

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### Proposed Schedule

1. Cambodia & Lao PDR  
Feb.11<sup>th</sup> (Tue) – 19<sup>th</sup> (Wed)
2. Myanmar & Vietnam  
Mar. 3<sup>rd</sup> (Tue) – 11<sup>th</sup> (Wed)

Day 0 (Tue)	Day1 (Wed)	Day2 (Thur)	Day3 (Fri)	Day4 (Sat)	Day5 (Sun)	Day6 (Mon)	Day7 (Tue)	Day 8 (Wed)
Arrival Country A	MOH, Medical Univ. Training Institute, etc.,			Move to Country B	Internal Meeting	MOH, Medical Univ. Training Institute, etc.,		PM: Leaving for home country

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

Country	3.1 Availability of training program	3.2 Training institute	3.3 Training period	3.4 Frequency	3.5 External Training provided	3.6 Organizer for 3.5
Ethiopia	mass casualty incident (MCI)	Ministry of Health and NDMC	2 days	at least 1/year	Incident command system (ICS)	MPTC (Addis Ababa, Addis)
	chemical, biological, radiological, nuclear, explosive (CBRNE)	Ministry of Health and NDMC	4 days	at least 1/year		
	Water, sanitation and hygiene (WASH)	Public Health Department MOH	varies	at least 1/year		
	Public health	Public Health Department MOH	varies	at least 1/year		
Indonesia	mass casualty incident (MCI)	Center of Health Crisis (Integrated in Disaster Health Management Training)	4-5 days	yearly	Basic disaster life support (BDLS)	Army
	chemical, biological, radiological, nuclear, explosive (CBRNE)	National Agency for Counter Terrorism	3 days	yearly	Advanced disaster life support (ADLS)	Army
	Psychological care	Center of Health Crisis (Integrated in Disaster Health Management Training) and University, and NGO	4-5 days	yearly	Field MIMMS (Major Incident Medical Management and Support)	NGOs and Universities
	water, sanitation and hygiene (WASH)	Center of Health Crisis (Integrated in Disaster Health Management Training), UNICEF, University, NGO	4-5 days	yearly	Hospital MIMMS	NGOs and Universities
	Public health	Center of Health Crisis (Integrated in Disaster Health Management Training), University	4-5 days	yearly	advanced trauma life support (ATLS)	Trauma Commission (Indonesian Surgeon Association)
	Logistics	Center of Health Crisis (Integrated in Disaster Health Management Training), NDMC, NGO	4-5 days	yearly	Incident Command System (ICS)	NDMA, MoH, Army
	safety and security		4-5 days	yearly	Psychological First Aid (PFA)	MoH, NGOs and Universities
	(Others) Contingency plan for health sector (DHO, Hospital, LDMA, and Primary health care)	University and hospital	4-5 days	yearly	(Others) Hospital disaster plan	MoH, NGOs and Universities
	Training for disaster health cluster	MoH and university	4-5 days	yearly		
	Hospital disaster plan	MoH and university	4-5 days	yearly		
	*Remarks: Disaster Health Management training conducted annually in 5 days training Programme					
Laos	mass casualty incident (MCI)	Emergency Department of Central Hospital	3 days	1/year	Basic disaster life support (BDLS)	Department of Central Hospital
	chemical, biological, radiological, nuclear, explosive (CBRNE)	Ministry of Science and Technology, Emergency Department of Central Hospital, CDC Department	3 days	1/year	Advanced disaster life support (ADLS)	Emergency Department of Central Hospital, CDC Department
	Psychological care	Psychological care Department of Monivong Hospital, Health Care and Rehabilitation Department	5 days	1/year	Field MIMMS	Emergency of Central Hospital, Cabinet of MoH
	water, sanitation and hygiene (WASH)	Center of Sanitation and Water Supply, Hygiene and Health Promotion Department, MoH	5 days	1/year	Hospital MIMMS	Emergency Department of Central Hospital
	Public health	Health Care and Rehabilitation Department, CDC Department, Cabinet of MoH	5 days	1/year	advanced trauma life support (ATLS)	Emergency Department of Central Hospital
	Logistics	Food and Drug Department, Medical Products Supply Center	5 days	1/year	International Trauma Life Support (ITLS)	Emergency Department of Central Hospital
	Business continuity plan (BCP)	Planning Department, Finance Department	5 days	1/year	Incident Command System (ICS)	Emergency Department of Central Hospital
					Psychological First Aid (PFA)	Psychological care Department of Monivong Hospital, Health Care and Rehabilitation Department
Malaysia	mass casualty incident (MCI)	Hospital Selayang, Selangor	4 days	1-2 times/year	Basic disaster life support (BDLS)	Hospital Selayang, Selangor
	chemical, biological, radiological, nuclear, explosive (CBRNE)	Hospital Selayang, Selangor	3 days	1-2 times/year	Advanced disaster life support (ADLS)	Hospital Selayang, Selangor
	Public health	National Institute of Health, NIH	3 days	1-2 times/year	Advanced trauma life support (ATLS)	College of Surgeons, Academy of Medicine, Malaysia
	Logistics	National Disaster Management Agency Malaysia	1 day	1-2 times/year	Incident Command System (ICS)	National Disaster Management Agency
Myanmar	mass casualty incident (MCI)	Ministry of health and sports	3 days to 1 week	twice/year	Field MIMMS	Australian college of Emergency Medicine
	water, sanitation and hygiene (WASH)	Ministry of health and sports			Hospital MIMMS	Australian college of Emergency Medicine
	Public health	Ministry of health and sports			advanced trauma life support (ATLS)	Australian college of Emergency Medicine
Philippines	mass casualty incident (MCI)	Health Emergency Management Bureau - Department of Health (HEMB-DOH)	5 days	needs based, as requested	advanced trauma life support (ATLS)	Philippine College of Surgeons
	chemical, biological, radiological, nuclear, explosive (CBRNE)	HEMB-DOH in collaboration with national agencies and hospitals including Philippine Nuclear Research Institute	3 days	needs based, as requested	Incident Command System (ICS)	Office of the Civil Defense
	Psychological care	East Avenue Medical Center, Philippine General Hospital		needs based, as requested	Psychological First Aid (PFA)	HEMB-DOH
	water, sanitation and hygiene (WASH)	HEMB-DOH	5 days	needs based, as requested		
	Public health	HEMB-DOH	3 days	needs based, as requested		
	Logistics	Technical Support from international organizations for SUSA		needs based, as requested		
	safety and security	Office of the Civil Defense, Department of Interior and Local Government	1 day	needs based, as requested		
	Business Continuity Plan (BCP)			needs based, as requested		
Singapore	mental health and psychosocial support (MHPSS)			needs based, as requested		
	mass casualty incident (MCI)	SingHealth Academy	up to 3 days	2/year	Basic disaster life support (BDLS)	SingHealth Alice Lee Institute of Advanced Nursing
	chemical, biological, radiological, nuclear, explosive (CBRNE)	ditto	ditto	ditto	Advanced disaster life support (ADLS)	SingHealth Academy
	Psychological care	ditto	ditto	ditto	Advanced trauma life support (ATLS)	Tan Tock Seng Hospital, The Singapore Trauma Conference
	water, sanitation and hygiene (WASH)	ditto	ditto	ditto	International Trauma Life Support (ITLS)	SingHealth Academy
	Public health	ditto	ditto	ditto	Incident Command System (ICS)	SingHealth Academy
	Logistics	ditto	ditto	ditto	Psychological First Aid (PFA)	Singapore Red Cross Society, SingHealth Academy
Thailand	business continuity plan (BCP)	ditto	ditto	ditto	Pre-Hospital Trauma Life Support	Tan Tock Seng Hospital, SingHealth Academy
	Mass casualty incident (MCI) CBRNE	NDM	2-3 days	yearly	Basic disaster life support (BDLS)	Royal College of Surgeon of Thailand
		Department of Disaster Prevention and Mitigation (DDPM)	2-3 days	10 times/year	Advanced disaster life support (ADLS)	Royal College of Surgeon of Thailand
	Psychological care	Department of Mental health, MOH	2-3 days	yearly	Advanced trauma life support (ATLS)	Royal College of Surgeon of Thailand
	Water, sanitation and hygiene (WASH)	The Thai Red Cross Society	2-3 days	yearly		
Vietnam	Public health	Department of Disease Control, Ministry	6 days	yearly		
	Logistics	Siriraj Hospital, faculty of medicine	2-3 days	yearly		
	safety and security	*part of other course				
	mass casualty incident (MCI) CBRNE	some NGO	4-1 week	occasional		
	Psychological care	some NGO				
	Public health	some NGO				



*7<sup>th</sup> Meeting of Project Working Group 2*