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| **Event** | **9th Meeting of Project Working Group 1** |
| **Dates** | 21 January 2020 |
| **Venue** | Novotel on Siam Square Hotel, Bangkok Thailand |
| **Participants** | 40 participants AMS, JICA, ASEC |
| **Agenda** | • Integration SOP to SASOP<br>• Collective Approach for AMS I-EMT<br>• Lesson Learnt from Actual Disaster<br>• ASEAN Health Priority 12 on Disaster Health Management Work Plan for 2021-2025<br>• Wrap-up and Ways Forward |
| **Summary of Discussion** | Updates on PWG 1 activities were delivered to the meeting. The meeting noted the outcomes of TTX to test SOP in November 2019 Jakarta. Results of SWG on ASEAN collective approaches were presented. SWG addressed key challenges that AMS need to overcome to satisfy the WHO EMT minimum standards.<br><br>The meeting reviewed the proposed template for AMS I-EMT Lesson Learnt Report. In preventing duplication of information from exit forms, further revision is needed.<br><br>The proposed draft work plan on disaster health management was presented. The meeting exchanged views on funding and resource mobilization to conduct proposed activities. |
| **Important Decisions** | • The chairman informed that he would participate in ASEAN Joint Coordinating Committee on Medical Practitioners (AJCCM) to seek guidance on the temporary medical license for I-EMT deployment<br>• The meeting will review the AMS I-EMT Lesson Learnt Report and provide feedback/input by end of February 2020<br>• The concept of Roadmap for ASEAN Health Cooperation's Contribution to the realization of One ASEAN One Response was presented by RCCDHM Secretariat to the meeting. Draft work plan on DHM for health development agenda will be presented during 1st meeting of RCC DHM |
| **Attachments** | • List of Participants |

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| | ● Overall Programme<br>● Summary and Way Forward<br>● Presentations and Documents<br>○ TTX Matrix of Concerns Raised, and Recommendations and Ways Forward<br>○ Study on ASEAN Collective Measure/ Approach<br>○ Interim report: Results of information collection<br>○ Recommendation- 1st SWG meeting for ASEAN Collective Measure/ Approach<br>○ Lesson Learnt from Actual Disaster<br>○ Draft Work Plan<br>○ The Roadmap on Disaster Health Management to implement the POA om ALD on DHM |

**Thai Participants Registration Sheet for 9th PWG 1, 1st SWG for ASEAN Collective Measure and Consultation meeting for 5th RCD**

**20-21 January 2020, The Novotel Siam Square**

| | Country | Group | | Name | Organization | Business Title | Signature | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | 20-Jan | 21-Jan |
| 1 | Thailand | PWG 1& SWG and Consultation | Dr. | Alisa Yanasan | MOPH | Deputy Director | [redacted] | |
| 2 | Thailand | PWG 1& SWG and Consultation | Dr. | Prakit Sarathep | MOPH | Expert on Preventive Medicine | | |
| 3 | Thailand | PWG 1& SWG and Consultation | Dr. | Naruemon | MOPH | | | |
| 4 | Thailand | PWG 1& SWG and Consultation | Ms. | Rungtipa Jaitrong | MOPH | Public Health Officer | | |
| 5 | Thailand | PWG 1& SWG and Consultation | Ms. | Hataya Kohkiatpong | MOPH | Public Health Officer | | |
| 6 | Thailand | PWG 1& SWG and Consultation | Mr. | Richard Brown | WHO | | | |
| 7 | Thailand | PWG 1& SWG and Consultation | Dr. | Phummarin Saelim | HRH Princess Chulabhorn Center of Disaster and Emergency Medicine | Deputy-Director | | |
| 8 | Thailand | PWG 1& SWG and Consultation | Dr. | Phumin Silapunt | HRH Princess Chulabhorn Center of Disaster and Emergency Medicine | Deputy-Director | | |
| 9 | Thailand | PWG 1& SWG and Consultation | Ms. | Sansana Limpaporn | NIEM | Project Team | | |
| 10 | Thailand | PWG 1& SWG and Consultation | Ms. | Kittima Yuddhasaraprasiddhi | NIEM | Project Team | | |
| 11 | Thailand | PWG 1& SWG and Consultation | Ms. | Dangfun Promkhum | NIEM | Project Team | | |
| 12 | Thailand | PWG 1& SWG and Consultation | Dr. | Kriangsak Pintatham | Chaingrai Prachanukror Hospital | Emergency Physician | | |
| 13 | Thailand | PWG 1& SWG and Consultation | Dr. | Prasit Wuthisuthimethawee | Prince of Songkla University | Ass. Dean | | |
| 14 | Thailand | PWG 1& SWG and Consultation | | | MOPH | | | |
| 15 | Thailand | PWG 1& SWG and Consultation | | | Rajavithi Hospital, DMS | DD. | | |
| 16 | Thailand | PWG 1& SWG and Consultation | | | | | | |
| 17 | Thailand | PWG 1& SWG and Consultation | | | | | | |
| 18 | Thailand | PWG 1& SWG and Consultation | | | | | | |
| 19 | Thailand | PWG 1& SWG and Consultation | | | | | | |
| 20 | Thailand | PWG 1& SWG and Consultation | | | | | | |

**AMS Participants Registration Sheet for 9th PWG 1, 1st SWG for ASEAN Collective Measure and Consultation meeting for 5th RCD**

**20-21 January 2020, The Novotel Siam Square**

| | Country | Group | | Name | Organization | Business Title | Signature | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | 20-Jan | 21-Jan |
| 1 | Brunei | PWG 1 | Dr. | Linawati Haji Jumat | Ministry of Health | Consultant Emergency PhysicianChief of Emergency Services | [redacted] | |
| 2 | Brunei | PWG 1 | Ms. | Chiang Mei Mei | Ministry of Health | Paramedic Officer | | |
| 3 | Cambodia | PWG 1 | Dr. | Teng Srey | Ministry of Health | Deputy Director | | |
| 4 | Cambodia | PWG 1 | Dr. | Lak Muy Seang | Ministry of Health | Deputy Director | | |
| 5 | Indonesia | PWG 1 | Mr. | Agus Hendroyono | Health Crisis Center, Ministry of Health | Deputy General | | |
| 6 | Indonesia | SWG & PWG 1 | Dr. | Rakhmad Ramadhanjaya | Health Crisis Center, Ministry of Health | Head of Emergency Response Subdivision | | |
| 7 | Indonesia | Consultation | Dr. | Ina Agustina Isturini | Health Crisis Center, Ministry of Health | Head of Prevention and Mitigation Subdivision | | |
| 8 | Lao PDR | PWG 1 | Dr. | Daovilay Banchongphanith | Ministry of Health | Deputy Director of Division | | |
| 9 | Lao PDR | PWG 1 | Dr. | Oulaivanh Phonesavanh | Mittapharb Hospital | Doctor | | |
| 10 | Malaysia | PWG 1 | Dr. | Maria Suleiman | Disease Control Division, MOH | Senior Principal Asistant Director | | |
| 11 | Myanmar | PWG 1 | | | | | | |
| 12 | Myanmar | PWG 1 | | | | | | |
| 13 | Myanmar | Consultation | | | | | | |
| 14 | Myanmar | Consultation | | | | | | |
| 15 | Myanmar | Consultation | | | | | | |
| 16 | Myanmar | Consultation | | | | | | |
| 17 | Myanmar | SWG | D. | | | | | |
| 18 | Philippines | PWG 1 & Consultation | Ms. | Janice Palad Feliciano | Department of Health | Nutritionist-Dietitian V | | |
| 19 | Philippines | PWG 1 & Consultation | Dr. | Alfonso Cruz Danac | Jose B. Lingad Memorial Regional Hospital | Chief of Medical and Professional Staff II | | |
| 20 | Philippines | SWG | Ms. | Elmie Joy T.Villegas | Department of Health | Health Program Officer | | |
| 21 | Singapore | PWG 1 | Mr. | Ng Hock Sing | Ministry of Health | Director | | |

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| 22 | Singapore | PWG 1 | Mr. | Raihan Rafiek | Ministry of Health | Senior Assistant Director | [redacted] |
| 23 | Viet Nam | PWG 1 | Mr. | Nguyen Duc Chinh | Viet Duc University Hospital | Ass.Prof. Chief of Department | |
| 24 | Viet Nam | SWG & PWG 1 | Mr. | Tran Quang Hung | Ministry of Health | Official | |
| 25 | ASEC | SWG & PWG 1 | Mr. | Jim Catampongan | ASEAN Secretariat | Senior Officer | |
| 26 | ASEC | SWG & PWG 1 | Mr. | Michael Glen | ASEAN Secretariat | Senior Officer | |

## Japanese Participants Registration Sheet for 9th PWG 1, 1st SWG for ASEAN Collective Measure and Consultation meeting for 5th RCD

### 20-21 January 2020, The Novotel Siam Square

| | Country | Group | | Name | Organization | Business Title | Signature | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | 20-Jan | 21-Jan |
| 1 | Japan | PWG 1& SWG and Consultation | Dr. | Tatsuro KAI | Senri Critial Care Medical Center | Japanese Advisory Committee member | [redacted] | |
| 2 | Japan | PWG 1& SWG and Consultation | Dr. | Yuichi Koido | JAC | | | |
| 3 | Japan | PWG 1& SWG and Consultation | Mr. | Yosuke Takada | JAC | | | |
| 4 | Japan | PWG 1& SWG and Consultation | Mr. | Tsukasa Katsube | JICA | Senior Advisor | | |
| 5 | Japan | PWG 1& SWG and Consultation | Ms. | Asuka Tsuboike | JICA | | | |
| 6 | Japan | PWG 1& SWG and Consultation | Mr. | Sho Amemiya | JICA | | | |
| 7 | Japan | SWG | Ms. | Chiaki Kido | KRC | | | |
| 8 | JICA Thailand | PWG 1& SWG and Consultation | Mr. | Taro KITA | ARCH Project | Project Coordinator | | |
| 9 | JICA Thailand | PWG 1& SWG and Consultation | Mr. | Shuichi Ikeda | JICA | Chief Advisor, ARCH Project | | |
| 10 | JICA Thailand | PWG 1& SWG and Consultation | Mr. | Valintorn Chewasuchin | ARCH Project | Project Assistant | | |
| 11 | JICA Thailand | PWG 1& SWG and Consultation | Ms. | Ninuma Dullaphan | ARCH Project | Project Assistant | | |

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

# Ninth Meeting of the Project Working Group (PWG) 1

**Date:** 21 January 2020
**Location:** Bangkok, Thailand
**Venue:** Novotel Bangkok on Siam Square Hotel
**Participants:** ASEAN Member States, JICA, Other related organizations

Chair: Dr.Jirot Sindhvananda

| Time | Activity | Presenter |
|---|---|---|
| 8.30-8.45 | Opening Remark | |
| 8.45-9.00 | Introduction of Participants | |
| 9.00-10.00 | Integration of SOP for EMT to SASOP | Dr.Alisa Yanasan |
| 10.00-10.15 | Group Photo | |
| 10.15-10.30 | *Coffee break* | |
| 10.30-12.00 | Collective Approach for AMS I- EMT | Mr.Taro Kita |
| 12.00-13.00 | *Lunch* | |
| 13.00-14.00 | Lesson Learnt from Actual Disaster | Mr.Shuichi Ikeda |
| 14.00-14.15 | *Coffee break* | |
| 14.15-16.00 | ASEAN 12th Health Priority's Workplan 2021-2025 | Dr.Phumin Silapunt |
| 16.00-16.15 | Wrap-up and Way Forward | ASEAN Secretariat |
| 16.15-16.30 | Closing Remarks | |

FINAL

**SUMMARY AND WAYS FORWARD**

**NINTH MEETING OF**
**PROJECT WORKING GROUP 1 OF THE PROJECT FOR STRENGTHENING ASEAN REGIONAL CAPACITY IN DISASTER HEALTH MANAGEMENT (ARCH PROJECT)**
21 JANUARY 2020 | BANGKOK, THAILAND

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## INTRODUCTION AND OPENING REMARK

1. The Meeting was Chaired by 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, and ASEAN Secretariat through the Health Division. The Meeting was also attended by Japan International Cooperation Agency (JICA). The List of Participants appears as **ANNEX 1.**

2. Dr Jirot Sindhvananda, Senior Advisor to Chulabhorn International College of Medicine, Thammasat University and acting as Chair of the Meeting, delivered the opening remarks. He shared a summary of the developments of the ARCH Project Phase 1 between 2016-2019, as well as a summary of the priorities during the Extension Phase which are under the purview of the Project Working Group 1. He expressed gratitude to ASEAN Member States and Japan for their continued commitment and support to the strengthening of disaster health management in the ASEAN Region.

## AGENDA 1: INTEGRATION OF EMT SOP TO SASOP

3. The Meeting noted the presentation of Thailand on the conduct and outcomes of the Tabletop Exercise to Test the Draft Standard Operating Procedure for the Coordination of Emergency Medical Teams in ASEAN (EMT SOP) that was conducted on 7-8 November 2019 in Jakarta, Indonesia. The exercise was one of the steps for the integration of the ASEAN EMT SOP to the ASEAN Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP). The presentation appears as **ANNEX 2**.

4. The Meeting exchanged views which focused on the following:

   a. The tabletop exercise was successful. It provided a platform for disaster management and health representatives of AMS to discuss multisectoral operational issues in disaster response as well as to propose revisions to the draft SOP, and which have been incorporated in the revised version.
   b. The collective measures/approach which the ARCH Project is currently looking into, through a Sub-Working Group (SWG) on ASEAN Collective Measures, is hoped to address concerns regarding the international deployment of ASEAN EMT that are not yet verified by WHO (taking into

account that most of the AMS are still not verified). The SWG can also explore the establishment of pre-agreed arrangements that ensure timely EMT deployments.

c. While AMS are currently focused in the development of EMT Type 1, the Tabletop Exercise encouraged the Health Sector to explore how to address health needs that require the deployment of EMT Type 2 or Type 3.
d. AMS shall continue efforts in the development of EMT using the WHO minimum standards and not wait the for endorsment of the EMT SOP.

5. The Meeting expressed appreciation for the promising developments in the integration of the EMT SOP to SASOP, at the same time encouraged AMS their continued and active support to the process.

**AGENDA 2: COLLECTIVE APPROACH FOR AMS I-EMT**

6. The Meeting noted that overseas deployment for large scale disasters in ASEAN region shall be referred to as AMS I-EMT, which is acknowledged by other AMS that it can rapidly dispatched across borders in the ASEAN region in accordance with the WHO minimum standards. However, the Meeting also noted that some AMS may find challenges on logistics, legal or technical components to satisfy the WHO EMT minimum standards.

7. Therefore, the Meeting further noted that the ASEAN Collective Measures or regional rules to complement self-sufficiency of each AMS I-EMT will be the priority efforts through the Sub-Working Group (SWG) on ASEAN Collective Measures under the purview of PWG1, that will be looking at five components as follows:

a. Customs compliance on all goods and materials for EMT operation
b. Waste management
c. Indemnity and malpractice
d. Logistic support
e. Registration of medical practitioners to practice in affected countries

8. The Meeting noted that the 1st Meeting of SWG on ASEAN Collective Measures extensively discussed the expected outputs that the group aims to achieve by June 2020 with the support of an external consultant contracted by the ARCH Project. The Meeting adopted the recommendations of the 1st Meeting of SWG. The presentation appears as **ANNEX 3.**

9. The Meeting further noted the presentation from the consultant on the interim report on the results of information collected from the 1) situation analysis of international guidelines: roles of assisting and receiving countries; and 2) detailed survey on five (5) targeted components that are to be tackled by the SWG (enumerated in Para 7). Her presentation appears as **ANNEX 4.**

10. The Meeting exchanged views on the temporary medical license for I-EMT deployed to affected countries in ASEAN Region. The Chair further clarified that the ASEAN the Mutual Recognition Arrangement (MRA), under the ASEAN Economic Community (AEC), stipulates that a Foreign Medical Practitioner may apply for

registration in the Host Country to be recognised as qualified to practise medicine in the Host Country in accordance with their Domestic Regulations and subject to the some conditions listed in the MRA for Medical Practitioners. The Chair further informed the Meeting that in the next ASEAN Joint Coordinating Committee on Medical Practitioners (AJCCM), Thailand will raise this concern and seek guidance from the AJCCM.

**Action Line: Thailand (Chair PWG1)**

11. The Meeting further exchanged views on medical malpractice and waste management components in the WHO EMT certification. The Meeting noted that Thailand, having been recently certified by WHO, has experiences on this matter and it will be beneficial for other AMS currently undergoing the certification process to learn from their experience. Thailand agreed to share their experiences and documentation in overcoming their challenges on medical malpractice and waste management that will enable AMS and the region to obtain the lessons, and develop their own guidelines based on national conditions/needs. The current survey conducted by the external consultant will also explore the development of a case study on these components.

**Action Line: Thailand**

12. The Philippines also suggested that all efforts of the ARCH Project made through the SWG on ASEAN Collective Measures will include and consult with WHO to ensure that all recommendations of the group are consistent with and contribute to meeting the WHO standards. However, the Meeting noted that some indicators in WHO standards, e.g. insurance scheme, might not be feasible at this point in time for some AMS. Therefore, the Meeting acknowledged that the ASEAN collective measures as a means to support each other, to find alternative solutions to issues that can deliver the same outcomes, and to eventually meet WHO standards.

13. The Meeting also emphasized that the development and deployment of EMT require the collaboration of many sectors, as the issues that the SWG on ASEAN Collective Measures imply. The ASEAN Health Sector needs to work with non-health sectors to address the concerns. On waste management, another concern discussed was on incineration which equipment may be placed in ASEAN warehouses/satellite warehouses instead of having it in all AMS. The matter will require the collaboration with ACDM through AHA Centre.

## AGENDA 3: LESSON LEARNT FROM ACTUAL DISASTER

14. JICA representative presented the proposed template for AMS I-EMT Lesson Learnt Report for the review of operations, experiences, and lessons learnt (post-deactivation phase) of internationally-deployed EMT. The presentation appears as **ANNEX 5.**

15. Thailand raised the concern on the practicality of the lessons learnt format, considering the various forms that EMT are already expected to complete and submit to the EMT Coordinating Cell (EMTCC) and AHA Centre through NDMO. The Meeting exchanged views in particular on the objectives of the lessons learnt report form.

Myanmar also suggested to consider a component/section in the lessons learned form a feedback/evaluation from the perspective of the affected country enable the affected country to review and document lessons and best practices from all I-EMTs deployed to the country. The Meeting also exchanged views on the numbers of report need to be submitted by a country that may send more than one team of I-EMT. The Meeting also noted the concern raised by the Philippines on the institutionalisation of the lessons learned process, as well as the mechanism for the submission of the reports to RCC DHM and how affected Member States can utilise the documented information for future arrangement.

16. In consideration and preventing duplication of information from various exit forms, the Meeting agreed to further review the AMS I-EMT Lesson Learnt Report and for PWG 1 Members to provide feedback/inputs by the end of February 2020.

**Action Line: PWG 1**

## AGENDA 4: ASEAN HEALTH PRIORITY 12 ON DISASTER HEALTH MANAGEMENT WORK PLAN FOR 2021 – 2025

17. The Meeting noted the presentation from Thailand on the proposed draft work plan on disaster health management under the ASEAN Health Cluster 2, that will contribute to the implementation of the 21 targets described in the endorsed Plan of Action on the ASEAN Leaders' Declaration on Disaster Health Management. The draft was developed when the POA/ALD on DHM was being consulted and the Regional Coordination Committee on Disaster Health Management (RCC DHM) was not yet in existence. The presentation and the draft work plan appear as **ANNEX 6.**

18. The Meeting exchanged views on the safe hospital proposed project activities, noting the importance of this proposed project in particular to ensure the safety and continuity of medical services during disaster. The Meeting noted that on the resources needed and the possibility for JICA to support the activity, there's a need to tailor the proposed activities to be aligned with JICA's priorities. Business continuity planning (BCP) may be included.

19. The Meeting also exchanged views that while the priority activities will require funds, based on the ASEAN Health Cooperation practice, these activities are to be assigned by interested Lead Countries first which will lead in the development and implementation of the activities. Resource mobilization could follow, after the endorsement of the project activities by SOMHD/AHMM.

20. The Meeting also noted the presentation of Thailand on the proposed vision, mission and strategies of the Roadmap on Disaster Health Management to implement the POA on ALD on DHM, which resulted from the internal discussions by RCC DHM through the RCC DHM Coordinating Secretariat. The presentation appears as **ANNEX 7**.

21. The Meeting noted that other Health Priorities of the ASEAN Post 2015 Health Development have looked into disaster and emergency concerns, including the ASEAN Emergency Operations Centre Network, and have initiated activities. These

initiatives need to be brought together to ensure sector-wide coordinated preparedness and response.

22. In moving ahead with the development of the Roadmap, it was proposed that the RCC DHM would need to coordinate with different initiatives of the ASEAN Health Cooperation. The Meeting noted that draft plans presented by the ARCH Project and the RCC DHM Coordinating Secretariat will be presented during the First Meeting of RCC DHM for their consideration.

## AGENDA 5: WRAP-UP AND WAYS FORWARD

23. The Meeting reviewed and adopted the Summary and Ways Forward, as presented by ASEAN Secretariat.

## CLOSING

24. Dr Jirot Sindhvananda, Chair of the Meeting, delivered closing remarks. He expressed gratitude and appreciation to all delegates of ASEAN Member States, ARCH Project Team, ASEAN Secretariat and JICA for their valuable inputs and contribution to the success of the Meeting.

25. The Meeting was held in the traditional spirit of ASEAN solidarity and cordiality.

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

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

| Concerns Raised | Recommendations/Ways Forward |
|---|---|
| **Cost of deployment/ expenses of EMT from assisting country** | • EMTs should be self-sufficient (as much as possible) |
| **Health sector disaster information sharing**<br>• Can the MOH of affected country share the flash/situation updates submitted by NDMO to AHA Centre to MOH/AMS through the ASEAN EOC Network?<br>- Can EMT/MOH focal points access Web-EOC for real time updates? (Will NDMOs allow that?)<br>- Will the NDMOs allow direct access/contact between AHA Centre & MOH?<br>• Executive briefing – MOH brought in for AHA Centre briefings?<br>• Can ASEAN health networks – such as ASEAN EOC Network, or MOH EMT contact points – be mobilized for health information-sharing in response, facilitate expedient health response – recognizing that final decisions are with NDMO or MOFA?<br>- Or can this be facilitated by AHA Centre?<br>• For consideration: Enhance coordination between MOH and NDMO on sharing situational awareness information, in addition to use of AHA Centre's Situation Updates | • ASEAN EOC Network, MOH, and anyone can and perhaps should subscribe to AHA Centre's information products, even as these products are widely available to the public<br>• WebEOC is not communication tool (WhatsApp is better); it is a collaborative tool. Trainings are required before persons are given usernames/passwords.<br>• Philippines NDMO & MOH: NDMO as single focal point for coordination with AHA Centre. Information sharing can be undertaken that will involve more sectors (including MOH).<br>• Malaysia MOH agreed with Philippines<br>• Brunei NDMO agreed with Philippines & Malaysia, also agreed that WebEOC is a collaborative tool.<br>• ED AHA Centre: WebEOC will remain as a collaborative tool between AHA Centre, NDMO, and ERAT.<br>• Malaysia MOH offered ASEAN EOC Network as another platform for information sharing and for the purpose of exploring other possibilities for the provision of assistance<br>• On the query whether within internal national DM network, if can there be 1 focal point from MOH to access information being shared in WebEOC? Response from DED AHA Centre: Yes, in principle, access can be granted for 1 focal point, but there may be staff rotation.<br>• DMHA ASEC: SG ASEAN can provide other information and convey requests of assistance. ED AHA Centre: But this |

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| | information should be the same as what the AHA Centre has and can provide. SG more for political/policy level engagement<br>• ED AHA Centre: may need to specify the focus and work of ASEAN EOC Network of the ASEAN Health Cooperation (which is on public health emergencies and concerns, NDMO also maintains an EOC network).<br><br>*Agreements:*<br>• NDMO is the lead/ single point of contact<br>• Information sharing should not be limited to NDMO<br>• Executive briefings (held at AHA Centre Jakarta) by AHA Centre: NDMO will decide who will be brought along (invited to AHA Centre Jakarta or through video conference with NDMOs)<br>• Information sharing for health sector: ASEAN EOC public health network to subscribe to AHA Centre's information products |
| **EMT registration form**<br>• To whom is this submitted to and used by?<br>• What is the purpose of submitting through V-OSOCC?<br>• For consideration: EMT registration as attachment to offer of assistance form.<br><br>**EMT forms**<br>• Can EMT forms be simplified (cut or merged) in order to save time for decision-making and to ensure rapid deployment?<br>• For consideration: Conduct of annual review of forms; sharing of how AMS fill up forms | • Health ASEC: In consideration that the EMT SOP will be part SASOP, need to be consistent with SASOP. Hence, the submission of EMT registration form through V-OSOCC may be deleted from the EMT SOP<br>• Health ASEC, agreed by ED AHA Centre: EMT registration form should be attached to the offer of assistance or contractual agreement forms<br>• ED AHA Centre: confirmed that mandatory documents are offer of assistance and contractual arrangement, and EMT registration form should be attached in these 2 documents<br>• Brunei NDMO proposed that contractual arrangement should be approved first, before submission of the EMT registration forms can be done through V-OSOCC.<br>• DED AHA Centre: V-OSOCC not the approving authority for EMT registration, hence submission of forms there is not needed in that regard. However, information sharing of their registration is important for visibility of ASEAN's response.<br><br>• Other EMT forms beyond EMT registration |

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| | form needs to be simplified. |
| **EMT medical equipment**<br>• Include in EMT SOP (as an annex) list of medical equipment that are to be brought in to affected country. | • MOPH Thailand: Agreed to include the list as an annex in the EMT SOP<br>• MOH Indonesia: agree with MOPH Thailand on medical equipment, but how about non-medical equipment?<br>• ED AHA Centre: NDMO plays a role in consolidating the lists for inclusion in the offer of assistance/ contractual agreement form<br>• Health ASEC: agreed with ED AHA Centre on inclusion in official forms, but not necessary to include the lists in the EMT SOP annex, especially as it will be lengthy and think document.<br>• DED AHA Centre proposal: list of medical equipment included in the contractual arrangement (as this form captures all the details of assistance, e.g. teams going in), does not need to be in the offer of assistance<br><br>*Agreement*<br>• Affected AMS will only receive one form (Contractual Arrangements), which will be as detailed as possible, including the EMT registration form (required by WHO, MOH of affected country can look directly at this form relevant to them) as an annex |
| **EMT development/management**<br>• Who will facilitate their development/ organization? How will this be structured? | • MOPH Thailand: Development and structure of EMT depends on each AMS based on their individual needs.<br>• ED AHA Centre: AMS already have plenty of assets in Type I EMTs. Hence, we should build towards having Type II & III EMTs, so that we can provide useful assistance.<br>• Health ASEC: raise this issue at the Regional Coordination Committee on Disaster Health Management and the Sub-Working Group of the ARCH project<br>• Malaysia MOH: agreed that ASEAN should build towards Type II & III. In their experience, setting up of the Type II field hospitals were done together with the Malaysian Armed Forces (relying on their resources for infrastructure) → perhaps can collaborate between AMS to pool resources<br>• Brunei MOH: agreed with Malaysia MOH on pooling of resources |

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| **RDC Management**<br>• How is EMT reception and departure managed considering potential deployment of ERAT, and EMTCC/MOH (in light of importance of CIQ process)? | • Health ASEC: Recommended that ARCH Project further reviews the EMT SOP if there is a missing components related to RDC management that may need to be included.<br>• Philippines MOH: EMTs first received at PIHARC and have their points of contact there. Important to establish the points of entry and contact for EMTs to go through upon arrival. |
| **Field multisectoral coordination**<br>• EMT coordination with local EMTCC/PHEOC or health authorities<br>• Coordination mechanism at the local level between/among DM, health and other sectors seems missing.<br>• Coordination/links between local and national mechanisms also to be elaborated | • Health ASEC: Coordination between JOCCA and EMTCC at the local level be considered to be included in the EMT SOP<br>• ED AHA Centre: JOCCA (set up by ERAT) at the local level is co-located with affected NDMO post on the ground (there is also coordination at the national level with the NDMO, often in capital city), so is EMTCC also co-located in a similar manner? EMTs can link up with ERAT and tap on the information they have.<br>• DED AHA Centre: ERAT and JOCCA will not coordinate EMTs, USAR, etc., but will link up with EMTCC to obtain information and perform gaps analysis → JOCCA & EMTCC linkage limited to information exchange<br>• Indonesia NDMO: regarding location of coordination centres on the ground, EMTCC needs to be located on the ground in such a way that they can be linked up to the system, but for Indonesia's case, connection to the district/village level should only come about if requested.<br>• EMTCC at national level, also JOCCA, at MAC (Indonesia case), while sub-EMTCC at provincial and district level<br>• Indonesia NDMO: want to strengthen the regional mechanisms first, hence they request in previous disasters for coordination by the AHA Centre. |
| **Pre-agreed arrangements**<br>• Can AMS consider pre-disaster agreements/arrangements regarding deployment of EMT based on agreed criteria, and in consultation with relevant authorities (NDMO, MOFA)? This may be refer to SAR experience. | • ED AHA Centre: point was raised because in Central Sulawesi experience, SAR & EMT arriving after 48 hours will not add any value to Indonesia's response. Pre-agreed arrangements also being looked at by ACDM (e.g. in logistics, Malaysia earmarked 1x C-130 & 1 A400M for transport of relief items from Subang, |

| | |
|---|---|
| | Malaysia) – what things in health/EMT that can be deployed (1) within 48 hours, (2) after 48 hours that are still useful?<br>• ED AHA Centre: Role of AHA Centre to set up ASEAN Standby Arrangements, in which AMS are requested to submit list of assets available for mobilization. Also, think about how to make full use of these assets.<br>• ED AHA Centre: next AJDRP should include EMT assets<br>• Malaysia MOH: tough to deploy >Type I assets within 48 hours (e.g. took 72 hours to set up Type II field hospital)<br>• Indonesia MOH: require logistics and medicine equipment preparation before anything happens so that these assets are available near the disaster zones, back-up doctors and nurses in primary health care facilities are tapped on and mobilized quickly during disasters ← preparing capacities before disaster<br>• AMS are moving towards nationally-led responses, regional response is primarily aimed to reinforce national response.<br><br>• *Requires further discussion* |
| **Code of conduct for deployed EMT**<br>• For example, local practices in the engagement of EMT with press/media<br>• For consideration: Affected AMS to provide guidance to incoming EMT through information packages, and briefings (at RDC or EMTCC)<br>• For consideration: as a matter of principle, assisting EMT to recognize that each country has existing mechanisms in place. | • General code of conduct in line with socio-cultural context of country<br>• Thailand MOH: EMT must sign code of conduct to work overseas, with minimum standards in the code. Also, SOP for media conduct – such as no sharing of posts on social media. |
| **SG-AHAC**<br>• Can we explore SG-AHAC role in providing political support in addressing challenges/ problems in the deployment of EMT (such as logistics support)? | • DMHA ASEC: Mandate of SG-AHAC – coordinate and mobilize resources from AMS, including access to available funds, and to mobilize resources from ASEAN dialogue partners and other partners.<br>• DMHA ASEC: MOFA is the first one that receives briefing from SG-AHAC<br>• DED AHA Centre: SOP is an operational document<br><br>*Conclusion* (as raised by DED AHA Centre, and agreed by DMHA ASEC): |

| | |
|---|---|
| | • Role of SG-AHAC is bigger than the EMT SOP; if there are challenges faced by EMTs or whoever involved in the disaster response, the SG-AHAC can be tapped on for his/her political push (as guided by ACDM). |
| **Role of WHO and health partners**<br>• What could be the role of WHO in EMT development or coordination in ASEAN?<br>• How are offers of EMT assistance by dialogue and other partners dealt with? | • DED AHA Centre proposal: discuss with WHO's presence, for example during ARDEX. |

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

*ONE ASEAN ONE RESPONSE*

# Study on ASEAN Collective Measure/ Approach

*Ninth Meeting of the PWG1, Bangkok Thailand*

Taro KITA, ARCH Project

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

## AMS I-EMT
## International- Emergency Medical Team

✓Emergency Medical Team in each AMS for overseas deployment for large scale disaster in ASEAN region shall be referred to AMS I-EMT.

✓Acknowledged by other AMS that it can rapidly deploy across the border in the ASEAN region.

✓Sufficient capacity to appropriately conduct medical supports for victims in affected area, in accordance with the WHO Minimum Standards.

*8th PWG1 meeting, 11 Jul 2019*

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

## ASEAN Collective Measure/ Approach

✓Logistic/ Legal/ Technical issues, which AMS have difficulties immediately satisfying the WHO EMT minimum standards.

✓Discuss and agree on ASEAN collective measures or regional rules to complement self-sufficiency of each AMS I-EMT for swift and smooth deployment in the actual disaster.

*8th PWG1 meeting, 11 Jul 2019*

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

## SWG for ASEAN Collective M/A

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

✓Consultant team shall collect necessary information on the priority issues from relevant international/ national policy, guideline.

✓SWG shall discuss on the information collected by the consultant and the through online communication among the members.

✓SWG meetings will be organized twice in the extension phase.

*8th PWG1 meeting, 11 Jul 2019*

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

## Target Countries

✓Disaster prone and potential to receive AMS I-EMT as well as having experience hosting or plan to host RCD (Indonesia, Myanmar, Philippines, Thailand, Vietnam)

✓Each target country shall nominate an appropriate member to the Sub-Working Group(SWG)

*8th PWG1 meeting, 11 Jul 2019*

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

## SWG Structure

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

Secretariat
- ARCH Project
- Koei Research and Consulting (KRC)

## ASEAN Collective Measure/ Approach

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



## Steps and procedures

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



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

Progress

- The SWG reviewed recommendation, which consists of expected outputs/ products and recommended activities on 5 issues, as a conclusion of preliminary discussion on the ASEAN CM/A carried out at Japan- Thailand Bilateral meeting in October 2019.
- Briefed/ reminded about its Terms of reference, Structure and Timeframe of the activity, in which 2nd SWG meeting in June 2020 shall be the goal of the activity.
- Received interim report about information collection on relevant international/ national policy, guideline and regulation from consultant team.



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

Progress

- The SWG discussed and agreed on the expected outputs/ products as well as their details in reference to/ based on the recommendation given by the Bilateral meeting.
- Consulted about Questionnaire development in line with the previously agreed Expected outputs/ Products and their accompanying activities.
- Agreed on the process ahead regarding the Questionnaire finalization, distribution and submission, which shall be completed by the end of February as well as implementation of Online discussion as required.



## Interim Report from Consultant



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

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

## Other Issues raised

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

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

## Steps and procedures

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

# Interim report : Results of information collection

Kido Chiaki, Koei Research & Consulting Inc.

## Survey items

1. Situation analysis of international guidelines: roles of assisting and receiving countries

2. Detailed survey about 5 target countries

   1) Customs clearance for EMT items
   2) Laws and regulations related to medical wastes
   3) Regulations and compensation for medical malpractices
   4) Required support on logistics items
   5) Procedures for overseas medical qualified persons

## Source of Information

1. Situation analysis of international guidelines: roles of assisting and receiving countries

1) Emergency Medical Teams Coordination Handbook (WHO), 2016
2) The Regulation and Management of International Emergency Medical Teams (WHO, IFRC), 2017
3) Guidelines for the Domestic Facilitation and Regulation of International Disaster Relief and Initial Recovery Assistance (IFRC, 2011)
4) Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP) (ASEAN Secretariat), 2018
5) Classification and Minimum standards for Foreign Medical Teams in Sudden Onset Disasters (WHO), 2013
6) United Nations Disaster Assessment and Coordination: UNDAC Field Handbook (OCHA) 2018

## Source of Information

2. Detailed survey about 5 target countries

1) So far: information search on a Web

2) From February: Data collection through country questionnaire, inquiry by e-mail, Google group and interview survey

## 1. Situation analysis of international guidelines

| Category | Related descriptions |
|---|---|
| Customs clearance | Preparedness<br>· Each Party **shall provide data on expertise and technology resources available for disaster** management which can be deployed to support the joint disaster relief and emergency response operations. (SASOP 2018)<br>· Each Party **shall update AHA Centre with information on a network of pre-designated areas as entry points** for supplies and expertise from Assisting Entities (SASOP 2018)<br><br>Easier, simpler procedure<br>· Necessity to establish **a streamlined visa and customs procedure** for all I-EMTs. (WHO 2016)<br>· **Example of the Philippine's :'a special 'one-stop shop'** was established at entry points to expedite the formalities for incoming EMTs. (WHO/IFRC 2017)<br>· **Exempt them from all customs duties, taxes, tariffs or governmental fees** (IFRC 2011)<br>· **Arrange for inspection and release outside business hours and/or at a place other than a customs office**, as necessary, to minimize delay, in accordance with the safety regulations of the affected State. (IFRC2011)<br>· **Contractual Arrangement form** shall be used as the primary document to facilitate the Custom, Immigration and Quarantine (CIQ) procedures (SASOP 2018) |

## 1. Situation analysis of international guidelines

| Category | Related descriptions |
|---|---|
| Waste management | · Necessity of support with medical waste management (WHO 2016)<br>· Being self-sufficient, including "medical and other waste treatment". (WHO/IFRC 2017)<br>· **Basic storage and ideally incineration of medical waste** should be a key part of a EMT's self-sufficiency. (WHO/IFRC 2017)<br>· In Nepal, the EMTs were given **medical waste management protocols to follow.** (WHO/IFRC 2017)<br>· Assisting States and eligible assisting humanitarian organizations should assume responsibility for removing or disposing of any unwanted and unused disaster relief and initial recovery goods, particularly if they may pose a threat to human health or safety, or to the environment. (IFRC 2011) |
| Medical malpractice | · **Discussion is going on** about requirement of insurance for medical malpractice (WHO/IFRC 2017) |

## 1. Situation analysis of international guidelines

| Category | Related descriptions |
|---|---|
| Logistic issue | • Necessity of support with **oxygen supply** (WHO 2016)<br>• Necessity of support with **fuel, water, translation capacity** (WHO/IFRC 2017)<br>• Assisting States and assisting humanitarian organizations should, in accordance with agreed international standards, **appropriately pack, classify and mark disaster relief and initial recovery goods and equipment**, and include detailed manifests with each shipment. They should additionally inspect all such goods and equipment to ensure their quality, appropriateness for the needs in the affected State, and conformity with the national law of the affected State and international standards. (IFRC 2011) |
| Legal issue | • Necessity **to establish an effective on-site registration and accreditation process** (WHO/IFRC 2017)<br>• **Establish expedited procedures for temporary recognition of professional qualifications of foreign medical personnel**, architects, and engineers, driving licenses and other types of license and certificate that are necessary for the performance of disaster relief or initial recovery functions (IFRC 2011)<br>• Signed copies of the **Contractual Arrangement form shall be used as verification** of the movement of assets and capabilities. (SASOP 2011) |

## 2. Detailed survey about 5 target countries - Survey items -

| Category | Survey items |
|---|---|
| Customs clearance | a. Medicine and medical equipment required to be brought with I-EMT Type 1<br>b. Restricted items to be brought in<br>c. Speeding up measure for custom clearance in event of a large-scale disaster |
| Waste management | Existence of Law/Regulation, Policy and Guidelines |
| Medical malpractice | a. Existence of regulations including legal penalties and compensations for medical malpractices<br>b. status of insurance system development to deal with compensation |
| Logistic issue | a. Logistical assistance needed for rapid and efficient activity of I-EMT<br>b. Assisting country activity which can be helpful to ease accepting I-EMT |
| Legal issue | a. Medical license permission procedure for overseas medical personnel<br>b. Legal basis such as visa, work permit, driving license, legal registration to enable employment and contract<br>c. Easing regulation during large-scale disasters |

## 2. Detailed survey about 5 target countries - Summary of collected information -

| Category | Collected information |
|---|---|
| Customs clearance | a. Medicine and medical equipment required to be brought with I-EMT Type 1 :<br>**Interagency Emergency Health Kit 2017** explained about package of medicine and medical equipment which is necessary for various emergency situation<br><br>b. Restricted items to be brought in:<br>Rapid Disaster Response Toolkit, part 3 and each countries situation was explained with names of law. **Most of country restricts food and medicine without English label.**<br><br>c. Speeding up measure for custom clearance in event of a large-scale disaster:<br>According to SASOP, The I-EMT arriving in the disaster affected country shall immediately proceed to the Customs, Immigration and Quarantine facility. **Signed copies of the Contractual Arrangement form shall be used as verification of the movement of assets and capabilities.** |

## 2. Detailed survey about 5 target countries - Summary of collected information -

| Category | Collected information |
|---|---|
| Waste management | Existence of Law/Regulation, Policy and Guidelines<br>• Indonesia, the Philippines, Thailand and Vietnam has laws/regulations, policy and guidelines.<br>• Myanmar has two guidelines. |
| Medical malpractice | a. Existence of regulations including legal penalties and compensations for medical malpractices<br>• **Detailed information is not available.**<br><br>b. Status of insurance system development to deal with compensation<br>• There are many private insurance companies selling medical malpractice insurance, such as Chubb (US), AEGIS (Vietnam), QBE Insurance (Australia), Asei (Indonesia), Malayan Insurance (Philippines) and Lockton (Thailand)<br>• Detailed information will be collected through e-mail or phone call to the above mentioned companies.<br>• **Thai conducted meeting with 52 domestic insurance companies last year.** |

## 2. Detailed survey about 5 target countries - Summary of collected information -

| Category | Collected information |
|---|---|
| Logistic issue | a. Logistical assistance needed for rapid and efficient activity of I-EMT from receiving country<br>**→So far, detailed information is not available**<br>• Medical equipment and Medicine stock prepared for disaster situation in each country<br>• Access and transportation assistance for I-EMT<br>• Local Human resource regarding logistics (Driver, Interpreter, Volunteer)<br>• Assistance to access communication tool such as Local SIM card, Phone, Radio etc, and available frequency<br>• Safety measure of I-EMT<br>• Airport which accepting I-EMT<br>• Strage which I-EMT can access to |

## 2. Detailed survey about 5 target countries - Summary of collected information -

| Category | Collected information |
|---|---|
| Legal issue | a. Medical license permission procedure for foreign medical personnel<br>b. Legal basis such as visa, work permit, driving license, legal registration to enable employment and contract<br>c. Easing regulation during large-scale disasters<br><br>• There is ASEAN Mutual Recognition Arrangements (MRA) on Medical Practitioners<br>• Need to collect more information about operational challenges |

ASEAN Collective Measure/ Approach - Work Plan

Details/ Activities

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

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

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

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

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

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

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

# Review for Deployment of **AMS I-EMT** for an actual disaster in ASEAN

Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management

Shuichi IKEDA
JICA Chief Advisor
*29 November 2019*

## BACKGROUN

- *Article 46* in the SOP for Coordination of EMTs in ASEAN stipulates that

**"I-EMTs shall conduct Operational reviews of EMT response and share the report to all AMS to support learning as well as revision."**

in the **Post-deactivation Phase** for **Review of Operations, Experiences** and **Lessons Learnt.**

- *Article 47* stipulates that

**"SOP shall be revised and updated concurrent with SASOP and /or as necessary"**

## PURPOSE OF REVIEW

- ✔ To confirm an actual application of the SASOP and the SOP for EMTs to a disaster response in ASEAN.
- ✔ To identify problems on collaboration and coordination in an actual deployment of AMS I-EMT
- ✔ To pick up good practices on collaboration and coordination between AMS I-EMT and recipient country or among EMTs(including international and national teams)
- ✔ Based on the above review, to make recommendations for revision of the SOP or ASEAN Collective measures for AMS I-EMT .

## INFORMATIO SHARING

In case that large scale disaster occurred in the ASEAN region and AMS I-EMT dispatched in an affected area, AMS whose dispatched theirs I-EMT to the affected area are required to submit theirs review report on the deployment to the ***RCCDHM***, according to the attached template.

RCCDHM discusses on lessons leant and recommendations from the reported cases.

## RESPONSIBL PARTY FOR THE REVIEW

AMS I-EMT


## MAIN CONTENTS OF THE REVIEW

I. Event (disaster)
II. Team Details
III. Services Provided
IV. Report to the AHA Centre
V. Process evaluation for deployment of AMS I-EMTs
VI. Good Practices on collaboration in each phase
VII. Recommendations for the SOP and ASEAN Collective measures

**MAIN CONTENTS OF THE REVIEW**

*I. Event (disaster)*

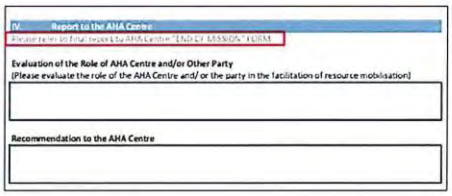
*II. Team Details*

*III. Services Provided*

The information filling should be referred to **"EMERGENCY MEDICAL TEAM EXIT REPORT"** According to SOP *"Article 44"*

**MAIN CONTENTS OF THE REVIEW**

*IV. Report to the AHA Centre*



The information filling should be referred to **"END OF MISSION" Form** According to SOP *"Article 45"*

**MAIN CONTENTS OF THE REVIEW**

*V. Process evaluation for deployment of AMS I-EMTs*

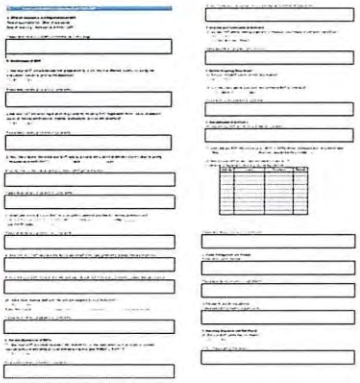
## V. Process evaluation for deployment of AMS I-EMTs

The evaluation total 23 questions are inquired

- Offer of Assistance and Registration of EMT
- Mobilization of EMT
- On-Site Operations of EMTs
- Health Needs Assessment
- Direction and Coordination of Assistance
- Periodic Reporting/Daily Report
- Demobilization of Assistance
- Reporting (Handover and Exit Phase)

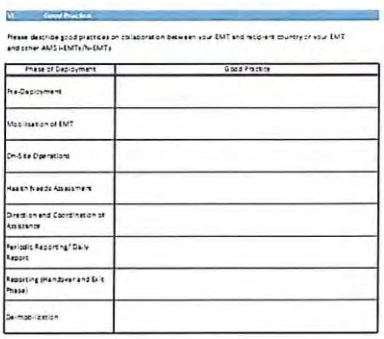
**MAIN CONTENTS OF THE REVIEW**

*V. Process evaluation for deployment of AMS I-EMTs*



**MAIN CONTENTS OF THE REVIEW**

*VI.* Good Practices on collaboration in each phase



| Phase of Deployment | Good Practice |
|---|---|
| Pre-Deployment | |
| Mobilisation of EMT | |
| On-Site Operations | |
| Health Needs Assessment | |
| Direction and Coordination of Assistance | |
| Periodic Reporting/ Daily Report | |
| Reporting (Handover and Exit Phase) | |
| Demobilization | |

**MAIN CONTENTS OF THE REVIEW**

*VII.* Recommendations for the SOP and ASEAN Collective measures

**VII. Recommendations**

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

2. Recommendations for ASEAN Collective measures for AMS-EMT

**FOR COMMENT AND SUGGESTION:**

Email: sikeda3620@outlook.jp
Mr. Shuichi Ikeda
*Chief Advisor, ARCH Project*

CC: Archpro1@outlook.com

**DUE DATE: 16 DECEMBER 2019**

# Drafted ASEAN Workplan on DHM 2021-2025

Dr. Phumin Silapunt
Thai Project team (ARCH Project)

## Summary of last PWG1 meeting

- Draft ASEAN workplan on DHM 2021-2025 was presented.
- 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 (None)
- 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. (Done)

## Workplan on DHM 2021-2025

- Priority 12th 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 |
| Develop SOP for civil-military EMT coordination | | |
| Develop Curriculum of Bangkok principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030 | | |
| Safe hospital projects and programmes | | |

## Targets of the POA by 2025 : Regional Level

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

## Targets of the POA by 2025 : Regional Level

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

## Targets of the POA by 2025 : National Level

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

## Roadmap for the ASEAN Health Cooperation's contribution to the realization of One ASEAN One Response

RCC DHM Secretariat

## ASEAN vision 2025 on Disaster Management

- Endorsed by 27th ACDM Meeting and adopted by the 3rd AMMDM
- Maps the broad direction and policy guidance on implementing AADMER in the next 10 years in particular, it outlines 3 strategic elements, that ASEAN would need to address in order to position itself as a global leader in Disaster Management
  - O Institutionalization and Communications
  - O Partnerships and Innovation
  - O Finance and Resource Mobilization

## ASEAN Vision 2025 on Disaster Health Management

- Disaster Resilient Health System in ASEAN Community
- One ASEAN One Response

### Related Framework and Priority Programme

| Sendai Framework Priorities for Action | AADMER Priority programme | POA to ALD on DHM Priority area | Regional targets | National targets |
|---|---|---|---|---|
| Priority 1 Understand Disaster Risk | Priority 1 Aware (Risk Aware ASEAN Community)<br>Priority 4 Protect(Protecting Economic and Social Gains of ASEAN Community Integration through Risk Transfer and Social Protection) | Priority 1 : Strengthening and enhancing of the regional collaborative frameworks on DHM<br>Priority5 (Knowledge management on DHM) | Curriculum of Bangkok principles for implementation of the health aspects of the Sendai Framework | |
| Priority 2 Strengthening Disaster Risk governance to manage disaster risk | Priority 5 Respond as ONE (Transforming Mechanisms for ASEAN's Leadership in Response)<br>Priority 6 EQUIP (Enhanced Capacities for One ASEAN One Response)<br>Priority 8 LEAD (ASEAN Leadership for Excellence and Innovation in Disaster Management) | Priority 1 : Strengthening and enhancing of the regional collaborative frameworks on DHM<br>Priority 2 Multi-sectoral participation in DHM<br>Priority 3 Integration of DHM framework/concepts into National/sub-national Legal and regulatory framework | | Integration DHM framework into national/sub national legal&regulatory framework |
| Priority 3 Investing in disaster risk reduction for resilience | Priority 3 Advance(A disaster resilient and climate adaptive ASEAN community)<br>Priority 2 Build Safely (Building Safe ASEAN Infrastructures and Essential Services)<br>Priority 7 Recover (ASEAN Resilient Recover) | Priority 4 Promote investment to improve and develop critical health facilities and infrastructure at national level | | DHM concept introduced in health education<br>Safe hospital projects and program |
| Priority 4 Enhancing disaster preparedness for effective response, and to "Build Back Better" in recovery, rehabilitation and reconstruction | Priority 2 Build Safely (Building Safe ASEAN Infrastructures and Essential Services)<br>Priority 7 Recover (ASEAN Resilient Recovery) | Priority 2 Multi-sectoral participation in DHM<br>Priority 5 Knowledge management on DHM | - SOP for coordinating<br>- SOP for Civil-military EMT<br>Operation Database of EMT<br>- Standard reporting form : HDS<br>- ASEAN Standard of MEMTs<br>-ASEAN Disaster Drill<br>-Standard Training Curriculum for EMT, EMTCC<br>-Website of ADHM, e-learning<br>-Network of academic institutions<br>-Regional Conference on DHM<br>-Co-conducting Research<br>-ASEAN journal/E-Bulletin | -each AMS has at least 1 MEMT<br>-EMTCC established<br>-National SOP for EMT coordination<br>-Standard reporting system<br>-Each AMS : Disaster Health Training Center<br>-Training course of Hospital Preparedness for Emergencies |

**Vision : Global Leader Region in Disaster Health Management in 2030**

**Mission : 1.DHM One ASEAN One Response**

**2.Disaster Resilient Health System in ASEAN Community**

**5 Strategies**

| Strategies | Governance and policy Leader | Prevention and Disaster Risk reduction Leader | Preparation & Response Leader | Recovery Leader | KM and Innovation Leader |
|---|---|---|---|---|---|
| Goal | Timely, Lean and Seamless Region Governance<br>- Pre-disaster phase<br>- Disaster phase<br>- Post-disaster phase | ASEAN community with Health literacy in disaster health and safe hospital project | Timely, Lean and Seamless response, standard medical practice | Swift recovery with sufficient resources<br>- Health<br>- Mental health<br>- Environmental health<br>- Health facilities | ASEAN as a global leader and center for excellence and innovations in Disaster Health Management |
| Key Strategic Outcome | 1.RCC DHM<br>2.AMS PHEOC<br>3.ASEAN PHEOC Network & coordination | 1.Risk mapping<br>2.Health Literacy in DHM project<br>3.Safe hospital project | 1.AMS I-EMT<br>2.Standard SOP | 1.ASEAN SOP Recovery<br>2.SOP for collaboration with multi-stakeholder | 1.DHM academic in each AMS<br>2.National Network |

### Strategies and priorities of POA

| Time | Governance and policy Leader | Prevent and DRR Leader | Preparation & Response Leader | Recovery Leader | KM and Innovation Leader |
|---|---|---|---|---|---|
| Beyond 2024 | | | | | |
| 2023 | | | | | Regional academic conference on DHM(5.1.1) |
| 2022 | -Allocation of financial resource (3.2)<br>-establishment of coordinating body for EMT collaboration (3.3.2) | -Emphasize the issue on gender and needs for vulnerable groups(3.1.2) | -Support programmers that aims to strengthening national capacities on DHM(3.3)<br>-Support EMT coordination & Information Management & logistic system(3.3.1) | | -Monitor and Evaluation frameworks for DHM(3.1.4)<br>-Promote communication and dialogue of AMS in educational policies(5.2)<br>-Organize training activities for N and I EMTs(5.4) |
| 2021 | -Collaborate with other ASEAN sectoral bodies,partners (2.1.3,2.1.4) : JICA,WHO,ACMM<br>-Regular meeting of RCCDHM(1.2.2)<br>-Create enabling environment for development of legislation, policies, strategies, etc (3.1.1) | - Safe hospital project(4.2.1) | Develop SOP for the Coordination of Civil Military EMT(2.1.1)<br>-Support the operation on health aspects of AHA Centre(2.1.2)<br>: ARDEX<br>- encourage AMS to strengthening of the I-EMTs to meet international standards(5.5) | | -Integrate DRR into health education and training curricular (3.1.3)<br>-Promote safe and resilient health facilities(4.1.1)<br>-Strengthening Academic Network (5.1.2)<br>-Strengthen capacities of health workers in DHM(5.3) |
| 2020 | Establishment of RCC-DHM (1.2.1) | | -Integration of SOP to SASOP (3.3.2.1.2)<br>Regional Collaboration drill (1.1) | | |

Strategies and Target of the POA

| Strategies | Governance and policy Leader | Prevent and Disaster Risk reduction Leader | Preparation & Response Leader | Recovery Leader | KM and Innovation Leader |
|---|---|---|---|---|---|
| Target of POA Related | 1.RCC-DHM | 9.Curriculum for disaster risk reduction<br>7.Safe hospital projects, prepare and response | 2.SOP for I-EMT<br>3.SOP for civil-military coordination<br>4.EMT database<br>5.Medical Record, MDS, HNA<br>6.ASEAN standard for I-EMT<br>7.ASEAN drill for I-EMT<br>1.At least one standard EMT/each AMS<br>2.EMTCC<br>3.National SOPs for coordination EMTs<br>4.Standard reporting system for EMTs | | 8.Training for I-EMT, EMTCC<br>10.Region DHM training<br>11.National academic network<br>12.Regional disaster conference q 2 years<br>13.One joint research every year<br>14.ASEAN DHM journal<br>5.TRM training system<br>6.DHM content in health education |
| Key Strategic Outcome | 1.RCC DHM<br>2.AMS PHEOC<br>3.ASEAN PHEOC Network & coordination | 1.Risk mapping<br>2.Health Literacy in DHM project<br>3.Safe hospital project | 1.AMS I-EMT<br>2.Standard SOP | 1.ASEAN SOP Recovery<br>2.SOP for collaboration with multi stakeholder | 1.DHM academic in each AMS<br>2.National Network |

## Issue for consideration

1. Vision, 5 strategies, Key Strategic Outcome and Timeline

2. How to achieve Vision, 5 strategies, Key Strategic Outcome & Timeline

3. Target of the POA (14 Regional Level and 7 National Level)


*9th Meeting of Project Working Group 1*

# BILATERAL MEETING

| | |
|---|---|
| **Event** | **1st Bilateral Meeting** |
| **Dates** | 10- 11 June 2019 |
| **Venue** | Ramada Plaza Bangkok, Menam Riverside |
| **Participants** | 37 participants from Thai Taskforce, Japan Advisory Committee, JICA experts, NIEM, MOPH |
| **Agenda** | - Implementation plan for the Extension phase<br>- Concept and expected products of the following 8 activities<br>1. Study/ Survey on potential academic/ training center, and needs for capacity development on DHM<br>2. Develop standard training curriculum and establish Regional Training Center<br>3. Draft Workplan 2021- 25 of ASEAN 12th Health Priority (DHM)<br>4. Establish Academic Network on DHM and organize international academic seminar<br>5. ASEAN collective approaches for ASEAN EMT<br>6. Regional Collaboration Drill<br>7. Collect/ Share Lessons learned from response for actual disaster in ASEAN<br>8. Facilitate endorsement of Regional Collaboration tools<br>- Experience sharing- Application of MDS in the JDR operation in Mozambique |
| **Summary of Meeting** | Draft proposal of the ARCH extension and its concept, plans of action for the 8 major activities and each expected output were shared with Thai task force and Japan Advisory Committee for their review and input.<br>The meeting also agreed on the allocation of tasks given to Thai-side (NIEM/ MOPH) and JAC/ JICA experts.<br>The concluded draft proposal is scheduled to be presented and followed up by the subsequent PWG meetings.<br>JAC members shared their experience about JDR EMT mission and application of MDS in Mozambique. |
| **Attachments** | - List of Participants<br>- Overall Programme<br>- Presentation and Meeting Document |

## Participants Sign-up Sheet

## 1st Bilateral Meeting, 10 - 11 June 2019 I Bangkok

| | Country | Name | Organization | Department |
|---|---|---|---|---|
| 1 | Japan | Dr. Tatsuro Kai | Saiseikai Senri Hospital | Senri Critical Care Medical Cente |
| 2 | Japan | Dr. Yuichi Koido | | |
| 3 | Japan | Dr. Tomoaki Natsukawa | Saiseikai Senri Hospital | Senri Critical Care Medical Center |
| 4 | Japan | Dr. Tatsuhiko Kubo | University of Occupational and Environmental Health | |
| 5 | Japan | Ms. Eiko Yamada | | |
| 6 | Japan | Mr. Yosuke Takada | Okayama University Graduate School of Medicine, Dentistry and Pharmaceutical Sciences | |
| 7 | Japan | Ms. Junko Sata | | |
| 8 | Japan | Mr. Shuichi Ikeda | ARCH Project | |
| 9 | Japan | Mr. Taro Kita | ARCH Project | |
| 10 | Thailand | Dr. Jirot Sindhvananda | CICM Thammasat University | |
| 11 | Thailand | Dr. Anupong Sujariyakul | Ministry of Public Health | Department of Disease Control |
| 12 | Thailand | Dr. Narain Chotirosniramit | Chiangmai University | Faculty of Medicine |
| 13 | Thailand | Dr. Phumin Silapunt | Chulabhorn Hospital | |
| 14 | Thailand | Dr. Phummarin Saelim | HRH Princess Chulabhorn College of Medical Science | |
| 15 | Thailand | Dr. Rapeeporn Rojsaengroeng | HRH Princess Chulabhorn Disaster and Emergency Medical Center | |
| 16 | Thailand | Dr. Isara Apiyachipanich | Chulabhorn Hospital | |
| 17 | Thailand | Dr. Nopmanee Tantivesruangdet | Rajavithi Hospital | Trauma and Emergency Center |

## Participants Sign-up Sheet

## 1st Bilateral Meeting, 10 - 11 June 2019 I Bangkok

| | Country | Name | Organization | Department |
|---|---|---|---|---|
| 18 | Thailand | Dr. Parinya Tianwibool | Faculty of Medicine Chiangmai University | Department of Emergency Medicine |
| 19 | Thailand | Dr. Kriengsak Pintatham | Chiangrai Prachanukroh Hospital | |
| 20 | Thailand | Dr. Weerasak Phongphuttha | Khon Kaen Hospital | |
| 21 | Thailand | Dr. Gawin Tiyawat | Navamindradhiraj University, Vajira Hospital | |
| 22 | Thailand | Dr. Kanin Keeratipongpaiboon | Bangchak Hospital | |
| 23 | Thailand | Dr. Patcharaporn Klongklaew | Yasothon Hospital | |
| 24 | Thailand | Ms. Hathairat Rangsansarit | Patong Hospital | |
| 25 | Thailand | Ms. Natthanicha Pongpamon | Lerdsin Hospital | |
| 26 | Thailand | Dr. Alisa Yanasarn | Lerdsin Hospital | |
| 27 | Thailand | Mr. Peerapong Tangjitjaroen | Pathumthani Hospital | |
| 28 | Thailand | Ms. Rungtipa Jaitrong | Office of the Permanent Secretary, MOPH | Department of Public Health Emergency Management |
| 29 | Thailand | Ms. Hataya Kohkiatpong | Office of the Permanent Secretary, MOPH | Department of Public Health Emergency Management |
| 30 | Thailand | Mr. Surachai Silawan | National Institute for Emergency Medicine | |
| 31 | Thailand | Ms. Sansana Limpapan | National Institute for Emergency Medicine | |
| 32 | Thailand | Ms. Kittima Yuddhasaraprasiddhi | National Institute for Emergency Medicine | |
| 33 | Thailand | Ms. Dangfun Promkhum | National Institute for Emergency Medicine | |
| 34 | Thailand | | Office of the Permanent Secretary, MOPH | Department of Public Health Emergency Management |

| Participants Sign-up Sheet<br>1st Bilateral Meeting, 10 - 11 June 2019 I Bangkok | | | | |
|---|---|---|---|---|
| | Country | Name | Organization | Department |
| 35 | Thailand | Ms. Ponchanok Chuchoti | ARCH Project | |

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

# Programme for the 1st Bilateral Meeting in the Extension Phase

Date: 10 - 11 June, 2019
Location: Bangkok, Thailand
Venue: Ramada Plaza Bangkok, Menam Riverside
Participants: Thai Taskforce, Japanese Taskforce and JICA experts

## Programme

Day 1 : June 10, 2019

| Time | Activity | Chair: |
|---|---|---|
| 08:30 - 09:00 | Registration | |
| 09:00 - 09:20 | Self - Introduction | |
| 09:20 – 09.30 | Group Photo | |
| 09.30 – 10.00 | Implementation Plan for the extension phase | Dr. Phumin/ Mr. Ikeda |
| 10.00 - 10:15 | *Coffee Break* | |
| 10:15 – 12:00 | Concept and expected products of each activity | Thailand/ Japan |
| 12.00 – 13.00 | *Lunch* | |
| 13.00 – 14:30 | Group Discussion | Thailand/Japan |
| 14:30 - 14:45 | *Coffee Break* | |
| 14:45 – 16:30 | Group Discussion (continue) | Thailand/Japan |
| 18:00 – 21:00 | *Dinner* | |

Day 2: June 11, 2019

| Time | Activity | Chair: |
|---|---|---|
| 08:30 - 09:00 | Registration | |
| 09.00 – 09:45 | Experience from Mozambique on MDS application | Dr. Kubo |
| 09:45 – 10:30 | Group 1 Presentation | Thailand/Japan |
| 10:30 – 10:45 | *Coffee Break* | |
| 10:45 – 11:30 | Group 2 Presentation | Thailand/Japan |
| 11:30 – 12:00 | Conclusion and Way Forward | |
| 12:00 – 13:00 | *Lunch* | |

# 1st Bilateral Meeting in the Extension Phase 10 – 11 June 2019

## Activities during extension phase

| Main responsible | PWG1(MOPH) | PWG2(NIEM) |
|---|---|---|
| Thailand | To draft Workplan 2021-2025 of ASEAN 12th Health Priority (DHM) | To establish Academic network on DHM and organize international academic seminar |
| | To facilitate endorsement of Regional Collaboration Tools | To develop standard training curriculum and establish Regional Training Center |
| Japan | To collect & share lesson learned from response for actual disaster in ASEAN | To study/survey on potential and needs for capacity development on DHM in AMS |
| | To study on possibilities of ASEAN collective approaches for ASEAN EMT | To conduct Regional Collaboration Drills (RCD) |

## Objective

1. To make common understanding among project team on:
   - Scope and details of The Extension Phase
   - Concept of each activity
   - How to work together

## Scope and Details of the Extension Phase

## Objective

2. To prepare for upcoming PWG meeting
   - Draft Implementation Plan for each activity
   - Prepare essential input for some activities

## Concept of each activity

## Concept of each activity

| 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 | None | ??? |
| A regional disaster health training center is established | Processing | ??? |

## To draft Workplan 2021-2025 of ASEAN 12th Health Priority (DHM)

- The workplan will be done for achievement of all targets described in POA by 2025
- 21 Targets: 14 regional level, 7 national level
- The workplan composes of Target, Expected Output, Activities and Timeline, Responsible Organization, Budget and Resource Management

| 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 | | ??? |
| An ASEAN Journal/E-Bulletin of Disaster Health Management is established and published twice a year | | ??? |

| 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 and tested through regional exercises or lesson learned from actual disaster responses, and updated every three years | Processing | ARCH2??? |
| The SOP for the coordination of civil-military EMT operation is developed, regularly reviewed, tested and updated | None | ??? |
| 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??? |

| 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 | | ??? |
| EMTCC has been established | | ??? |
| 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 | | ??? |
| Standard reporting system for EMTs has been developed. | | ??? |

| 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 is introduced in health education for relevant countries | None | ??? |
| Safe hospital projects and programmes are initiated to enhance hospital preparedness and response along with quality assurance mechanism (continuous assessment) | None | ??? |

## To establish Academic network on DHM and organize international academic seminar

- The academic network aims to strengthen national academic activities regarding DHM in every countries
- Each AMS should has at least 1 institute to be member of the network
- The network will be collaborated by secretariat of RCCDHM (Thailand)
- PWG 2 shall establish inclusion criteria of institute to be member of the network and define role and responsibility of the member institute
- Result of the survey (another activity of extension phase) should support the establishment of the inclusion criteria

## To develop standard training curriculum and establish Regional Training Center

- RCCDHM have to decide number and type of regional-standard training curriculum (propose by project team)
- Result of the survey (another activity of extension phase) should support the decision
- These curriculums shall be trained by Regional Training Center
- Each curriculum has its own Curriculum Committee in order do;
  - Core competency or minimal requirement of trained persons
  - Content of training curriculum
  - Criteria of Regional Training Center for their curriculum

## To establish Academic network on DHM and organize international academic seminar

- Role and responsibility of the member institute may be as follow:
  - Training national medical personnel
  - Do research in both national level or regional co-conducting research
  - Organize academic seminar in both national or regional level
  - Translate and disseminate regional SOP or any learning material from regional standard curriculum
  - Participate in development of ASEAN bulletin and disseminate in the country
- The international academic seminar will be done as the first activity of the network then will be organized regularly

## To develop standard training curriculum and establish Regional Training Center

- 1 standard curriculum may have 1 or more Regional Training Centers
- 1 Institute may provide 1 or more standard curriculum
- Any Institute can apply to be Regional Training Center of any standard curriculums
- The Curriculum Committee will evaluate and approve the applicant then endorse by RCCDHM
- We may select 1 well - established JICA training course and 1 Thai training course then propose to PWG to do as '*pilot project*' during extension phase while waiting for survey result

## To facilitate endorsement of Regional Collaboration Tools

- The Regional Collaboration Tools (RCTs) have already been developed
- To implement them in real disaster, they have to be part of SASOP
- Regarding discussion with AHA center, HC2 should work closely with Preparedness and Response Working Group(PRWG) of ACDM
- RCTs have been approved by HC2 but waiting for feedback from PRWG
- May need to organize TTX together with PRWG and test in ARDEX in the Philippines, then submit to SOMHD and ACDM for endorsement
- The project team need to communicate with AHA Center to make definite plan before PWG meeting

## How to work together

1. Separate to 8 small Working Groups which compose of both sides
2. Remote group work via email
3. Bilateral Meeting:
   - to make common understanding
   - to update progression of each group
   - to seek comment or conclusion from the meeting
4. PWG meeting:
   - Present, Seek for comment or Approve , etc.

## Schedule

| Bilateral meeting | PWG1 meeting | PWG2 meeting | RCD | RCCDHM(tbc) |
|---|---|---|---|---|
| June 2019 | July2019 | July2019 | | |
| October2019 | January2020 | November2019 | November2019 | January2020 |
| April2020 | May2020 | May2020 | | |
| October2020 | January2021 | November2020 | November2020 | January2021 |

## Preparation for upcoming PWG Meeting

- Separate into 2 groups;
- Group1:
- Group2:

## 2.Prepare essential input for next PWG meeting

- Format of comprehensive team information
- Propose number and type of standard curriculum
- Questionnaire survey
- TOR of SWG for ASEAN EMT
- Draft image of regional training center and network
- Etc.

## 1.Draft action plan for each activity

- Make common understanding
- Clarify and confirm the expected outputs and targets
- Plan the activities and expected outputs or progression in each Bilateral Meeting
- Plan the activities and expected outputs or progression in each PWG Meeting
- Plan the activities and expected outputs related to HC2 or SOMHD Meeting
- Identify necessary activities of each group between each meeting

## Concept and expected outcomes for main activities (Japanese side lead) in the Extension Phase

JICA Chief Advisor for ARCH
S.IKEDA

①Measures to be discussed for ASEAN-EMT

### 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 hers 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

### 4 main Activities

① Measures to be discussed for ASEAN-EMT

② RCD

③ Information Sharing for Disaster Medical Management and EMT activities for actual disaster in ASEAN

④ Study of systems and needs for Capacity Development on Disaster Health Management in each AMS

① Measures to be discussed for ASEAN-EMT

### Agenda to be considered in the Extension Phase

1) Comprehensive Team Information of AMS-EMT

Each AMS is required to consider hers 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.

(based on WHO registration form)

- Organization Party of EMT
- 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)
- Contact point of each country

① Measures to be discussed for ASEAN-EMT

### 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.

① Measures to be discussed for ASEAN-EMT

### Agenda to be considered in the Extension Phase

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

**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

① Measures to be discussed for ASEAN-EMT

## Steps and procedures

- PWG1 meeting on July will decide the framework and method for the study
- TOR of Sub Working Group(SWG) and member countries will be decided in the PWG1 on July.
- 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 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

②Implementation Guideline for RCD in the Extension Phase

## 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 (5th RCD)

① Measures to be discussed for ASEAN-EMT

## 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"
- Medical license (For doctors, nurses, etc.)

②Implementation Guideline for RCD in the Extension Phase

## Schedule

4th RCD; Nov.25-28, 2019 in Bali, Indonesia
5th RCD; Nov, 2020

②Implementation Guideline for RCD in the Extension Phase

## Purpose of RCD

- To test host country's strategy or guideline and procedures for hers 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

③Information Sharing for Disaster Medical Management and EMT activities for actual disaster in ASEAN

## 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.

③Information Sharing for Disaster Medical Management and EMT activities for actual disaster in ASEAN

## 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 hers 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 leant and recommendations from the reported cases.

③Information Sharing for Disaster Medical Management and EMT activities for actual disaster in ASEAN

## Report Form for EMT dispatched county

< Responsible party > AMS-EMT team leader

< Main Contents >

- ✓Process evaluation for deployment of AMS-EMTs in each phase
- ✓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

③Information Sharing for Disaster Medical Management and EMT activities for actual disaster in ASEAN

## Form and Contents

Report Form for affected country & Report Form for EMT dispatched county

### <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 form
- ✓ 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

③Information Sharing for Disaster Medical Management and EMT activities for actual disaster in ASEAN

<Report Form for EMT dispatched county >

Perspectives for Process Evaluation;

- ➢"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

③Information Sharing for Disaster Medical Management and EMT activities for actual disaster in ASEAN

<Report Form for affected country>

Perspectives for Process Evaluation;

- ➢"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 /beak-down / problems)
- ➢Waste management and disposal method
- ➢Demobilization of I-EMTs

③Information Sharing for Disaster Medical Management and EMT activities for actual disaster in ASEAN

Perspectives for Process Evaluation (continued)

- ➢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)

④ Study for Capacity Development

## Purpose

- 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 whose purpose is to strengthen regional and domestic capacities on DHM in collaboration with ASEAN reginal disaster training center which is considered to be established in the POA on DHM

④ Study for Capacity Development

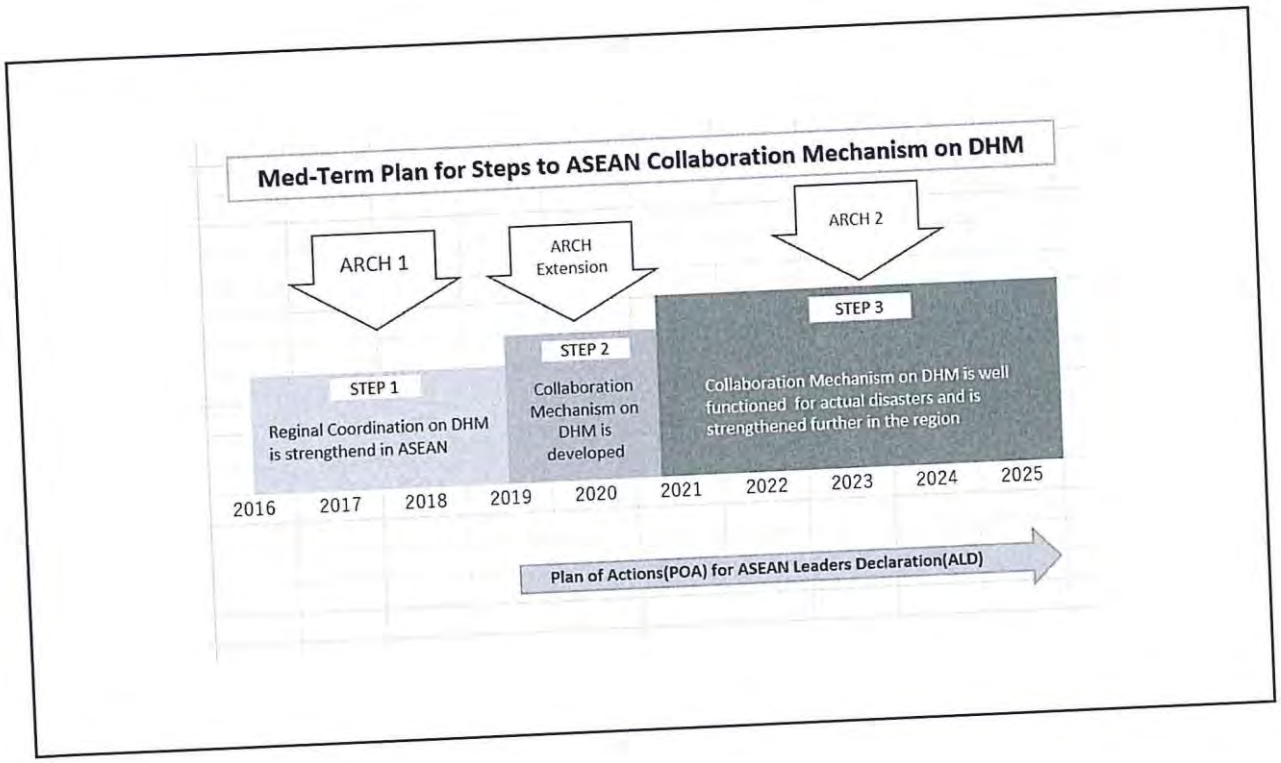
## TOR of the Study

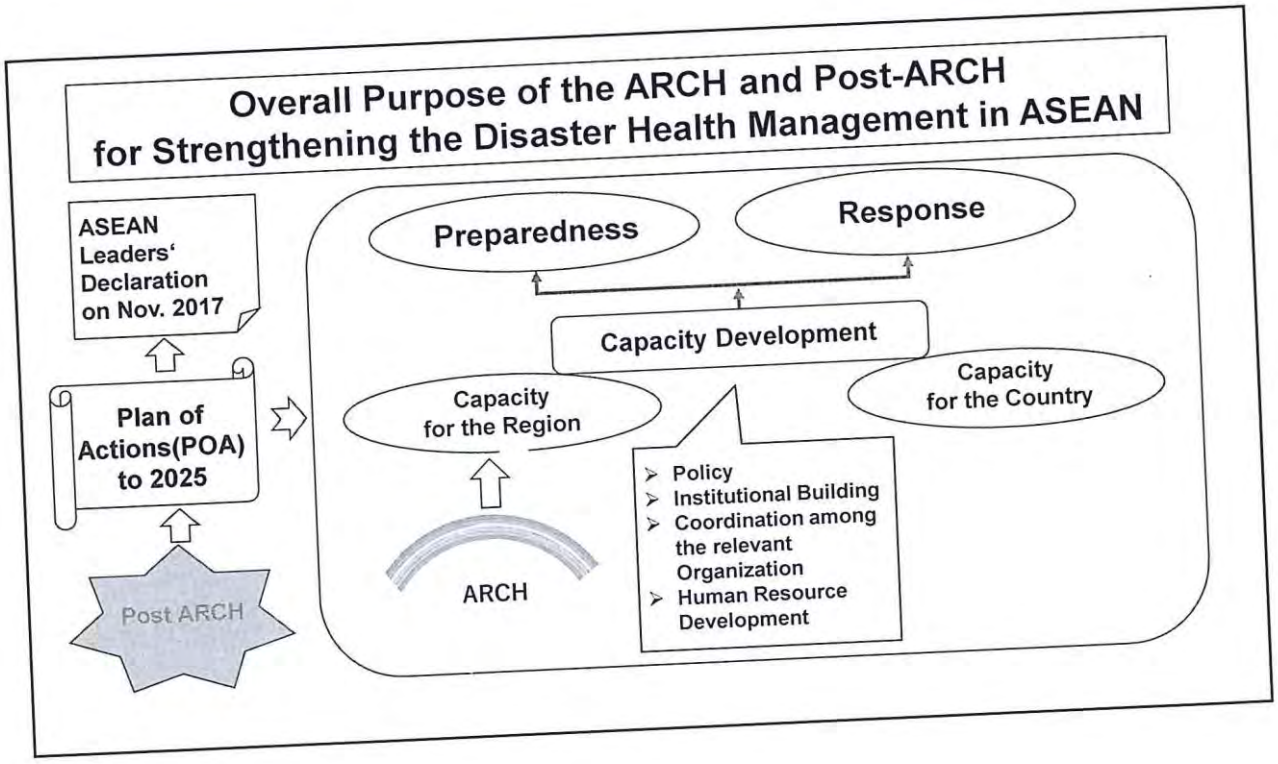
1. Medical education system, especially focusing on EMS
2. Information on educational institutes in above system, especially on EMS (subjects, curriculum, lectures)
3. Situation for education or training on DHM (pre-service education and in-service training)
4. Needs for education/ training on DHM
5.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

④ Study for Capacity Development

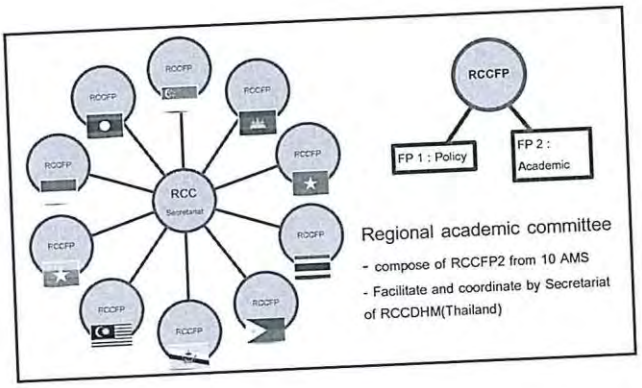
## Steps and Procedures for the Study

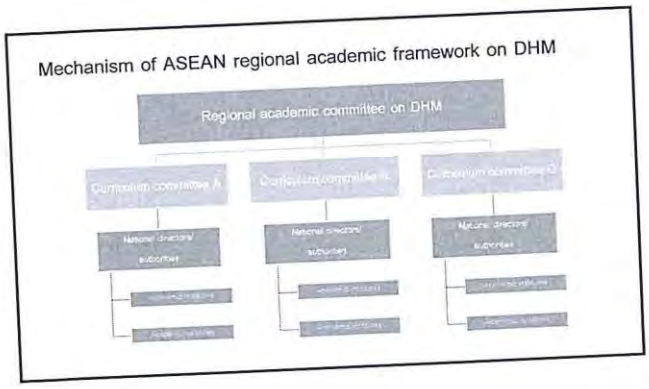
1. To prepare Questionnaire for AMS; The contents and form for the Questionnaire shall be determined in the PWG2 meeting on July. It is necessary to carefully confirm appropriate address who can provide enough information in the Questionnaire in each AMS.
2. To send the Questionnaire to AMS (in the middle of Aug.2019)
3. To collect and analyze results of the Questionnaire survey (in the middle of Oct.2109)
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 1st or 2nd quarter of 2020. Members for the trips will be selected from PWG 2 representatives
6. To summarize the study result within the 2nd quarter of 2020
7. To identify academic/educational instate in each AMS which shall be invited in the ASEAN academic conference on DHM on Oct. 2020(not yet fixed)

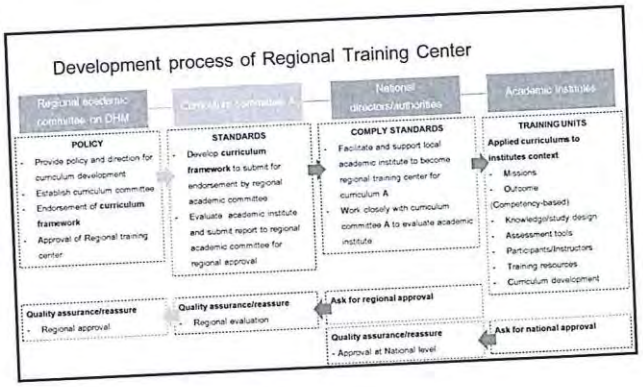

Med-Term Plan for Steps to ASEAN Collaboration Mechanism on DHM
ARCH 1
ARCH Extension
ARCH 2
STEP 1
Reginal Coordination on DHM is strengthend in ASEAN
STEP 2
Collaboration Mechanism on DHM is developed
STEP 3
Collaboration Mechanism on DHM is well functioned for actual disasters and is strengthened further in the region
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
Plan of Actions(POA) for ASEAN Leaders Declaration(ALD)


Overall Purpose of the ARCH and Post-ARCH for Strengthening the Disaster Health Management in ASEAN
ASEAN Leaders' Declaration on Nov. 2017
Plan of Actions(POA) to 2025
Post ARCH
Preparedness
Response
Capacity Development
Capacity for the Region
Capacity for the Country
ARCH
Policy
Institutional Building
Coordination among the relevant Organization
Human Resource Development

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



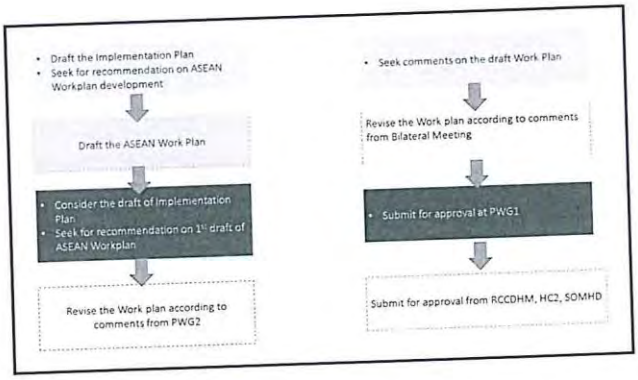




## Curriculum framework

- Curriculum missions
- Learning outcome (Competency-based)
- Knowledge requirement
- Guided study designs
- Guided assessment tool
- Participants criteria
- Instructors criteria
- Training resources
- Curriculum development

# PROGRESS OF GROUP 1




## Activities: GROUP 1

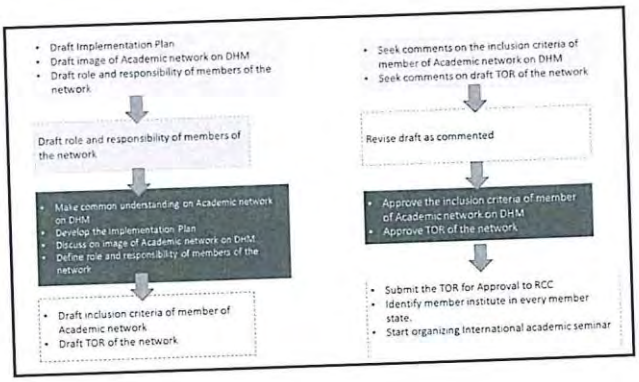
1. To draft Workplan 2021-2025 of ASEAN 12th Health Priority (DHM)
2. To establish Academic network on DHM and organize international academic seminar
3. To develop standard training curriculum and establish Regional Training Center
4. To study/survey on potential and needs for capacity development on DHM in AMS

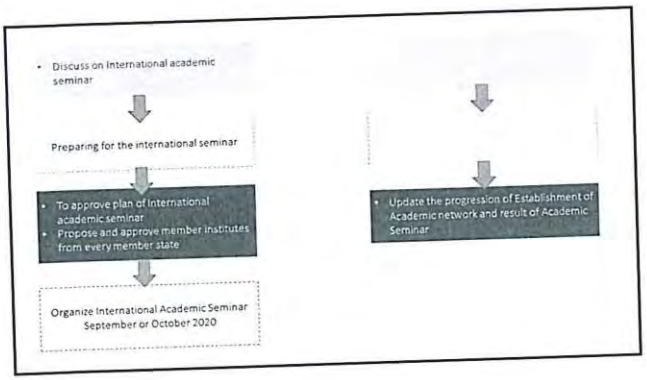
## ACTIVITY 2:

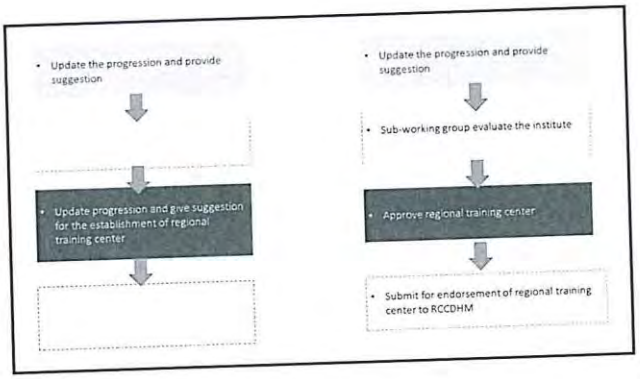
Establish Academic network on DHM and organize international academic seminar

## ACTIVITY 1:

Draft Workplan 2021-2025 of ASEAN 12th Health Priority (DHM)





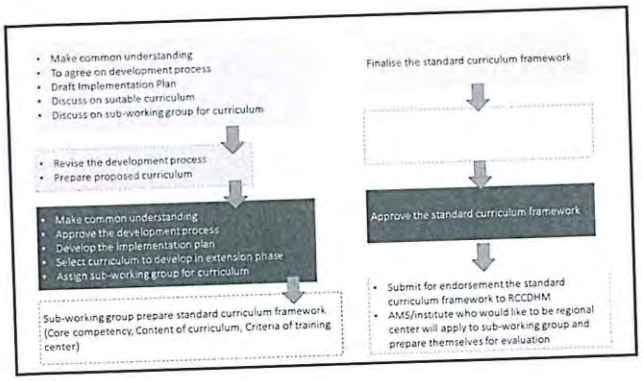



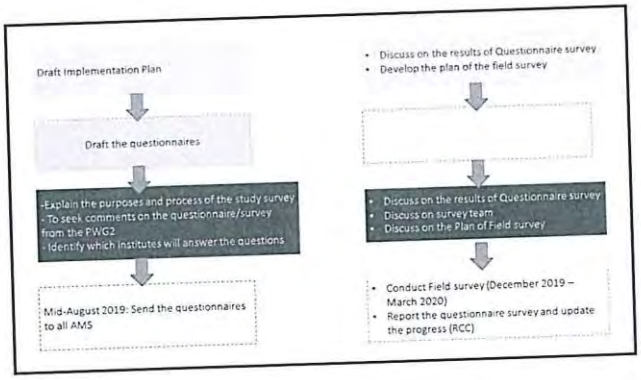

## ACTIVITY 3:

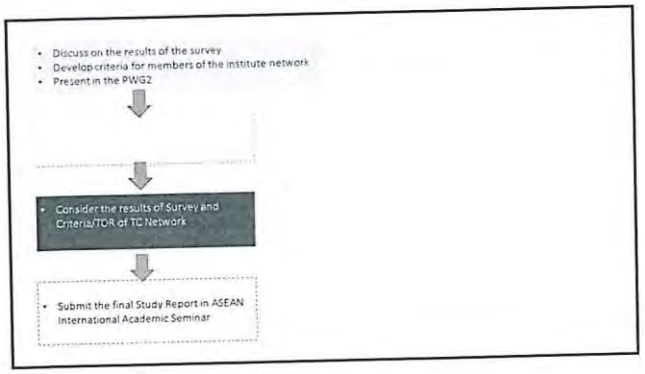
Develop standard training curriculum and establish Regional Training Center

## ACTIVITY 4:

To study/survey on potential and needs for capacity development on DHM in AMS






## Incomplete issues

1. Roles and responsibility of the member institute

-Training national medical personnel
-Do research in both national level or regional co-conducting research
-Organize academic seminar in both national or regional level
-Translate and disseminate regional SOP or any learning material from regional standard curriculum
- Participate in development of ASEAN bulletin and disseminate in the country

1. Content of the questionnaire survey
2. Identify the members of the sub-working group of the Basic Disaster Medicine Training Course
(Dr.Prasit, Dr.Phummarin, Dr. Kai (S), Dr. Yamanouchi, Ms. Yamada )

May 31, 2019
Ikeda, ARCH

# 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 reginal 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 on 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.2109)
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 1st or 2nd quarter of 2020. Members for the trips will be selected from PWG 2 representatives

May 31, 2019
Ikeda, ARCH

6) To summarize the study result within the 2nd quarter of 2020
7) To identify academic/educational instate 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

## BILATERAL MEETING

| | |
|---|---|
| **Event** | **2nd Bilateral Meeting** |
| **Dates** | 24-25 October 2019 |
| **Venue** | Ramada Plaza Bangkok, Menam Riverside |
| **Participants** | 40 Participants from Thai Taskforce, Japanese Taskforce and JI CA experts |
| **Agenda** | - Progress of the Project (Extension Phase)<br>- Preparation of RCD and roles of Thai-Japanese members<br>- Drafting Workplan 2021-2025 of ASEAN 12th Health Priority (DHM)<br>- Study on possibilities of ASEAN collective approaches for ASEAN – EMT<br>- Collect & Share Lesson learned from response for actual disaster in ASEAN<br>- Facilitate endorsement of Regional Collaboration Tools; integration of SOP into SASOP<br>- ASEAN Academic Network on DHM<br>- Progress of Questionnaire Survey for CD on DHM in AMS" and "Plan of field trips in CLMV on CD for DHM<br>- RCD Preparation Guidebook<br>- Develop standard training curriculum and Regional Training Center |
| **Summary of Meeting** | - The meeting discussed on role and responsibilities of each members.<br>- The workshop for ASEAN collective approaches for ASEAN – EMT was implemented.<br>- The meeting discussed and chosen the important issued to be study in the ASEAN collective approaches for ASEAN – EMT.<br>- The Lesson learned Templated has been proposed to the meeting.<br>- The meeting has updated the Questionnaire Survey for CD on DHM.<br>- The workshop for RCD Preparation Guidebook was implemented. |
| **Attachments** | - Overall Programme<br>- List of Participants<br>- Presentation and Meeting Document |

| | Country | Title | Name | Sex |
|---|---|---|---|---|
| 1 | Thailand | Dr. | Phusit Prakongsai | M |
| 2 | Thailand | Dr. | Anupong Sujariyakul | M |
| 3 | Thailand | Dr. | Jirot Sindhavananda | M |
| 4 | Thailand | Dr. | Witoon Anankul | M |
| 5 | Thailand | Dr. | Narain Chotirosniramit | M |
| 6 | Thailand | Dr. | Phumin Silapunt | M |
| 7 | Thailand | Dr. | Prasit Wuthisuthimethawee | M |
| 8 | Thailand | Dr. | Phummarin Saelim | M |
| 9 | Thailand | Dr. | Isara Ariyachaipanich | M |
| 10 | Thailand | Dr. | Gawin Tiyawat | M |
| 11 | Thailand | Ms. | Duangpon Thepmanee | F |
| 12 | Thailand | Dr. | Phudit Buaprasert | M |
| 13 | Thailand | Dr. | Parinya Tianwibool | M |
| 14 | Thailand | Ms. | Phatsawan Sairai | F |
| 15 | Thailand | Dr. | Kriangsak Pintatham | M |
| 16 | Thailand | Dr. | Weerasak Phongphuttha | M |
| 17 | Thailand | Dr. | Supalerk Satthaphong | M |
| 18 | Thailand | Dr. | Nopmanee Tantivesruangdet | M |
| 19 | Thailand | Ms. | Hathairat Rangsansarit | F |
| 20 | Thailand | Mrs. | Kanungnij Chantaratin | F |
| 21 | Thailand | Dr. | Alisa Yanasan | F |
| 22 | Thailand | Dr. | Patcharaporn Klongklaew | F |
| 23 | Thailand | Mr. | peerapong tangjitjaroen | M |
| 24 | Thailand | Ms. | Rungtipa Jaitrong | F |
| 25 | Thailand | Ms. | Hataya Kohkiatpong | F |
| 26 | Thailand | Mr. | Akaradhat Pengchanta | M |
| 27 | Thailand | Ms. | Wijittra Khamsamer | F |
| 28 | Thailand | Mr. | Surachai Silawan | M |
| 29 | Thailand | Ms. | Sansana Limpaporn | F |
| 30 | Thailand | Ms. | Kittima Yuddhasaraprasiddhi | F |
| 31 | Thailand | Ms. | Dangfun Promkham | F |

| | Country | Title | Name | Sex |
|---|---|---|---|---|
| 1 | Japan | Dr. | Tatsuro KAI | M |
| 2 | Japan | Ms. | Eiko YAMADA | F |
| 3 | Japan | Dr. | Satoshi YAMANOUCHI | M |
| 4 | Japan | Ms. | Junko SATO | F |
| 5 | Japan | Mr. | Tsukasa KATSUBE | M |
| 6 | Japan | Dr. | Tomoaki NATSUKAWA | M |
| 7 | Japan | Mr. | Yoshiki TOYOKUNI | M |
| 8 | Japan | Dr. | Yuichi KIODO | M |
| 9 | Japan | Ms. | Ayumi KIKO | F |
| 10 | Japan | Mr. | Ameniya | M |
| 11 | ARCH Team | Mr. | Shuichi IKEDA | M |
| 12 | ARCH Team | Mr. | Taro KITA | M |
| 13 | ARCH Team | Mr. | Valintorn Chewasuchin | M |
| 14 | ARCH Team | Ms. | Ninuma Dullaphan | M |

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

**Programme for the 2nd Bilateral Meeting in the Extension Phase**

Date: 24-25 October, 2019

Location: Bangkok, Thailand

Venue: Ramada Plaza Bangkok, Menam Riverside

Participants: Thai Taskforce, Japanese Taskforce and JICA experts

**Programme**

Day 1 : October 24, 2019

| Time | Activity | Facilitator |
|---|---|---|
| 08:00 – 08:30 | Registration | |
| 08:30 – 10:30 | Thai taskforce meeting | |
| | JAC members meeting | Ikeda |
| 10:30 – 11:00 | *Coffee Break* | |
| 11:00 – 11:30 | Discussion on the agenda and expected outcomes | Phumin / Ikeda |
| 11:30 – 12:00 | Progress of the Project (Extension Phase) | Ikeda |
| 12.00 – 13.00 | *Lunch* | |
| 13:00 – 14:00 | Preparation of RCD and roles of Thai-Japanese members | Katsube |
| 14:00 – 14:15 | *Moving session* | |
| 14:15 – 15:00 | **Group 1** "Drafting Workplan 2021-2025 of ASEAN 12th Health Priority (DHM)" | Phumin |
| | **Group 2** "Study on possibilities of ASEAN collective approaches for ASEAN - EMT" | Kita |
| 15:00 – 15:15 | *Coffee Break* | |
| 15:15 – 16:00 | **Group 1** "Collect & Share Lesson learned from response for actual disaster in ASEAN" | Ikeda |
| | **Group 2** (continued) "Study on possibilities of ASEAN collective approaches for ASEAN - EMT" | Kita |
| 16:00 – 17:00 | **Group 1** "Facilitate endorsement of Regional Collaboration Tools; integration of SOP into SASOP" | Alisa |
| | **Group 2** (continued) "Study on possibilities of ASEAN collective approaches for ASEAN - EMT" | Kita |
| 18:00 – 21:00 | *Dinner* | |

Day 2 : October 25, 2019

| Time | Activity | Facilitator |
|---|---|---|
| 08:00 – 08:30 | Registration | |
| 08:30 – 10:15 | **Group 1** "ASEAN Academic Network on DHM" | Phumin |
| | **Group 2** "Progress of Questionnaire Survey for CD on DHM in AMS" and "Plan of field trips in CLMV on CD for DHM" | Sato |
| 10.15 – 10:30 | *Coffee Break* | |
| 10:15 – 12:00 | **Group 1** "RCD Preparation Guidebook" | Katsube |
| | **Group 2** "Develop standard training curriculum" and Regional Disaster Training Center" | Prasit |
| 12.00 – 13.00 | *Lunch* | |
| 13:00 – 14:45 | Presentation of each group discussion | Phumin / Ikeda |
| 14:45 – 15:00 | *Coffee Break* | |
| 15:00 – 16:00 | Wrap-up and Ways Forward | Phumin / Ikeda |

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

# Drafted ASEAN Workplan on DHM 2021-2025

Dr. Phumin Silapunt
Thai Project team (ARCH Project)

1

## Summary of last PWG1 meeting

- Draft ASEAN workplan on DHM 2021-2025 was presented.
- 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 (None)
- 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. (Done)

2

## Workplan on DHM 2021-2025

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

3

## 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

4

## 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

5

## 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 | ??? | ??? |

6

# Proposal of ARCH phase II

7

| Target at Regional level | Extension phase | Action Plan (2021-2025) |
|---|---|---|
| An ASEAN drill for the coordination of EMT in disasters is scheduled and conducted annually. | Processing | Regularly reviewed,test and updated in RCD every year |
| 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 | |
| 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 | |
| An ASEAN Standard for I-EMTs is developed and regularly reviewed, tested and updated. | Processing | |

8

| Target at Regional level | Extension phase | Action Plan (2021-2025) |
|---|---|---|
| Database of Emergency Medical Teams (EMTs) in ASEAN is maintained and updated annually for utilization in disaster situations. | Processing | By secretariat of RCCDHM |
| 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 | Develop Curriculum for I-EMT of AMS and PHEOC |
| Regional disaster health training center is established. | Processing | As appropriate |
| Regional Conference on Disaster Health Management is organized every two years | 2020 | Organize in 2022,2024 |

9

| Target at Regional level | Extension phase | Action Plan (2021-2025) |
|---|---|---|
| At least one joint research is proposed and conducted in a year | None | - Activities of Academic network<br>- May need to establish AIDHM<br>- Research topics should be common interest among ASEAN-Japan<br>- Project activities can be promoted via the E-Bulletin |
| An ASEAN Journal/E-Bulletin of Disaster Health Management is established and published twice a year. | None | |

10

| Target at National level | Extension phase | Action Plan (2021-2025) |
|---|---|---|
| Each ASEAN Member State has at least one I-EMT that is compliant to either ASEAN or WHO I-EMT minimum standards. | None | Support Learning material and Resource persons as needed |
| EMTCC has been established | None | Organize workshop and training in 2 AMS each year (1 is host country for RCD) |
| 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 | None | |
| Standard reporting system for EMTs has been developed. | None | |

11

| Target at National level | Extension phase | Action Plan (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 | Support National focal institute of Academic network in each AMS as needed |

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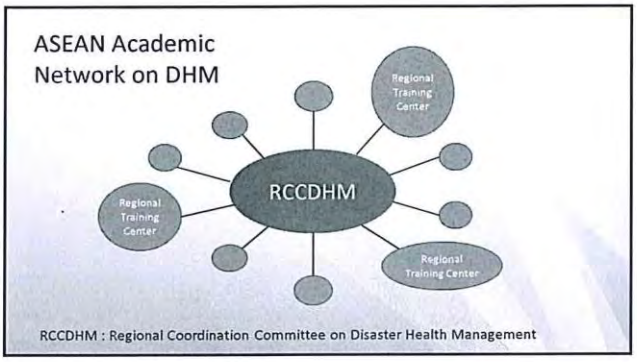


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Thank you

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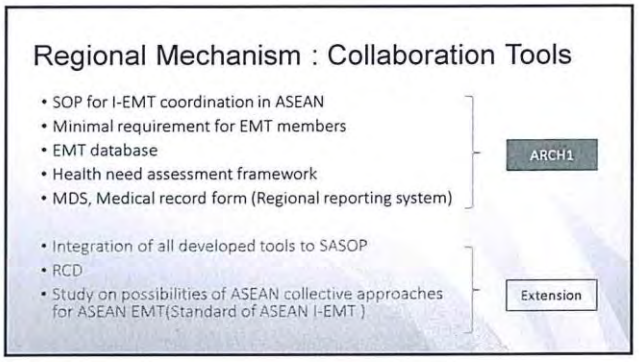


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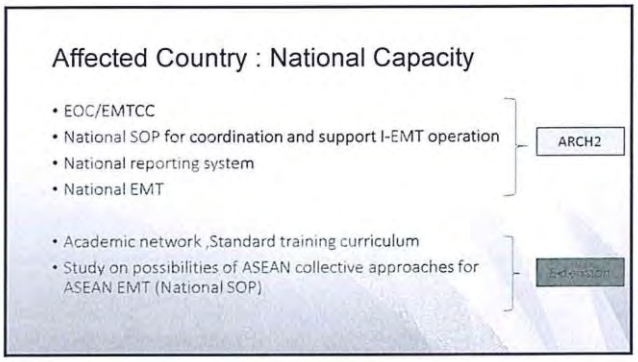


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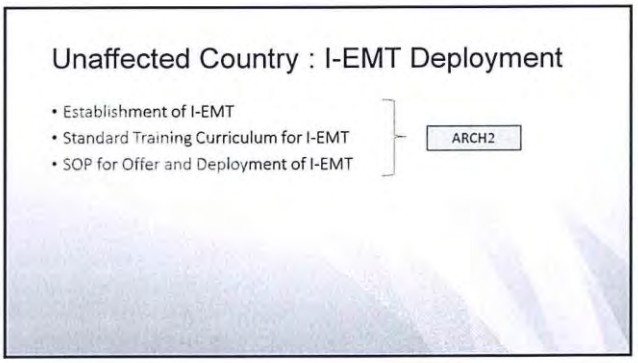


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| POA:Target at Regional level | Extension phase | Action Plan (2021-2025) |
|---|---|---|
| Regional Coordination Committee on Disaster Health Management is established. | To be achieved | None |
| Network of national academic institutions is established to organize training activities at national level. | To be Achieved | |

19

| POA Target | Extension phase | 2021-2025 |
|---|---|---|
| An SOP for the coordination of civil-military EMT operation is developed, regularly reviewed, tested and updated. | | New project |
| 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 |
| Safe hospital projects and programmes are initiated to enhance hospital preparedness and response along with quality assurance mechanism (continuous assessment). | | New project |
| Disaster health management concept introduced in health education for relevant countries | | Agreement in SOMHD & AHMM |

20

# Draft ASEAN workplan on DHM 2021-2025

Priority 12th 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

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 from 2021 – 2025 | Expected Outputs and Output Indicators | Lead Country | Source of Support |
|---|---|---|---|
| 1.Implement the ASEAN-ARCH project phase2 with its regional activities, targets, output and indicators. | EO:ASEAN-ARCH Project activities implemented, and outputs produced.<br><br>Indicator: Extent of achievement of project objectives and targets as per project review/evaluation. | Thailand | JICA & Thailand |
| 2. Develop SOP for the coordination of civil-military EMT, | EO: SOP for the coordination of civil-military EMT<br><br>Indicator: The SOP was developed. | | |
| 3. Develop curriculum on Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030 | EO: Curriculum on Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030<br><br>Indicator: The curriculum was developed | Thailand | Thailand |
| 4. Safe hospital projects and programmes | EO: Hospital assessment project for disaster preparedness will be implement in AMS<br><br>Indicator: Report of Hospital assessment<br><br>EO: Training course of Hospital preparedness for disaster was done.<br><br>Indicator : Number of the training course and Number of participants. | | |

## Proposal of ARCH phase2

| Project output | Target of ARCH phase 2 compare with Target on POA | ARCH1 | Extend1 |
|---|---|---|---|
| 1. Coordination platform | 1. A Regional Coordination Committee on Disaster Health Management is established. | | X |
| 2.Framework of regional cooperation | 2. An ASEAN drill for the coordination of EMT in disasters is scheduled and conducted annually. | X | X |
| 3.Regional coordination tools | 3. 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. | X | X |
| | 4. A database of Emergency Medical Teams (EMTs) in ASEAN is maintained and updated annually for utilization in disaster situations | X | X |
| | 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. | X | X |
| | 6. An ASEAN Standard for I-EMTs is developed and regularly reviewed, tested and updated. | | X |
| 4.Academic network | 7. A network of national academic institutions is established to organize training activities at national level. | | X |
| | 8. A Regional Conference on Disaster Health Management is organized every two years. | | X |
| | 9. At least one joint research is proposed and conducted in a year. | | |

| | | | |
|---|---|---|---|
| | 10. An ASEAN Journal/E-Bulletin of Disaster Health Management is established and published twice a year. | | |
| 5.Capacity building | 11. 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. | | X<br>At least 1 curriculum |
| | 12. 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. | | X<br>At least 1 center |
| | 13. Each ASEAN Member State has at least one I-EMT that is compliant to either ASEAN or WHO I-EMT minimum standards. | | |
| | 14. EMTCC has been established. | | |
| | 15. 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. | | |
| | 16. Standard reporting system for EMTs has been developed. | | |
| | 17. 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. | | X<br>(Network) |

# Standard curriculum and Regional training center

1

## Objectives

- To prepare I-EMT in knowledge and skills for effective medical operation in ASEAN region
- Most focus on international technical operation & review essential medical operation
  - Review conceptual framework of DHM and essential medical operation
  - Related ASEAN and organization mechanism e.g. ACDM, AHA centre
  - 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

4

# Standard curriculum

2

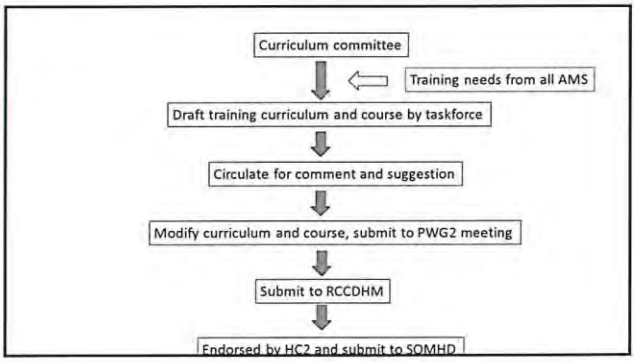
## Development process

5

## Regional deployment for I-EMT

- Additional training course for ever trained national course
- Preparing EMT readiness for international deployment

3

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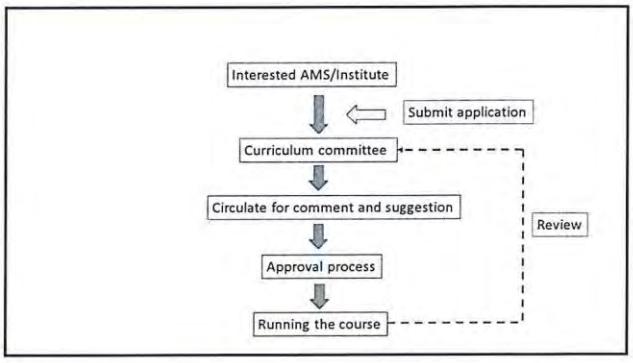
## Implementation process

7

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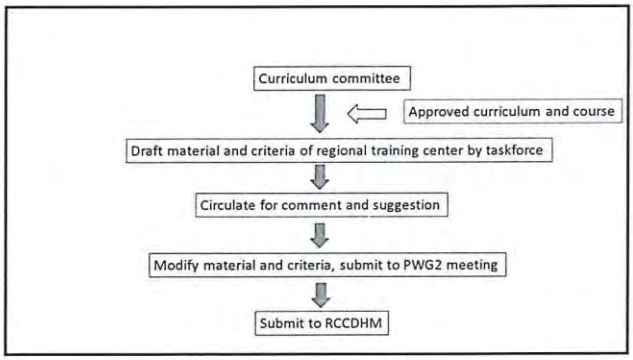


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**Draft**

| Day/Time | 08.30-10.00 | | 10.00-10.30 | 10.30-12.00 | 12.00-13.00 | 13.00-14.00 | 14.00-14.30 | 14.30-16.30 | 16.30-17.00 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Open remarks | Conception information of DHM | Break | Laws, Regulation and ethical issues in Disaster management | Lunch | ICS & ICS workshop | | | Day summary |
| 2 | Team deployment & Emergency rapid assessment team | | Break | International coordination in disaster (EOC, EMTCC, IM, HNA) | Lunch | Medical & psychological care in disaster | Break | Situation awareness, facility setting and installation, and resource management | Workshop: Situation awareness, facility setting and installation, and resource management | Day summary |
| 3 | Introduction to TTX | Simulation exercise (TTX) | Break | Simulation exercise (TTX) | Lunch | After action Review of simulation exercise (TTX) | | Break | Wrap up and the way forward | Closing | Day summary |

11

## Operational process & Quality assurance

9

## ASEAN Disaster Health Management Training Course

- ASEAN standard course for never ever trained national EMT
- Preparing for international deployment in ASEAN

12

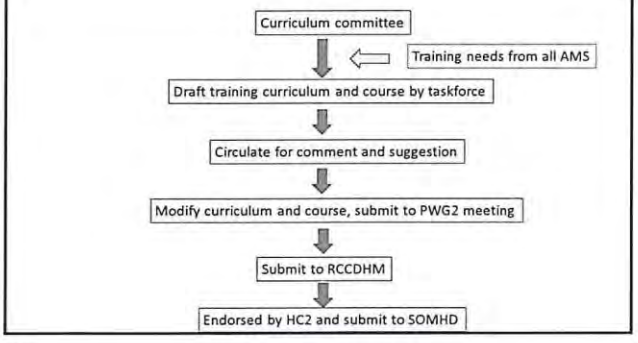
## Objectives

- To prepare I-EMT in knowledge and skills for effective medical operation in ASEAN region
- Focus on necessary and international technical operation
  - Conceptual framework in disaster health management
  - Triage in mass casualty incident and disaster
  - Medical and surgical care
  - Related ASEAN and organization mechanism e.g. ACDM, AHA centre
  - 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

13

## Development process

14

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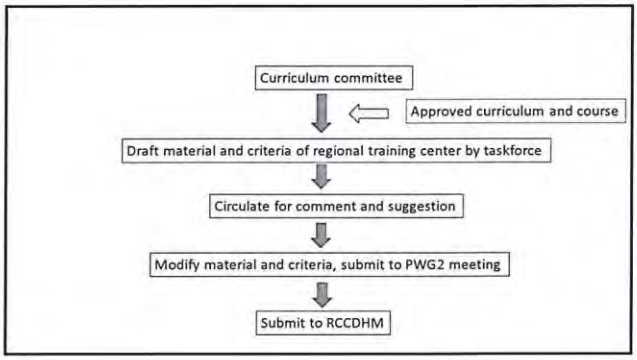
## Implementation process

16

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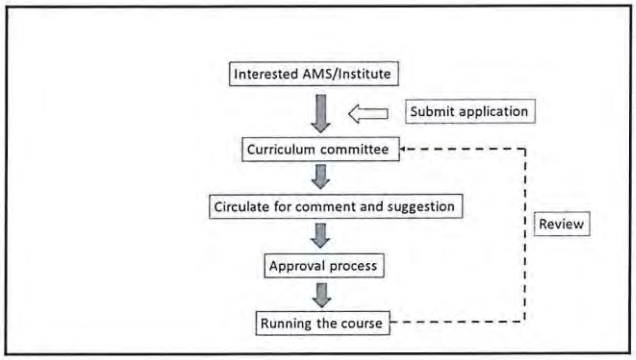
## Operational process & Quality assurance

18




19


22

## Committee

- Representative from all AMS
- Tasks
  - Focal point
  - Coordination with experts and disaster related organization
  - Approve the curriculum, course, material, and others

20

## Regional training center

23

## Taskforce

- Expert from all AMS
- Tasks
  - Review the requirement and training course of all AMS
  - Development of
    - Competency-based curriculum
    - Interactive training course
    - Evidence-based and accessibility materials

21

## Objectives

- To set up standard requirement for training center
  - Instructors
  - Training facilities
  - Others
- Quality assurance

24

## Development process

25

## Development process

- Standard requirement for academia training center: approve by RCCDHM
  - Instructors
  - Training facilities
- Application form

26

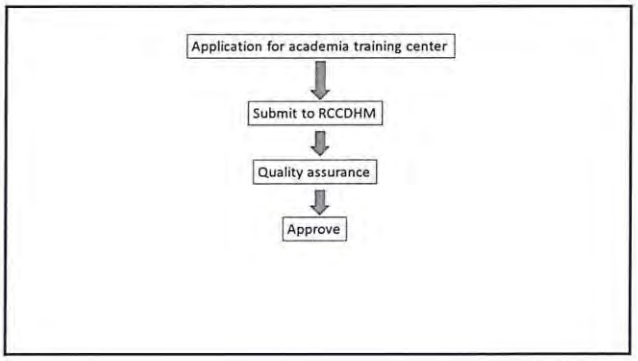
## Implementation process

27

## Implementation process

- Application submission
- Quality assurance (+/- site visit)

28

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**Question and Suggestion**

30

# AMS INTERNATIONAL EMERGENCY MEDICAL TEAM (AMS I-EMT) LESSON LEARNT REPORT

## I. EVENT

*Country, Event, Year*

## II. Team Details

Name of Team/Organization : _____

Team Classification: ☐ Type 1 Fixed ☐ Type 1 Mobile
☐ Specialized Cell(s): *(Please specify)*

Date of Arrival (in-country): dd/mm/20yy
Date Service Provision started: dd/mm/20yy
Date of Departure: dd/mm/20yy

Operational Duration: ### Days
**Total Duration of Mission: ### Days**

**Contact Person post-deployment:** *(For follow-up after return home)*

Name of Contact person : _____
Email: _____

Position: _____
Phone: + ### - ## - ### - ####

## III. Services Provided

**Deployed Location ;**

**Date; Start :** dd/mm/20yy
**End :** dd/mm/20yy

**Services and Outcomes**

| Services | Total | Outcomes | Total |
|---|---|---|---|
| Outpatient Consultations | | Facility Deaths | |
| Major Surgical Procedures | | Patients with ongoing Rehabilitation Needs | |
| Minor Surgical Procedure | | Referrals/ Transfer | |

**Please attach additional information including statistical summary of your EMT's MDS results.**

## IV. Process evaluation for deployment of AMS I-EMT

**A. Offer of Assistance and Registration of EMT**

Date of submission for "Offer of Assistance" ; dd/mm/20yy

Date of receiving " Acceptance of AMS I-EMT" ; dd/mm/20yy

Please describe any problems or constraints in this stage.

**B. Mobilisation of EMT**

1. Had your EMT completed essential preparation for entry into the affected country including visa and custom clearance, prior to the departure?

☐ YES ☐ NO

Please describe any problems or constraints.

2.Had your EMT prepared registration requirements including EMT Registration Form, copies of passport, copies of licence/certificates for medical professional, prior to the departure?

☐ YES ☐ NO

Please describe any problems or constraints.

3. How many days or hours did your EMT take to arrive at entry point of affected country after receiving " Acceptance of AMS I-EMT"; (##) days (##) hours

4.How did your EMT complete Immigration procedures and custom clearance ?

And if any problems, please indicate them too.

5. Did your EMT register its arrival and team information at the RDC set up at entry point of

affected country ?

☐ YES ☐ NO

If "No", Please specify the reasons.

6. What kind of information did your AMS I-EMT get at the RDC?

Please describe any problems or constraints.

7. When and where did your EMT receive authorization to practice for medical professionals?

☐ Before the deployment ☐ At the RDC ☐ PHEOC (Date; _____) ;

Local PHEOC(Date; _____)

Please describe any problems or constraints.

8. How did your EMT decide a site for its activities? And if any problems, please indicate them too.

9. How did your EMT move to the site and start its activity? And if any problems, please indicate them too.

10. Were local medical staff and interpreters assigned to your AMS-EMT?

☐ YES ☐ NO

If yes, how many? ; (##) Medical staff (##) Interpreters (##) Other, please specify:

Please describe any problems or constraints.

**C. On-site Operations of EMTs**

11. Was your EMT provided necessary information for on-site operations such as situation update, secured access to operating grounds and others by the local PHEOC or EMTCC?

☐ YES ☐ NO

Please describe any problems or constraints.

12. Was your EMT provided any logistical supports by the local POEOC or EMTCC?

☐ YES ☐ NO

If "Yes", Please specify items and contents provided

Please describe any problems or constraints.

13. Did your EMT secure enough controlled medical substances such as anaesthetic and blood products?

☐ YES ☐ NO

If "No", Please specify the reasons;

14. Did your EMT get enough water supply and set up appropriate drainage system?

☐ YES ☐ NO

If "No", Please specify the reasons;

15. How many patients did your AMS-EMT transfer to referral hospitals?

Number of transferred patients; (##)

Did your EMT use the Patient Referral Form (SOP Annex 8) for the transfer of the patients

☐ YES ☐ NO

If "No", Please specify the reasons;

Please describe any problems or constraints for the transfer of the patients

**D. Health Needs Assessment**

16. Did your EMT conduct any activities for Health Needs Assessment?

☐ YES ☐ NO

If "Yes", Please describe summary of your activities for Health Needs Assessment.

**E. Direction and Coordination of Assistance**

17. Did your EMT attend meetings organized by PHEOC(or Local PHEOC) or EMTCC(or Sub EMTCC)?

☐ YES ☐ NO

If "Yes", How many times? (##)

Please describe any problems or constraints.

**F. Periodic Reporting/Dialy Report**

18. Did your AMS-EMT submit its MDS Daily Reports?

☐ YES ☐ NO

19. How many daily reports were submitted during the EMT working days?

(##) reports in (##) days

Please describe any problems or constraints.

**G. Demobilisation of Assistance**

20. How did your EMT decide the end date for operation.

21. When did your EMT inform thee Local PHEOC or EMTCC of your anticipated end- of operation date?
Date; dd/mm/20yy (How many days before the end date; ##)

22. How did your EMT conduct your exit operation such as ...?
1) Handover of equipment/medical consumables/medicine

| Item No. | Items | To whom | Remark |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please describe any problems or constraints.

2) Waste Management and disposal
Please describe the method

Please describe any problems or constraints.

3) Transfer of care for the patients
Please describe the method and problems.

**H. Reporting (Handover and Exit Phase)**
23. Did your EMT submit the Exit Report?
☐ YES ☐ NO

If "No", Please specify the reasons;

## V. Good Practice

Please describe good practices on collaboration between your EMT and recipient country or your EMT and other AMS I-EMTs/N-EMTs

| Phase of Deployment | Good Practice |
|---|---|
| Pre-Deployment | |
| Mobilisation of EMT | |
| On-Site Operations | |
| Health Needs Assessment | |
| Direction and Coordination of Assistance | |
| Periodic Reporting/ Daily Report | |
| Reporting (Handover and Exit Phase) | |
| De-mobilization | |

## VI. Recommendations

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

| |
|---|
| |

2. Recommendations for ASEAN Collective measures for AMS I-EMT

| |
|---|
| |

# Project Monitoring Report for ARCH Project

Shuichi IKEDA
JICA Chief Advisor

Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management

1

## DURATION OF REPORT

- April 1st, 2019 to September 30th, 2019

Schedule of Implementation (Monitoring Sheet)

| | 2019 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| (Project Management) | | | | | | | | | | | | |
| ARCH First Phase | | | | | | | | | | | | |
| Extension of ARCH | | | | | | | | | | | | |
| Amendment of R/D | | | | | | | | | | | | |
| Long Term Expert(Chief Advisor) | | | | | | | | | | | | |
| Long-Term Expert(JP-Coordinator/ASEAN collaboration) | Plan | | | | | | | | | | | |
| | Actual | | | | | | | | | | | |
| Joint Coordination Committee(JCC) | Plan | | | | | | | | | | | |
| | Actual | | | | | | | | | | | |
| Bilateral meeting (Thai-Japan) | Plan | | | | | | | | | | | |
| | Actual | | | | | | | | | | | |

2

## PROGRESS OF ACTIVITIES

- *Output 1 Coordination platform on disaster health.*
- *Output 2 Framework of regional collaboration practices.*
- *Output 3 Tools for effective regional collaboration on disaster health management.*
- *Output 4 Academic network on disaster health management in AMS.*
- *Output 5 Capacity development activities for each AMS.*

3

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

**ACTIVITIES:**

- Reviewing TOR of RCC for ALD
- Activity1-2 Drafting Work Plan on the POA of ALD
- Preparation of the RCC Meeting

*Progress:*

- Discussions was done at the Joint PWG meeting on July 10th.
- ASEAN Ministers Meeting at the end of August endorsed the POA and set-up of RCC.

4

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

- Reviewing TOR of RCC for ALD
- Activity1-2 Drafting Work Plan on the POA of ALD
- Preparation of the RCC Meeting

5

## *Output 2 Framework of regional collaboration practices is developed.*

**ACTIVITIES:**

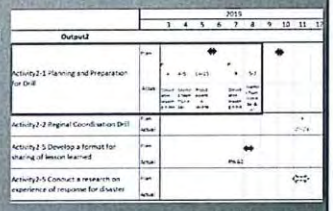
- Planning and Preparation for Drill
- Regional Collaboration Drill
- Develop a format for sharing of lesson learned
- Conduct a research on experience of response for disaster

6

## Output 2 Framework of regional collaboration practices is developed.

Progress:

- 4-5 April; 1st Mentors team visit in Bali
- 14-15 May; Consultation meeting in Jakarta and hotel selection
- 9 July; Consultation meeting between Mentors and Indonesia members in Bangkok
- 5-7 August; 2nd Mentors team visit in Bali and Jakarta




(Each AMS must submit its Comprehensive Team Information) by Oct 24th

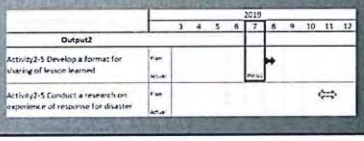
7

## Output 2 Framework of regional collaboration practices is developed.

- Develop a format for sharing of lesson learned

Progress:

- First draft of template for lessons learned was submitted to PWG 2 on July 9.
- Revised version should be submitted to PWG 2 on Nov 29

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

3

ACTIVITIES:

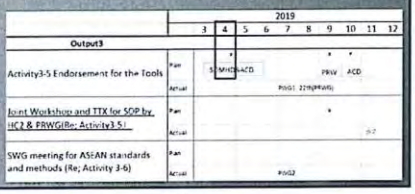
- Endorsement for the Tools
- Joint Workshop and TTX for SOP by HC2 & PRWG
- SWG meeting for ASEAN standards and methods
- Hiring consultants for information collection and facilitation of the SWG
- Finalizing recommendation on ASEAN standards and methods

9

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

Progress:

- SOMHD on April 2019 has endorsed the SOP and PRWG also recognized it.

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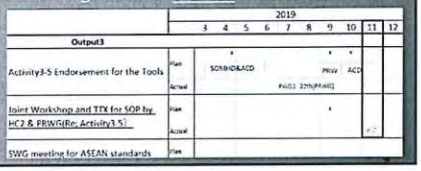
## Output 3 Tools for effective regional collaboration on disaster health management are developed.

Progress:

- Joint TTX between HC2 and PRWG in collaboration with AHA center was required to be organized on 7-8 Nov in Jakarta.

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

- SWG meeting for ASEAN standards and methods
- Consultant Hiring for SWG

Progress:

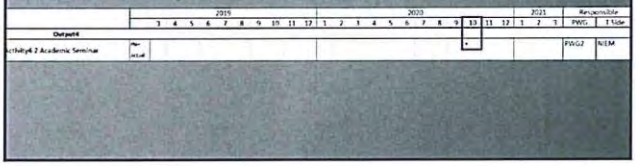
- PWG 1 on July 11 confirmed the TOR of SWG and discussed on members of SWG.
- Indonesia, Myanmar, Philippines, Thailand and Vietnam were selected as countries which should assign the representatives for the SWG
- JICA HQ selected the consultant firm, KRC was selected.

12

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

**ACTIVITIES:**

- Academic Seminar



13

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

**ACTIVITIES:**

- Clarifying the roles and functions of the Regional Disaster Health Management training center
- Development of standard training curriculum
- Questionnaire Survey for CD in AMS
- Clarifying requirements for academic/training institute which conducts training programs on DHM in AMS
- Field trips for Needs and Potential Study on CD in some AMS
- Identifying an academic/training institute in each AMS which is expected to be the member institute for ASEAN Academic/Training Center Network on DHM

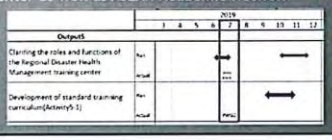
14

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

Development of standard training curriculum

*Progress:*

- PWG Joint meeting on July 10 discussed on the concept of the standard training curriculum and regional training center as well as ASEAN Academic Network



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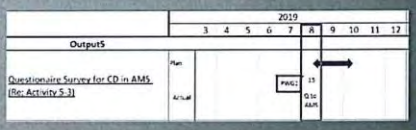
## Output 5 Capacity development activities for each AMS are implemented.

*Progress:*

- PWG 2 on July 9 discussed the contents for Questionnaire.
- Questionnaire already circulated to each AMS on 15 Aug from ASEC.



16

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

- Field trips for Needs and Potential Study on CD in some AMS
- Identifying an academic/training institute in each AMS which is expected to be the member institute for ASEAN Academic/Training Center Network on DHM

*Progress:*

- PWG 2 on July 9 decided to select 4 countries(CLMV) for field trips.
- PWG Joint meeting on July 10 endorsed the concept for the Academic Network for DHM.

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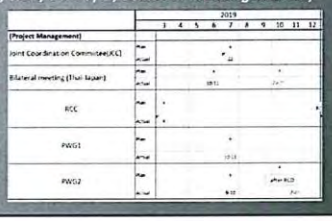
## PROJECT MANAGEMENT

- Meetings (JCC, Bilateral meeting, RCC, PWG1, 2, Bilateral meeting and etc)



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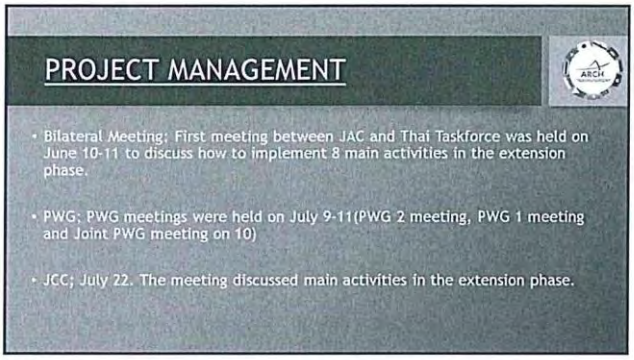
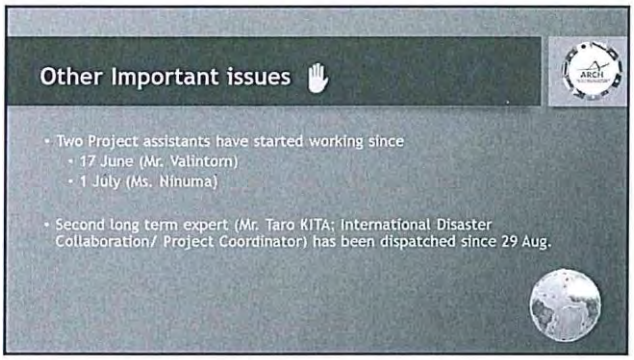

PROJECT MANAGEMENT
• Bilateral Meeting; First meeting between JAC and Thai Taskforce was held on June 10-11 to discuss how to implement 8 main activities in the extension phase.
• PWG; PWG meetings were held on July 9-11(PWG 2 meeting, PWG 1 meeting and Joint PWG meeting on 10)
• JCC; July 22. The meeting discussed main activities in the extension phase.

19


Other Important issues
• Two Project assistants have started working since
• 17 June (Mr. Valintorn)
• 1 July (Ms. Ninuma)
• Second long term expert (Mr. Taro KITA; International Disaster Collaboration/ Project Coordinator) has been dispatched since 29 Aug.

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# Review for Deployment of **AMS I-EMT** for an actual disaster in ASEAN

Shuichi IKEDA
JICA Chief Advisor

Project for Strengthening the
ASEAN Regional Capacity on Disaster Health Management

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## BACKGROUND

- *Article 46* in the SOP for Coordination of EMTs in ASEAN stipulates that

**"I-EMTs shall conduct Operational reviews of EMT response and share the report to all AMS to support learning as well as revision."**

**in the Post-deactivation Phase for Review of Operations, Experiences and Lessons Learnt.**

- *Article 47* stipulates that

**"SOP shall be revised and updated concurrent with SASOP and /or as necessary"**

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## PURPOSE OF REVIEW

- ✓ To confirm an actual application of the SASOP and the SOP for EMTs to a disaster response in ASEAN.
- ✓ To identify problems on collaboration and coordination in an actual deployment of AMS I-EMT
- ✓ To pick up good practices on collaboration and coordination between AMS I-EMT and recipient country or among EMTs(including international and national teams)
- ✓ Based on the above review, to make recommendations for revision of the SOP or ASEAN Collective measures for AMS I-EMT .

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## INFORMATION SHARING

In case that large scale disaster occurred in the ASEAN region and AMS I-EMT dispatched in an affected area, AMS whose dispatched theirs I-EMT to the affected area are required to submit theirs review report on the deployment to the ***RCCDHM,*** according to the attached template.

RCCDHM discusses on lessons leant and recommendations from the reported cases.

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## RESPONSIBLE PARTY FOR THE REVIEW

**AMS I-EMT**


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## MAIN CONTENTS OF THE REVIEW

I. Event (disaster)
II. Team Details
III. Services Provided
IV. Process evaluation for deployment of AMS I-EMTs
V. Good Practices on collaboration in each phase
VI. Recommendations for the SOP and ASEAN Collective measures

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MAIN CONTENTS OF THE REVIEW

*I. Event (disaster)*

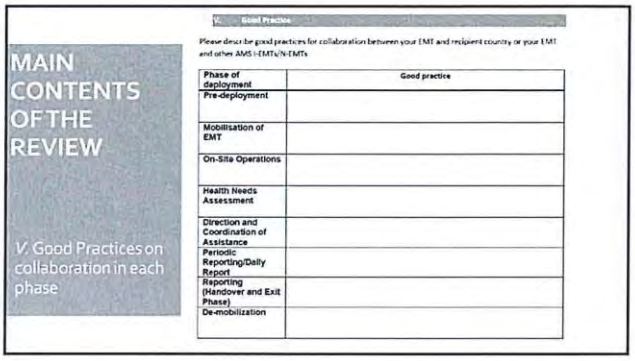
*II. Team Details*

*III. Services Provided*

7

MAIN CONTENTS OF THE REVIEW

*V. Good Practices on collaboration in each phase*



| Phase of deployment | Good practice |
|---|---|
| Pre-deployment | |
| Mobilisation of EMT | |
| On-Site Operations | |
| Health Needs Assessment | |
| Direction and Coordination of Assistance | |
| Periodic Reporting/Daily Report | |
| Reporting (Handover and Exit Phase) | |
| De-mobilization | |

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MAIN CONTENTS OF THE REVIEW

*IV. Process evaluation for deployment of AMS I-EMTs*

**IV. Process evaluation for deployment of AMS I-EMTs**

The evaluation total 23 questions are inquired

- Offer of Assistance and Registration of EMT
- Mobilization of EMT
- On-Site Operations of EMTs
- Health Needs Assessment
- Direction and Coordination of Assistance
- Periodic Reporting/Daily Report
- Demobilization of Assistance
- Reporting (Handover and Exit Phase)

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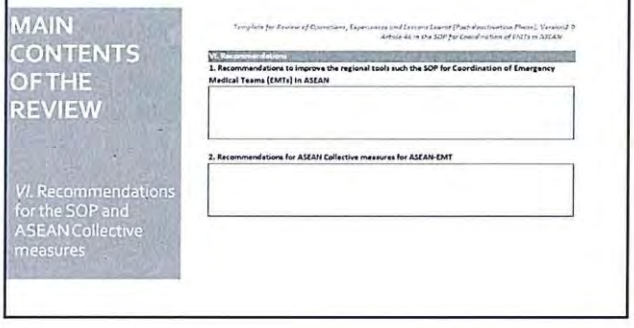
MAIN CONTENTS OF THE REVIEW

*VI. Recommendations for the SOP and ASEAN Collective measures*



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

2. Recommendations for ASEAN Collective measures for ASEAN-EMT

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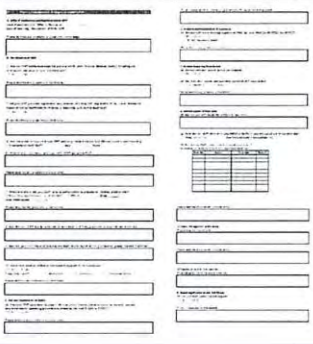
MAIN CONTENTS OF THE REVIEW

*IV. Process evaluation for deployment of AMS I-EMTs*



9

Ministry of Health
Republic of Indonesia

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

# Overall Programme (Tentative)
# Fourth Regional Collaboration Drill and Seventh Meeting of Project Working Group 2

Date: 25 to 29 November 2019
Location: Bali, Indonesia
Venue: Grand Inna Hotel(Bali), Tanah Ampo Pier (field exercise)
Participants: ASEAN Member States, ASEAN Secretariat, AHA Centre, JICA

## Day 1; Preparation Workshop
## Monday, 25 November 2019

| Time | Activity | Speaker/PIC |
|---|---|---|
| 08:00 – 09:00 | Registration | |
| 08.50 – 09.00 | Briefing on Hotel Safety Procedure | Grand Inna Hotel |
| 09:00 – 09:30 | Opening and Participant Introduction | Indonesia |
| 09:30 – 10:15 | SASOP Orientation Session | AHA Center |
| 10:15 – 10:30 | Coffee Break | |
| 10:30 – 11:15 | Health Information System of Indonesia, and Communication Exercise | Deputy Director of Evaluation and Information, CHC, MOH-Indonesia |
| 11:15 – 12:00 | Practice in filling up various forms (SASOP, MDS, ARCH and Indonesia)<br>-Is participant aware of what is QAV? if not, we might want to have QAV101 session here (3-5mins). | Session Lead: Indonesia,<br><br>SASOP =AHA centre<br>Medical Rep Form =Dr. Prasit<br>MDS = Dr. Kubo/Dr. Natsukawa<br>HNA = Takada? THL?<br>Others =THL?<br>QAV = Dr.Nanac/Janice<br><br>With support by JAC/JDR members (6-8) |
| 12:00 – 13:30 | Break and Lunch | |
| 13:30 – 15:00 | Practice in filling up various forms (continued) | Contd. |
| 15:00 – 15:30 | Coffee Break | |
| 15:30 – 16:15 | The Composite Team | Dr. Achmad Yurianto<br>(Secretary of Director General of Disease Control, MOH-Indonesia) |
| 16:15 – 17:45 | Group Work on Comprehensive Team Information | Tsukasa Katsube, 3 JAC JICA (3-4JDR) |

**Day 2 to 4 : The Fourth Regional Collaboration Drill**

**Day 2 : Tuesday, 26 November 2019**

| **Venue: Grand Inna Hotel** | | |
|---|---|---|
| **Time** | **Activity** | **Speaker/ PIC** |
| 07:30 - 08:00 | Registration | Indonesia and supported by ARCH secretariat (Kay, Ting + X) |
| 08:00 - 08:10 | Opening Dance (Traditional Bali Dance) | Indonesia |
| 08:10 – 08:20 | Indonesian National Anthem | Indonesia |
| 08:20 – 08:30 | Prayer | Indonesia |
| 08:30 - 08:35 | Welcome address | Governor of Bali Province |
| 08:35 – 08:45 | - Opening Remarks<br>- Remarks | - Minister of Health of Republic of Indonesia<br>- Representative, NIEM (Project Director) |
| 08:45 – 09:00 | Group Photo | Indonesia |
| 09:00 – 09:45 | Indonesia Health Crisis Management Policy | Director of CHC, MOH-Indonesia |
| 09:45 - 10:00 | *Break* | |
| 10:00 – 10.45 | Reception & Departure Centre (Presentation of Indonesian Protocol) | • Bali Port Health Office, MOH-Indonesia<br>• Indonesia NDMA<br>Moderator : Indonesia |
| 10.45 – 11.30 | Orientation on WHO Quality Assurance | WHO (SEARO) |
| 11.30 – 11.45 | The summary on the submission of the Request and Offer of Assistance by AMS | AHA Centre |
| 11.45 – 12.30 | Presentation on AMS Comprehensive Team Information | AMS<br>Facilitator: JICA (Tsukasa) (together with 1 JDR) |
| 12:30 - 13:30 | *Lunch* | |
| 13:30 – 14:30 | Presentation on Comprehensive Team Information (Continued) | AMS<br>Facilitator: JICA (Tsukasa) (together with 1 JDR) |
| 14:30 – 16.00 | Current Situation Briefing for the field exercise with Map (Demonstration of the Situation Awareness) | Dr. Achmad Yurianto<br>(Secretary of Director General of Disease Control, MOH-Indonesia) |
| 16.00 – 16.30 | *Break* | |
| 16:30 – 18:00 | RDC Practice | AHA Center + WHO Indonesia + CHC MoH + BNPB (NDMA)<br>The main facilitator : CHC MoH |

**Day 3 : Wednesday, 27 November 2019**

| **Field Exercise**<br>**Venue: Tanah Ampo, Karangasem District** | | |
|---|---|---|
| **Time** | **Activity** | **Speaker/ PIC** |
| 06:30 - 08:00 | Participants travel from Grand Inna Hotel in Sanur Bali to Tanah Ampo | |
| 08:00 - 08:25 | Opening ceremony<br>- Welcome Speech<br>- Opening Remarks | <br>Karangasem Regent<br>Head of Bali Provincial Office |
| 08:25 - 09:10 | Briefing at the HEOC | Indonesia Team |

| **Field Exercise**<br>**Venue: Tanah Ampo, Karangasem District** | | |
|---|---|---|
| **Time** | **Activity** | **Speaker/ PIC** |
| 09:10 - 10:55 | EMT Patient Care and Quality Assurance - Round 1 (Exercise for 10 AMS EMT and 1 Japan EMT) | Patient Care Lead: Indonesia XXX<br>- min. 1 per team (10AMS)<br>- (X THL + 5JAC +4 JDR)<br><br>QA Visit Lead: Indonesia<br>-Dr. Danac/Janice<br>-2 JAC + 1 JDR<br>-AMS |
| 10:55 – 11:30 | EMTCC Meeting No. 1 | WHO- Indonesia, MOH, Bali PHO, AMS |
| 11:30 - 12:30 | *Lunch* | |
| 12:30 - 14:25 | EMT Patient Care and Quality Assurance - Round 2 (Exercise for 10 AMS EMT, 1 Japan EMT) | Patient Care Lead: Indonesia XXX<br>- min. 1 per team (10AMS)<br>- (X THL + 5JAC +4 JDR)<br><br>QA Visit Lead: Indonesia<br>-2 JAC + 1 JDR<br>-AMS |
| 14:25 - 15:00 | EMTCC Meeting No. 2 | WHO-Indonesia, MOH, Bali PHO, AMS |
| 15:00 – 16:30 | Health Needs Assessment, and Composite EMT Exercise | WHO-Indonesia MOH, Bali PHO |
| 16:30 – 16:45 | EMTCC Meeting No. 3 | WHO-Indonesia, MOH, Bali PHO, AMS |
| 16:45 – 17:00 | Final Report | WHO-Indonesia, MOH, Bali PHO, AMS |
| 17:00 – 18:00 | Participants travel from Tanah Ampo to Grand Inna Hotel, Sanur | Indonesia |
| 20:00 – 22:00 | Gala Dinner | Indonesia |

**Day 4 : Thursday, 28 November 2019**

| **Review Workshop**<br>**Venue: Grand Inna Hotel** | | |
|---|---|---|
| **Time** | **Activity** | **Speaker/ PIC** |
| 08:00 – 08:30 | Registration | |
| 08:30 – 09:15 | Demobilization | Indonesia |
| 09.15 – 09.30 | *Coffee Break* | |
| 09:30 - 10:45 | Preparation for After Action Review Presentation | AMS<br>Facilitator: Indonesia, Dr. Prasit, Takada, Tsukasa |
| 10:45 - 12:15 | Presentation of After Action Review | AMS<br>Facilitator: Indonesia, Dr. Prasit, Takada, Tsukasa |
| 12:15 - 13:30 | *Lunch* | |
| 13:30 - 15:00 | Presentation of After Action Review (continuation) | Contd. |
| 15:00 – 15:30 | *Coffee Break* | |
| 15:30 - 16:30 | Presentation by the ARCH Project Team and ARCH Indonesia Working Committee | ARCH Project Team (Dr. Phumin, Dr. Kai, Ikeda)<br>Deputy Director of Prevention, Mitigation and Preparedness, CHC, |

| Review Workshop<br>Venue: Grand Inna Hotel | | |
|---|---|---|
| **Time** | **Activity** | **Speaker/ PIC** |
| | | MoH-Indonesia |
| 16:30 – 16:45 | Summary | ASEAN Secretariat &<br>ARCH Project Team (Dr. Phumin, Dr. Kai, Ikeda) |
| 16:45 - 17:00 | Closing remarks | Director of CHC, MOH-Indonesia |

**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 | *Break* |
| 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 | *Lunch* |
| 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 | *Break* |
| 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 |

MATRIX- Draft Working Plan for ASEAN Collective Approach

| | Output/ Product | Activity |
|---|---|---|
| A)Customs compliance on all goods and materials for EMT operation | | |
| | 1.Customs clearance system in 5 AMSs is identified | 1-1.Explore; Existing systems on Customs Clearance<br>Contact point of relevant Ministry/ Agency/ Office<br>Required Documents<br>Authorized Customs Broker list |
| | 2.Controlled items/ medicine is identified | 2-1.List up items/ medicine required for EMT type1(*) ->JDR, Thai MERT |
| | | 2-2.Verification of identified items(*) with controlled items list in 5 AMSs(**) |
| B)Waste management | | |
| | 1.Database (Reguration/ Exsisting system on Medical Waste management) | 1-1.Explore; Regulation/ Existing system on Medical Waste management in 5 AMSs |
| | 2.AMS I-EMT standard (Waste Management Guideline) | 2-1.Referring existing Guidelines -> International Guideline, Manual (JDR, Thai MERT) |
| | | 2-2.Drafting Waste Management Guideline |
| C)Indemnity and malpractice | | |
| | 1.Information on Malpractice/ relevant Insurance Scheme | 1-1. Assesment of; Regulation on Malpractice, presence of Insurance in 5 AMSs |
| | 2.Existing insurance scheme is identified, or New insurance scheme is created? | 2-1.List up & Consult with potential insurance company which can develop malpractice insurance scheme |
| | 3.Agreement on Special arrangement during Emergency? | |
| D)Logistic support | | |
| | Information on<br>【Transportation】 Point of Entry (Airport, Seaport or Land-route)<br>Airport capacity: Carrier size vs Length and Strength of Air strip<br>Available Neighboring Warehouse<br>List/ contact point of Domestic transportation<br>【Communication】<br>Available Radio frequency for I-EMT 【Security】 | List up relevant information on logistic issues |
| E)Legal issue | | |
| | Information on legal issues such as;<br>Registration of medical practitioners to practice in affected countries<br>Driving License<br>Vehicle Registration<br>Legal status | |

## Schedule of Implementation (Monitoring Sheet) in the Extension Phase of the ARCH

30 September, 2019

| | | 2019 | | | | | | | | | | | 2020 | | | | | | | | | | | | 2021 | | | Responsible | | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | PWG | T Side | |
| (Project Management)<br>ARCH First Phase<br>Extension of ARCH<br>Amendment of R/D<br>Long-Term Expert(Chief Advisor) | | | | | | July 9 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | July | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | June 6 | | | | | | | | | | | | | | | | | | | | | | | |
| Long-Term Expert(P-Coordinator/ASEAN collaboration) | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Actual | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Joint Coordination Commitee(JCC) | Plan | | | | | x | | | | | | | | | | | x | | | | | | | | | x | | | |
| | Actual | | | | | 22 | | | | | | | | | | | | | | | | | | | | | | | |
| Bilateral meeting (Thai-Japan) | Plan | | | | x | | | | x | | | | | | | x | | | | | x | | | | | | | | |
| | Actual | | | | 10-11 | | | | 24-25 | | | | | | | | | | | | | | | | | | | | |
| RCC | Plan | x | | | | | | | | | | x | | | | | | x | | | | | | x | | | | | |
| | | | | | | | | | | | | RCC for | | | | | | RCC for | | | | | | RCC for | | | | | |
| | Actual | x | | | | | | | | | | 22 | | | | | | | | | | | | | | | | | |
| PWG1 | Plan | | | | | x | | | | | | x | | | | | x | | | | | | | x | | | | | |
| | Actual | | | | | 10-11 | | | | | | 21-22 | | | | | | | | | | | | | | | | | Joint meeting of PWG1&2 was Held in July 10th |
| PWG2 | Plan | | | | | x | | | x | | | | | | | | x | | | | | | | x | | | | | |
| | Actual | | | | | 9-10 | | | after RCD<br>20th | | | | | | | | | | | | | | | | | | | | Joint meeting of PWG1&2 was Held in July 10th |
| **Output1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing TOR of RCC for ALD (Re;Activety1-1) | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG1 | MOPH | |
| | Actual | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activity1-2 Drafting Work Plan on the POA of ALD | Plan | | | | | | x | | | | | Referendum by HC2 & SOMHD | | | x | SOMHD | | | x | HC | | | | | | | PWG1 | MOPH | |
| | Actual | | | | | | 29th(AMM) | HC2 | 29- | | | | | | | | | | | | | | | | | | | | ASEAN Health Minister's meeting on Aug 29th have endorced the POA |
| Preparation of the RCC Meeting(Re; Activity1-1, 1-2) | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | - | MOPH | |
| | Actual | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Output2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activity2-1 Planning and Preparation for Drill | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG2 | NIEM | |
| | Actual | | | | 4 | 4-5 | 14-15 | | 9 | 5-7 | | | | | | | | | | | | | | | | | | | Preparation Guidebook for RCD shall be developed. First Draft will be submitted to PWG2 on Nov 29 |
| Activity2-2 Reginal Coordination Drill | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG2 | NIEM | |
| | Actual | | | | | | | | | 23-22 | | | | | | | | | | | | | | | | | | | |
| Activity2-5 Develop a format for sharing of lesson learned | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG1 | MOPH | |
| | Actual | | | | | | PWG2 | | | | | | | | | | | | | | | | | | | | | | |
| Activity2-5 Conduct a research on experience of response for disaster | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG1 | MOPH | |
| | Actual | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Output3** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activity3-5 Endorsement for the Tools | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG1 | MOPH | |
| | Actual | | | | | | SOMHD&ACD | | | PRW ACDM | | | | | | | ARDE | | | | | | | | | | | | |
| | | | | | | | PWG1 22th(PRWG) | | | | | | | | | | | | | | | | | | | | | | |
| Joint Workshop and TTX for SOP by HC2 & PRWG(Re; Activity3-5) | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG1 | MOPH | |
| | Actual | | | | | | | | | 9-7 | | | | | | | | | | | | | | | | | | | |
| SWG meeting for ASEAN standards and methods (Re; Activity 3-6) | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG1 | MOPH | |
| | Actual | | | | | | PWG2 | | | | | | | | | | | | | | | | | | | | | | |
| Hiring consultants for information collection and facilitation of the SWG | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG1 | MOPH | |
| | Actual | | | | | | | | | 1.5MM | | 0.5M | | | | | 0.5MM | | | | | 0.5M | | 0.5M | | | | |
| Finalizing recommendation on ASEAN standards and methods (Re; Activity 3-6) | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG1 | MOPH | |
| | Actual | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Output4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activity4-2 Academic Seminar | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG2 | NIEM | |
| | Actual | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Output5** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clarifing the roles and functions of the Regional Disaster Health Management training center | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG2 | NIEM | |
| | Actual | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D[illegible]ment of standard trainning curriculum(Activity5-1) | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG2 | NIEM | |
| | Actual | | | | | | PWG2 | | | | | | | | | | | | | | | | | | | | | | |
| Questionaire Survey for CD in AMS (Re; Activity 5-3) | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG2 | NIEM | |
| | Actual | | | | | | PWG2 15<br>Q to<br>AMS | | | | | | | | | | | | | | | | | | | | | | Questionnaire has been already circulated to each AMS from AEEC on Aug15th. Due date of submission from AMS is on Oct 15th |
| Clarifing requirements for academic/training institute which conducts training programs on DHM in AMS (Re: Activity 5-3) | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG2 | NIEM | |
| | Actual | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field trips for Needs and Potential Study on CD in some AMS (Re; Activity 5-3) | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG2 | NIEM | |
| | Actual | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identifing an academic/training institute in each AMS which is expected to be the member institute for ASEAN Academic/Training Center Network on DHM (Re; Activities 4-2 & 5-3 ) | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | PWG2 | NIEM | |
| | Actual | | | | | | | | | | | | | | | | | | | | | | | Invite for A seminar | | | | | |
| **Others** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preparation of project proposal for Next Phase | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | (RCC) | MOPH & NIEM | |
| | Actual | | | | | | | | | | | | | | | | | | | | | | | Submission for Request | | | | | |
| Preparation of project ducuments for Next Phase | Plan | | | | | | | | | | | | | | | | | | | | | | | | | | (RCC) | MOPH & NIEM | |
| | Actual | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## Concept of ASEAN Academic network on DHM

Objective

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

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 favourable if representative of the institute is 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 and International seminar on DHM

Dr. Phumin Silapunt
Thai project team (ARCH Project)

1

## 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

## Objectives

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

3

## 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

## 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

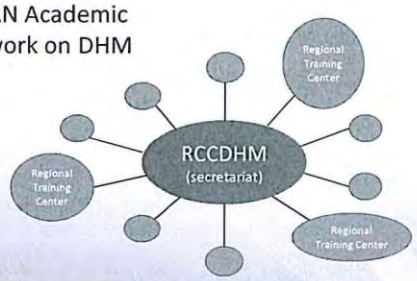
## Selection Criteria for National focal points

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

6

## ASEAN Academic Network on DHM




RCCDHM : Regional Coordination Committee on Disaster Health Management

7

## Regional Training Center

- The center that are capable to develop and /or organize "special training course" that all AMS should learn but cannot organize by every AMS.
- Special training course
  - Need to visit some specific place such as Volcanic eruption
  - Need special equipment such as Simulation center.
  - Too complicate for some AMS to organize by themselves such as EMTCC.

9

## ASEAN Academic Network on DHM


AIDHM : ASEAN Institute for Disaster Health Management

8

## Role and responsibility

- Organize special training course
- Facilitate and support others training center to be capable to organize that course.
- Evaluate any interested center who would like to organize the training course then submit to RCCDHM for approval.
- Do quality assurance to any center who organize the special training course

10

## Training method

1. Organize training course at the regional center
2. Organize training course at AMS
3. Organize training course by E-learning via their website
4. Combination 1+3 or 2+3

11

## International Academic seminar on DHM

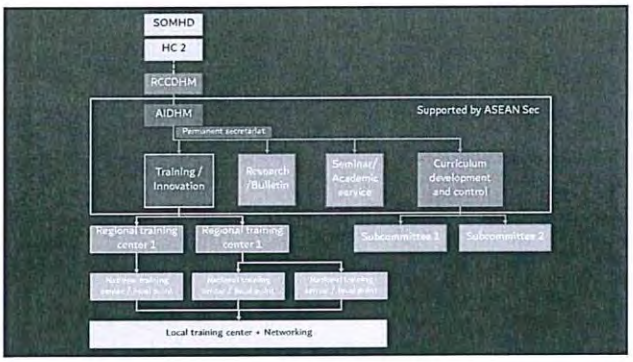
- Objective : 1) Knowledge sharing 2) Promote the network
- Venue : Thailand
- Date : 3 days on September 2020
- Participants :
  - 3-5 members from each AMS
  - ASEC,AHA,Japan
  - Others(self funded)

  } Funded by ARCH project
- Theme and Schedule?
- Public Relation?

12

## Regional training center

1

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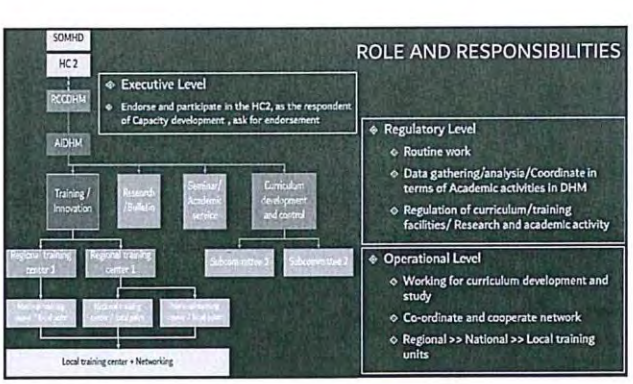


3

## The member Qualification of RCCDHM and Committee

- Outline : the members should;
  - Representative of each AMS.
  - The person who is entrustable and influent or well known to the others disaster personnel in each AMS.
  - Have their academic autonomy and none of conflict of interest.

4

## Qualification of the member

| RCCDHM | Curriculum committee |
|---|---|
| Academic position - all of this following<br>At least<br>40 year old<br>A position in University / Academic Institute - in administrative level at least Assistant dean<br>Associate professor / PhD<br>If physician, should be a member of the training board of disaster medicine or related certified authorities.(emergency medicine, surgery, critical care medicine, etc.)<br>If others, should be a member of professional certified license authorities. | Academic position - all of this following<br>At least<br>40 year old<br>A position in University / Academic Institute<br>Assistant professor / Master degree<br>Had one academic research / author in text book in disaster medicine in 5 years<br>Interested in Disaster medicine or certified instructor of the short course training in disaster medicine<br>If physician, should be a member of the training board of disaster medicine or related certified authorities.(emergency medicine, surgery, critical care medicine, etc.)<br>If others, should be a member of professional certified license authorities. |

5

## Qualification of the member

| RCCDHM | Curriculum committee |
|---|---|
| Experience position - all of this following<br>At least<br>Be or used to be a director of the Department level organization related to disaster medicine / Advisory level in the governmental position<br>Actively participate in disaster heath management activities<br>5 years experience in the disaster medicine field<br>If physician, should be a member of the training board of disaster medicine or related certified authorities.(emergency medicine, surgery, critical care medicine, etc.)<br>If others, should be a member of professional certified license authorities. | Experience position - all of this following<br>At least<br>35 year old<br>Be or used to be a director of the division level organization related to disaster medicine / Expert level in the governmental position<br>Participated in disaster event once in 3 years (Domestic / International) or actively participate in disaster heath management activities<br>5 years experience in the disaster medicine field<br>Interested in Disaster medicine or certified instructor of the short course training in disaster medicine<br>If physician, should be a member of the training board of disaster medicine or related certified authorities.(emergency medicine, surgery, critical care medicine, etc.)<br>If others, should be a member of professional certified license authorities. |

6

## Questionnaire

**Objectives of the Study**

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

**Respondent(s)**

| Name | Organization | E-mail |
|---|---|---|
| | | |
| | | |

**Instruction**

Please write or select the most suitable answer.

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

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

1.1 Please explain the steps to become doctor/nurse*

| | |
|---|---|
| Doctor | |
| Nurse | |

| Remarks | |
|---|---|

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

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

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

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

1.5 Number of educational institutes

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

1.6 License

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

**2. Educational institutes providing emergency medicine program**

| | |
|---|---|
| 2.1 Is training curriculum available for doctors and | 1. Yes 2. No |

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

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

| 3.1 Please click the check boxes to the followings if the training is available in your country. | 3.2 If it is available, please specify which organization provide the training for each topic. |
|---|---|
| ☐ mass casualty incident (MCI),<br>☐ chemical, biological, radiological, nuclear, explosive (CBRNE)<br>☐ Psychological care<br>☐ water, sanitation and hygiene (WASH)<br>☐ Public health<br>☐ Logistics<br>☐ business continuity plan (BCP)<br>☐ safety and security<br>☐ Others (pls. specify)<br>( ) | Name of the organization<br>( )<br>( )<br>( )<br>( )<br>( )<br>( )<br>( )<br>( ) |

| | |
|---|---|
| | (  )<br>(  ) |

| 3.3 If it is available, how long is the training course?<br>3.4 And how often is it conducted? (e.g. twice a year) | | |
|---|---|---|
| | Duration of the course | Frequency |
| ☐ mass casualty incident (MCI), | (  ) | (  ) |
| ☐ chemical, biological, radiological, nuclear, explosive (CBRNE) | (  ) | (  ) |
| ☐ Psychological care | (  ) | (  ) |
| ☐ WASH | | |
| ☐ Public health | | |
| ☐ Logistics | (  ) | (  ) |
| ☐ business continuity plan (BCP) | (  ) | (  ) |
| ☐ safety and security | (  ) | (  ) |
| ☐ Others (pls. specify) | (  ) | (  ) |
| (  ) | (  ) | (  ) |
| | (  ) | (  ) |
| | (  ) | (  ) |

| Remarks |
|---|
| |

| 3.5 Please click the check boxes to the following if any external training course is available in your country. | 3.6 If it is available, please specify which organization provide the training for each topic |
|---|---|
| ☐ Basic disaster life support (BDLS)<br>☐ Advanced disaster life support (ADLS)<br>Major Incident Medical Management and Support | Name of organization<br>(  )<br>(  ) |

| | |
|---|---|
| (MIMMIS)<br>☐ Field MIMMIS<br>☐ Hospital MIMMIS<br>☐ advanced trauma life support (ATLS)<br>☐ International Trauma Life Support (ITLS)<br>☐ Incident Command System (ICS)<br>☐ Psychological First Aid (PFA)<br>☐ Others (pls.specify) | <br>( )<br>( )<br>( )<br>( )<br>( )<br>( )<br>( ) |
| Remarks | |

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

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

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

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

| |
|---|
| 5.1 Which institute(s) will be eligible to lead training activities in your country and to contribute to networking with relevant institutes in other AMS under the POA for ALD? |
| 5.2 Please specify the reason for 5.1 |

| |
|---|
| |
| 5.3 Are there any academic society (e.g. Society for Acute Medicine) or NGO in your country, which provide DHM training program?<br>If yes, please specify the names of organization(s). |

**6. Others**

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

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

**END**

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

# "Progress of Questionnaire Survey for CD on DHM in AMS" and "Plan of field trips in CLMV on CD for DHM"

October 25th, 2019

2nd Bilateral meeting

1

## Purpose of Meeting

- To share the **summary of the Questionnaire Survey** for AMS
- To agree on the plan of **Field Trips in CLMV** (schedule, member, survey items, methodology, etc.,)
- To agree on the discussion points of **PWG2** in Bali

2

## Outline of Presentation

1. Questionnaire Survey
2. Field Survey in CLMV
   - Purpose of the Survey
   - Why CLMV?
   - Survey Items
   - Members of the Survey Team
   - Schedule
3. PWG2 and Next Step
   - Discussion Points

3

## Handouts

- Questionnaire

4

## 1. Questionnaire Survey

5

## 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 reginal disaster training center which is considered to be established in the POA on DHM

6

## Questionnaire Survey

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

7

## Number of Respondents: 4 (as of October 24)

| Country | Officials that responded |
|---|---|
| Malaysia | BPP KKM (MOH) |
| Phillipines | • Office of the Civil Defense<br>• Health Emergency Management Bureau<br>• Philippine College of Emergency Medicine<br>• Department of the Interior and Local Government |
| Singapore | • MOH<br>• Ng Teng Fong General Hospital, MOH |
| Thailand | Thai College of Emergency Physician |

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## 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. **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**

8

## Disaster Health Management in AMS

| | Group I: Countries with abundant disaster experience and countermeasures | | | Group II: Countries with insufficient disaster experience and countermeasures | | | | Group III: Countries with relatively sufficient systems for disaster response but without disaster experience | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Indonesia | Philippines | Thailand | Cambodia | Laos | Myanmar | Vietnam | Brunei | Malaysia | Singapore |
| Have permanent administrative organization for disaster health management | ○ | ○ | ○ | | | | | | ○ | ○ |
| Have systems for medical teams that respond to disasters | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Education and training system for disaster health management is developed | ○ | ○ | ○ | | | | | ○ | ○ | ○ |
| Have experience in accepting EMT from abroad | ○ | ○ | ○ | | | ○ | | | | |
| System for accepting EMT from abroad is developed | ○ | ○ | ○ | | | | | | | |
| The government have 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

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## Results

9

Different, but have system and institute(s) for training EM in the 4 countries
Challenges: ASEAN standards, availability/capacity of trainers, etc.,

**2. Educational institutes providing emergency medicine program**

| Country | 2.1 Training curriculum for EM | | 2.2 If yes in 2.1: Institute for training | 2.3 Training period | 2.4 Certification for EM training | 2.5 Challenges in EM education | 2.6 Other educational qualification for competency on DHM |
|---|---|---|---|---|---|---|---|
| | Doctor | Nurse | Related occupation | | | | |
| Malaysia | No | No | Yes<br>(medical assistant) | medical assistant college (post basic for emergency assistant) | 12 months (medical assistant) | Yes (medical assistant) | The main challenge is the **place for study** is limited for the doctors doing master and also for medical assistant/nurses doing post basic | Doctors - Subspecialty training in Pre-Hospital Care and Disaster (2 years) |
| Philippines | Yes | No | | Philippine General Hospital,<br>East Avenue Medical Center,<br>Saint Luke's Medical Center, etc | 3 years | Yes | Training Curriculum following international/ASEAN standards. | Masters in Public Administration or Public Health or Crisis Management |
| Singapore | Yes | Yes | | National University of Singapore (Yong Loo Lin School of Medicine); National Technological University (Lee Kong Chian School of Medicine); Duke-NUS Medical School | 1 year | Yes | • Course training capacity<br>• System maintenance/ Staff attrition<br>• Availability of staff to attend courses<br>• Need to re-certification after certificates expire<br>• Budget | Internal training under Ministry of Health |
| Thailand | Yes | Yes | | College of Emergency | 3 years | Yes | to meet World Federation for Medical | Master of Public Health |

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

| Country | 3.1 Availability of training program | 3.2 Training Institute | 3.3 Training period | 3.4 Frequency |
|---|---|---|---|---|
| Malaysia | mass casualty incident (MCI) | Hospital Serdang, Selangor | 4 days | 1 - 2 times/ year |
| | chemical, biological, radiological, nuclear, explosive (CBRNE) | Hospital Selayang, Selangor | 3 days | 1 - 2 times/ year |
| | public health | National Institute of Health, NIH | 3 days | 1 - 2 times/ year |
| | Logistics | National Disaster Management Agency Malaysia | 1 day | 1 - 2 times /year |
| Phillipines | mass casualty incident (MCI) | Health Emeregncy Management Bureau – Department of Health (HEMB-DOH) | 5 days | needs- based, as requested |
| | 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 |
| | Psychological care | East Avenue Medical Center, Philippine General Hospital | | needs- based, as requested |
| | water, sanitation and hygiene (WASH) | HEMB-DOH | 5 days | needs- based, as requested |

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Needs for DHM: Standardized curriculum, Training of trainers, practical training (e.g., logistics, drills)

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

| Country | 4.1 Training needs | 4.2 Support needed |
|---|---|---|
| Malaysia | Training of trainers to conduct the AMS training.<br>Awareness of mental health in disaster | **Standardized curriculum** for AMS training |
| Phillipines | 1. Logistics management<br>2. Clinical management in severe and austere environment<br>3. Safety and security training<br>4. Water, Sanitation, & Hygiene (WASH) for EMT personnel<br>5. Country to Country coordination. (ASEAN standard training curriculum on DHM training) | Module development to **standardize training** at the ASEAN Level and training management with complete provision for training tools and devices |
| Singapore | Opportunity to participate in disaster drills<br>Training in health assessment | Sharing of training material<br>"Train-the-Trainer" type of training |
| Thailand | Logistic, Emergency Medical Team Cell Coordination, MIMMIS | **Standard** curriculum<br>Instructor course |

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Core Educational Institute: Hospital under MOH
Academic society/NGO: Local (e.g. Mercy Malaysia), International (e.g.Red Cross, WHO)

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

| Country | 5.1 Leading institute for training & networking in ASEAN | 5.2 Reason | 5.3 Academic society/NGO that provide DHM training |
|---|---|---|---|
| Malaysia | Hospital Serdang | Hospital Serdang coordinates the nationwide training under MOH | Mercy Malaysia |
| Phillipines | 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 Risk Reduction Management in Health | • Philippine Red Cross<br>• Metro Manila Development Authority<br>• World Health Organization<br>• Anti-Terrorism Assistance Program of US Department of State |
| Singapore | Department of Emergency Medicine, Ng Teng Fong General Hospital | Identified by the Ministry to lead training and curriculum development for disaster health management | Singapore Red Cross |
| Thailand | Thai College of Emergency Physician, Chulalongkorn Disaster and Emergency medicine Center | There are members who specialize in disaster medicine, mass casualty incident and EMS<br>Chulalongkorn Disaster and Emergency medicine Center, Princess Chulabhorn College of Medical Science, Chulabhorn Royal Academy | Asian Disaster Preparedness Center (ADPC)<br>Thai Red Cross Society<br>Thai Association for Emergency Medicine (TAEM) |

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Need further consideration to multicultural issues in DHM
Challenges in DHM education: Financial and human resource management strategy

**6. Others**

| Country | 6.1 Specific consideration to multicultural issues in DHM | 6.2 If yes, Example | 6.3 If not Tools to be included in DHM education | 6.4 Challenges in DHM education |
|---|---|---|---|---|
| Malaysia | No | | Understanding local culture and religious sensitivity | Limited Financial allocation and experienced trainers |
| Phillipines | No | | Acclimatization / simulation | Limited Choice of Participants because of the few personnel who are involved in the program competing priorities on health |
| Singapore | Yes | Being a multiracial society, Singapore's DHM education takes into account multiracial sensitivities | | |
| Thailand | No | | Laws, regulations, and cultural perspective for EMT<br>International coordination standard | Experts or Instructors<br>Budget |

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## 2. Field Survey

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## Purpose of Field Survey

- ALD: endorsed in August, 2019
- Plan of Action: capacity development of the **region** and **each AMS**

Need to understand the current status of **emergency medical service** and **system for disaster health management** in each AMS

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## Why CLMV?

- Regional Training Institute
  - Standard curriculum: AMS
  - Basic course/curriculum: **CLMV**?

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## Schedule

| When | What | Focal Point |
|---|---|---|
| Oct. 15th | Deadline for submission | |
| Oct - Nov | To analyze the survey results | Consultant |
| Nov.29 PWG2 | To share/discuss on the results<br>To plan the field study | PWG 2 members |
| Feb.& Mar. 2020 | Field study<br>*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) | |

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## Survey Items

- educational/training institutes
- domestic training programs on DHM
- training/competency needs
- needs for external supports

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## Methodology

- Key Informant Interview
- FGD

22

## Members of Survey Team

- Thai and Japanese
- Other AMS
  - sharing experiences/ advanced efforts in DHM education
  - leading discussion on specific issues (FGD)
  - contributing to standardization of training curriculum

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## Need to agree

- Survey Team Members
  - Thai & Japanese sides
  - Other AMS
- Schedule (Feb. &Mar.2019)

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## 3. PWG 2 in Bali (Nov.29th)

25

## Discussion Points

- Result of Questionnaire Survey
- Field Survey in CLMV
  - Purpose
  - Schedule
  - Survey Items
  - Methodology
  - Members
- Next Step and way forward

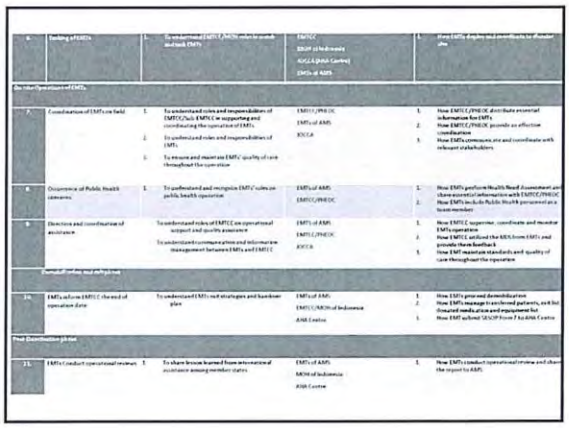
26

Thank you

27

## Injection for TTX

1



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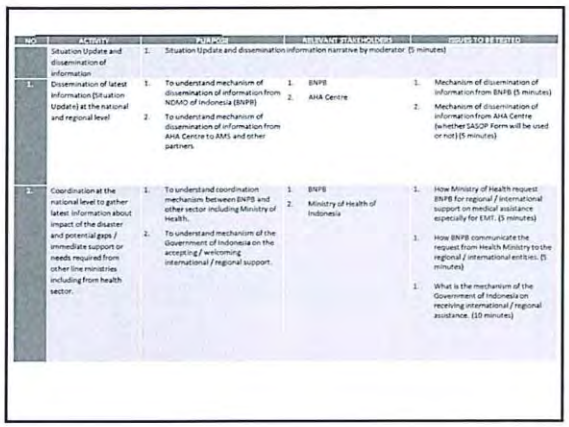

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## EMTCC Training

February 2019

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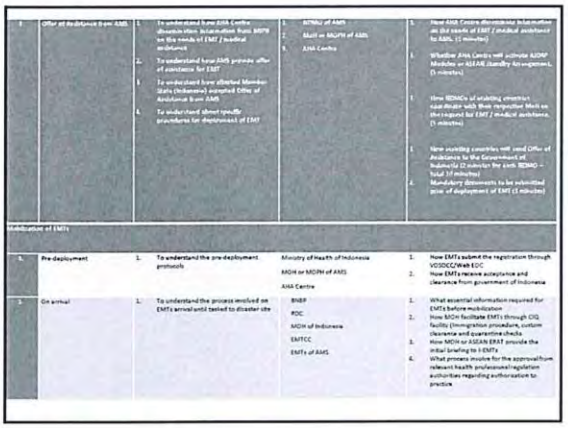

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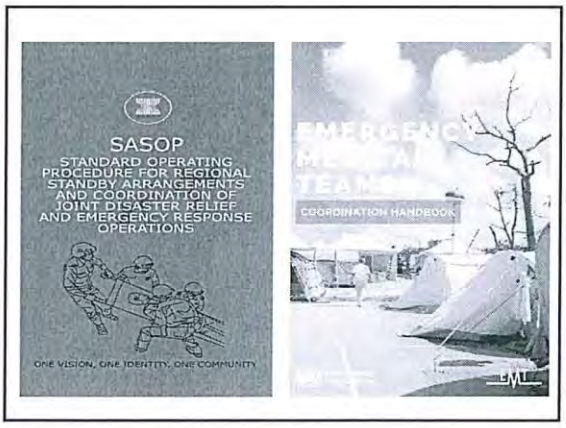
International
Emergency Medical Team
Coordination

6

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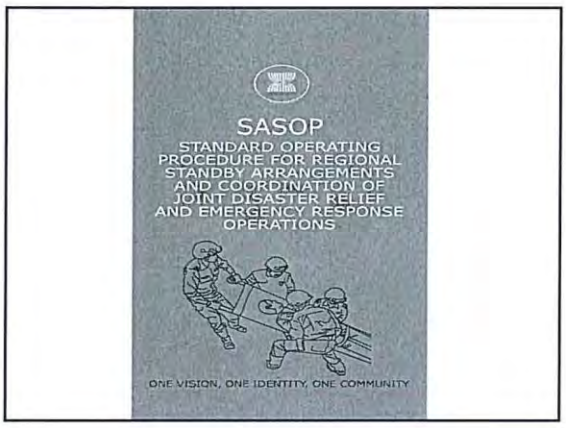
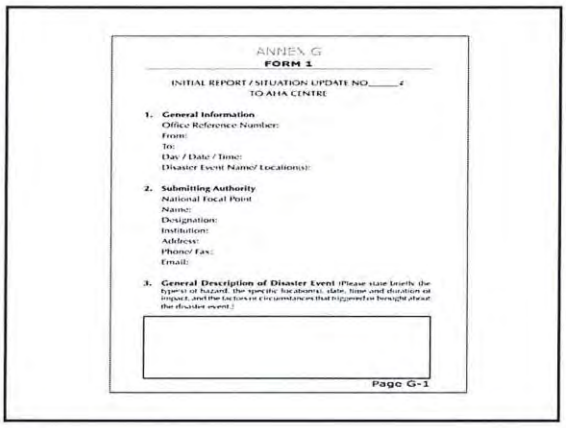



8

## SASOP Forms

- Initial report/Situation update to AHA center (ANNEX G, Form 1): Affected country information
- ANNEX H, Form 2: Initial report/Situation update of AHA centre to the national focal point (NFP): AHA centre
- Request for assistance: ANNEX I, Form 3: Affected country situation
- Offer for assistance: ANNEX J, Form 4: AMS information
- ANNEX M Form 7: Final report from assisting entity to AHA centre: AMS EMT information

9

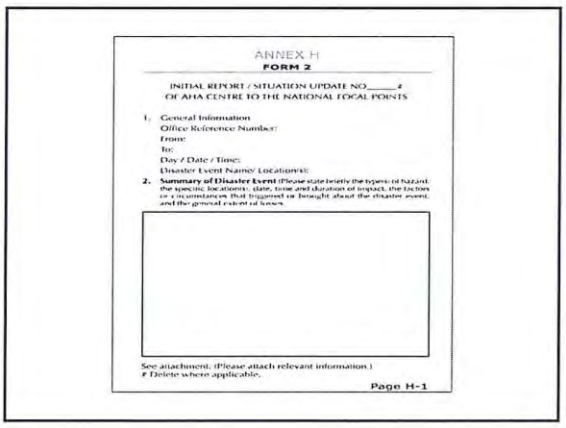

ANNEX G
**FORM 1**

INITIAL REPORT / SITUATION UPDATE NO._____ #
TO AHA CENTRE

1. **General Information**
   Office Reference Number:
   From:
   To:
   Day / Date / Time:
   Disaster Event Name/ Location(s):
2. **Submitting Authority**
   National Focal Point
   Name:
   Designation:
   Institution:
   Address:
   Phone/ Fax:
   Email:
3. **General Description of Disaster Event** (Please state briefly the types of hazard, the specific location(s), date, time and duration of impact, and the factors or circumstances that triggered or brought about the disaster event.)

Page G-1

10


ANNEX H
**FORM 2**

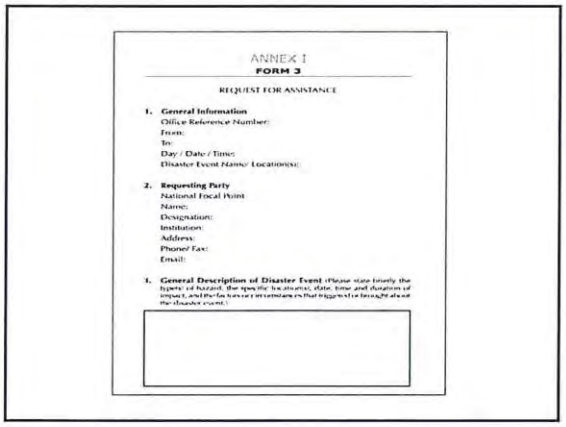
INITIAL REPORT / SITUATION UPDATE NO._____ #
OF AHA CENTRE TO THE NATIONAL FOCAL POINTS

1. General Information
   Office Reference Number:
   From:
   To:
   Day / Date / Time:
   Disaster Event Name/ Location(s):
2. **Summary of Disaster Event** (Please state briefly the types of hazard, the specific location(s), date, time and duration of impact, the factors or circumstances that triggered or brought about the disaster event, and the general extent of losses.

See attachment. (Please attach relevant information.)
# Delete where applicable.

Page H-1

11


ANNEX I
**FORM 3**

REQUEST FOR ASSISTANCE

1. **General Information**
   Office Reference Number:
   From:
   To:
   Day / Date / Time:
   Disaster Event Name/ Location(s):
2. **Requesting Party**
   National Focal Point
   Name:
   Designation:
   Institution:
   Address:
   Phone/ Fax:
   Email:
1. **General Description of Disaster Event** (Please state briefly the types of hazard, the specific location(s), date, time and duration of impact, and the factors or circumstances that triggered or brought about the disaster event.)

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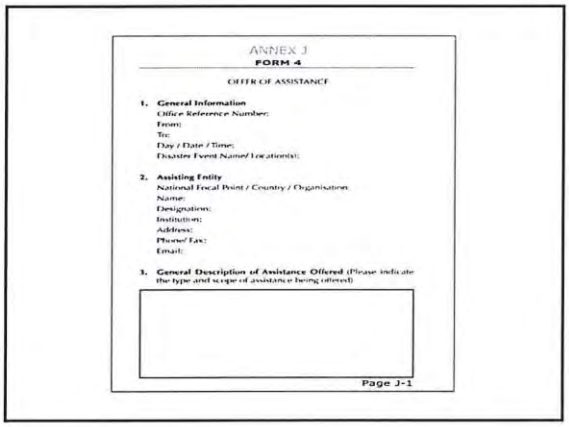


ANNEX J
**FORM 4**

OFFER OF ASSISTANCE

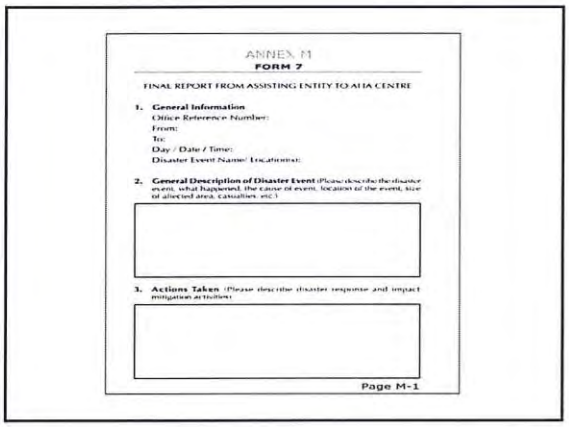
1. **General Information**
   *Office Reference Number:*
   From:
   To:
   Day / Date / Time:
   Disaster Event Name/ Location(s):

2. **Assisting Entity**
   National Focal Point / Country / Organisation:
   Name:
   Designation:
   Institution:
   Address:
   Phone/ Fax:
   Email:

3. **General Description of Assistance Offered** (Please indicate the type and scope of assistance being offered)

Page J-1

13



ANNEX M
**FORM 7**

FINAL REPORT FROM ASSISTING ENTITY TO AHA CENTRE

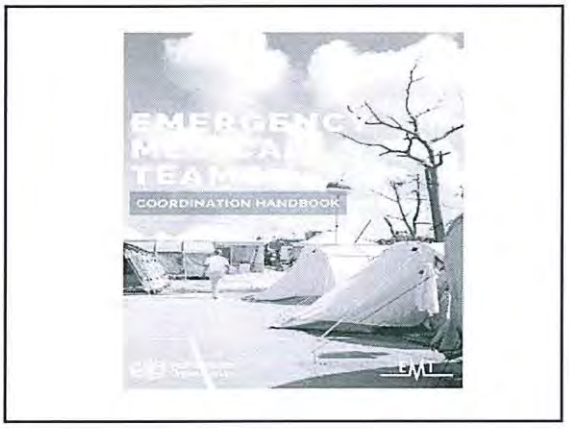
1. **General Information**
   Office Reference Number:
   From:
   To:
   Day / Date / Time:
   Disaster Event Name/ Location(s):

2. **General Description of Disaster Event** (Please describe the disaster event, what happened, the cause of event, location of the event, size of affected area, casualties, etc.)

3. **Actions Taken** (Please describe disaster response and impact mitigation activities)

Page M-1

14



COORDINATION HANDBOOK

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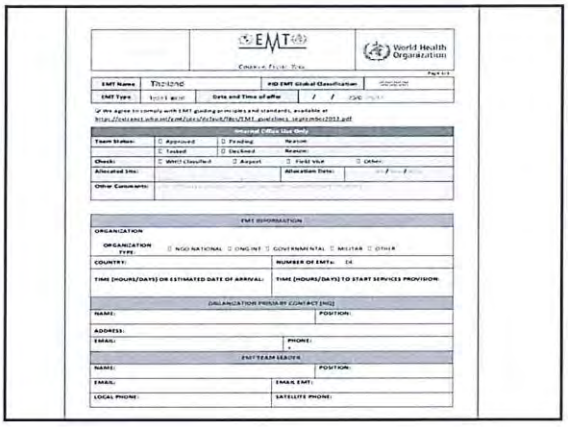
## EMTCC forms

- EMT registration: Each country information
- Daily report: Collect from medical record
- Patient referral form: Referred patients
- EMTCC coordination minute: Conclusion of cases and situation, provide information
- Situation report: Affected country situation
- Exit report: AMS EMT information

16



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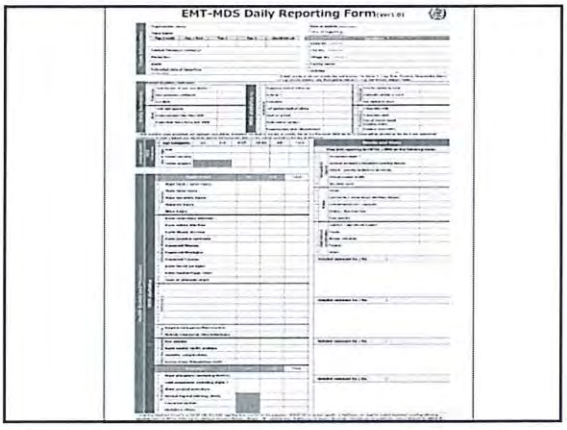


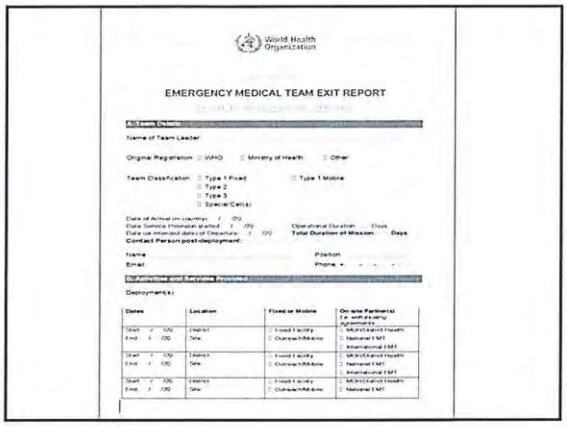
EMT-MDS Daily Reporting Form

18


World Health Organization

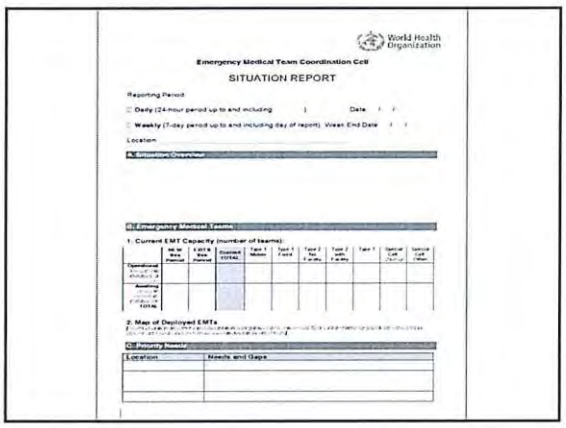
PATIENT REFERRAL FORM

19


World Health Organization

EMERGENCY MEDICAL TEAM EXIT REPORT

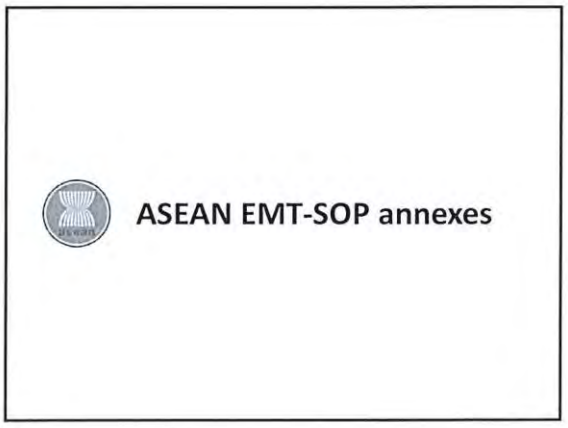
22


World Health Organization

Emergency Medical Team Coordination Cell

SITUATION REPORT

20



## ASEAN EMT-SOP annexes

23


World Health Organization

EMT COORDINATION MEETING MINUTES

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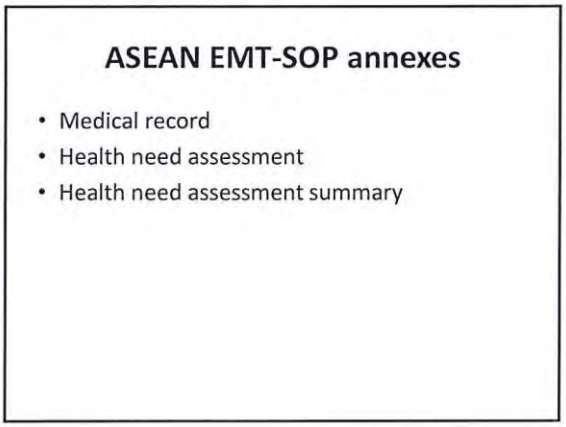
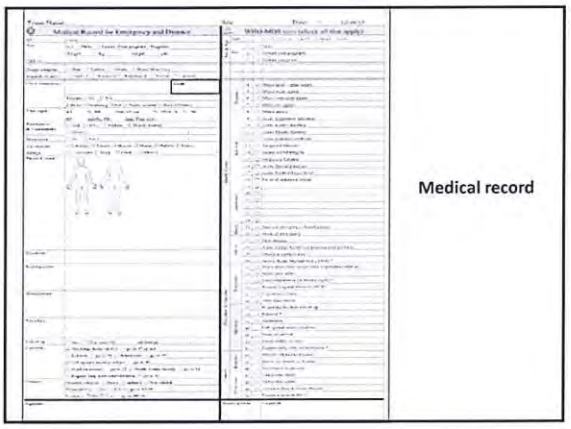


## ASEAN EMT-SOP annexes

- Medical record
- Health need assessment
- Health need assessment summary

24



Medical record

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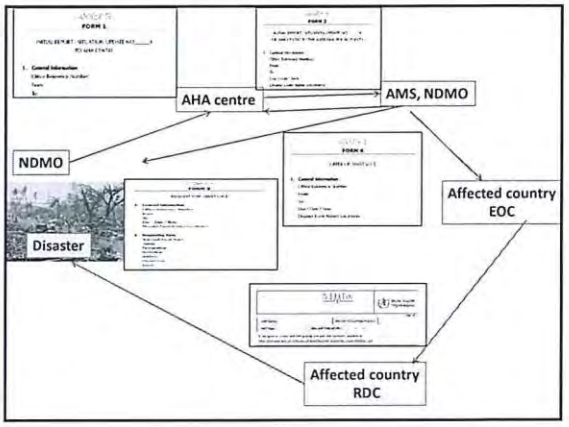


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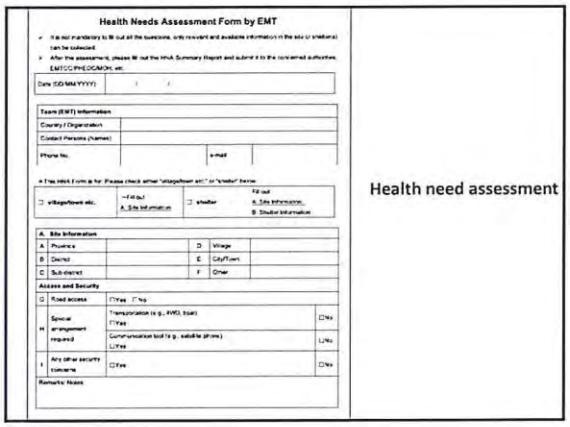

Health need assessment

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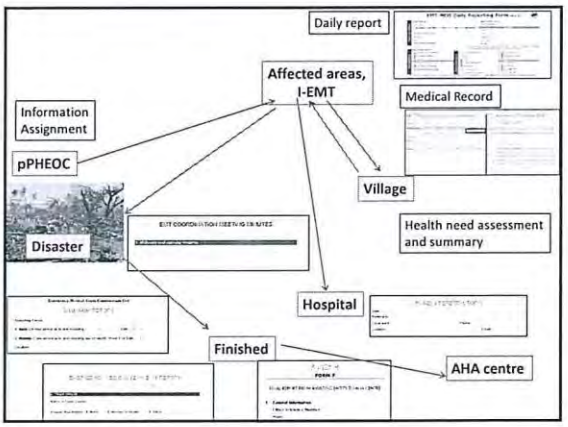


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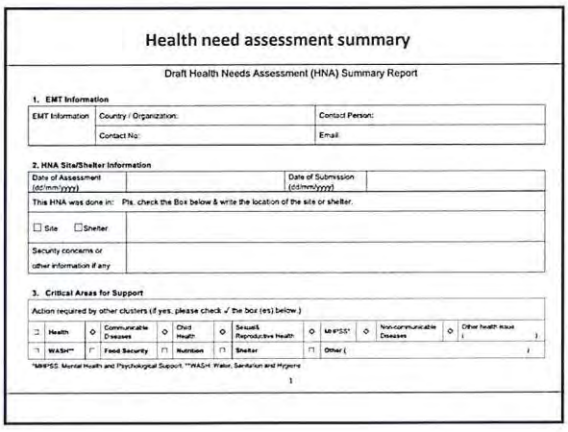

Health need assessment summary

Draft Health Needs Assessment (HNA) Summary Report

27

# Conclusion

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## SASOP forms

- Initial report/Situation update to AHA center (ANNEX G, Form 1): Affected country information
- ANNEX H, Form 2: Initial report/Situation update of AHA center to the national focal point (NFP): AHA centre
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## EMTCC forms

- EMT registration: Each country information
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- Exit report: AMS EMT information

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## AMS forms

- Medical record
- Health need assessment
- Health need assessment summary

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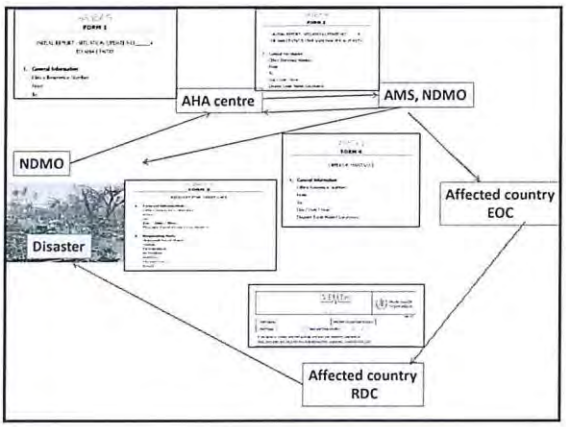


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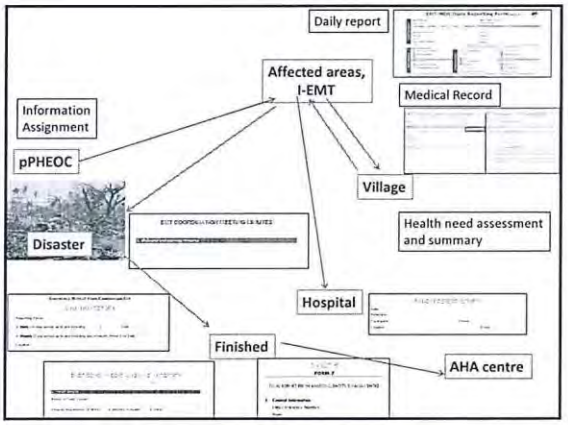


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**Thank you for your attention**

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**MATRIX OF INJECTS**

**TTX TO TEST EMT SOP**
**Jakarta, Indonesia**

**MOVE I (0 – 24 jam)**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| **NO** | **ACTIVITY** | **PURPOSE** | **RELEVANT STAKEHOLDERS** | **ISSUES TO BE TESTED** |
| | Situation Update and dissemination of information | 1. Situation Update and dissemination information narrative by moderator (5 minutes) | | |
| 1. | Dissemination of latest information (Situation Update) at the national and regional level | 1. To understand mechanism of dissemination of information from NDMO of Indonesia (BNPB)<br>2. To understand mechanism of dissemination of information from AHA Centre to AMS and other partners | 1. BNPB<br>2. AHA Centre | 1. Mechanism of dissemination of information from BNPB (5 minutes)<br>2. Mechanism of dissemination of information from AHA Centre (whether SASOP Form will be used or not) (5 minutes) |

| | | | | |
|---|---|---|---|---|
| 2. | Coordination at the national level to gather latest information about impact of the disaster and potential gaps / immediate support or needs required from other line ministries including from health sector. | 1. To understand coordination mechanism between BNPB and other sector including Ministry of Health.<br>2. To understand mechanism of the Government of Indonesia on the accepting / welcoming international / regional support. | 1. BNPB<br>2. Ministry of Health of Indonesia | 1. How Ministry of Health request BNPB for regional / international support on medical assistance especially for EMT. (5 minutes)<br>2. How BNPB communicate the request from Health Ministry to the regional / international entities. (5 minutes)<br>3. What is the mechanism of the Government of Indonesia on receiving international / regional assistance. (10 minutes) |
| 3. | Offer of Assistance from AMS | 1. To understand how AHA Centre dissemination information from BNPB on the needs of EMT / medical assistance<br>2. To understand how AMS provide offer of assistance for EMT<br>3. To understand how affected Member State (Indonesia) accepted Offer of Assistance from AMS<br>4. To understand about specific procedures for deployment of EMT | 1. NDMO of AMS<br>2. MoH or MOPH of AMS<br>3. AHA Centre | 1. How AHA Centre disseminate information on the needs of EMT / medical assistance to AMS. (5 minutes)<br>2. Whether AHA Centre will activate AJDRP Modules or ASEAN Standby Arrangement. (5 minutes)<br>3. How NDMOs of assisting countries coordinate with their respective MoH on the request for EMT / medical assistance. (5 minutes)<br>4. How assisting countries will send Offer of Assistance to the Government of Indonesia (2 minutes for each NDMO – total 10 minutes) |

| | | | | |
|---|---|---|---|---|
| | | | | 5. Mandatory documents to be submitted prior of deployment of EMT (5 minutes) |
| Mobilization of EMTs | | | | |
| 4. | Pre-deployment | 1. To understand the pre-deployment protocols | Ministry of Health of Indonesia<br>MOH or MOPH of AMS<br>AHA Centre | 1. How EMTs submit the registration through VOSOCC/Web EOC<br>2. How EMTs receive acceptance and clearance from government of Indonesia |
| 5. | On arrival | 1. To understand the process involved on EMTs arrival until tasked to disaster site | BNBP<br>RDC<br>MOH of Indonesia<br>EMTCC<br>EMTs of AMS | 1. What essential information required for EMTs before mobilization<br>2. How MOH facilitate EMTs through CIQ facility (Immigration procedure, custom clearance and quarantine checks<br>3. How MOH or ASEAN ERAT provide the initial briefing to I-EMTs<br>4. What process involve for the approval from relevant health professional regulation authorities regarding authorization to practice |
| 6. | Tasking of EMTs | 1. To understand EMTCC/MOH roles in match and task EMTs | EMTCC<br>MOH of Indonesia<br>JOCCA (AHA Centre)<br>EMTs of AMS | 1. How EMTs deploy and coordinate to disaster site |
| On-site Operations of EMTs | | | | |

| | | | | |
|---|---|---|---|---|
| 7. | Coordination of EMTs on field | 1. To understand roles and responsibilities of EMTCC/Sub-EMTCC in supporting and coordinating the operation of EMTs<br>2. To understand roles and responsibilities of EMTs<br>3. To ensure and maintain EMTs' quality of care throughout the operation | EMTCC/PHEOC<br>EMTs of AMS<br>JOCCA | 1. How EMTCC/PHEOC distribute essential information for EMTs<br>2. How EMTCC/PHEOC provide an effective coordination<br>3. How EMTs communicate and coordinate with relevant stakeholders |
| 8. | Occurrence of Public Health concerns | 1. To understand and recognize EMTs' roles on public health operation | EMTs of AMS<br>EMTCC/PHEOC | 1. How EMTs perform Health Need Assessment and share essential information with EMTCC/PHEOC<br>2. How EMTs include Public Health personnel as a team member |
| 9. | Direction and coordination of assistance | 1. To understand roles of EMTCC on operational support and quality assurance<br>2. To understand communication and information management between EMTs and EMTCC | EMTS of AMS<br>EMTCC/PHEOC<br>JOCCA | 1. How EMTCC supervise, coordinate and monitor EMTs operation<br>2. How EMTCC utilized the MDS from EMTs and provide them feedback<br>3. How EMT maintain standards and quality of care throughout the operation |
| | Demobilization and exit phase | | | |
| 10. | EMTs inform EMTCC the end of operation date | 1. To understand EMTs exit strategies and handover plan | EMTs of AMS<br>EMTCC/MOH of Indonesia<br>AHA Centre | 1. How EMTs proceed demobilization<br>2. How EMTs manage transferred patients, exit list, donated medication and equipment list<br>3. How EMT submit SASOP Form 7 to AHA Centre |

| | | | | |
|---|---|---|---|---|
| Post-Deactivation phase | | | | |
| 11. | EMTs Conduct operational reviews | 1. To share lesson learned from international assistance among member states | EMTs of AMS<br>MOH of Indonesia<br>AHA Centre | 1. How EMTs conduct operational review and share the report to AMS |

# JOINT COORDINATION COMMITTEE MEETING

| | |
|---|---|
| **Event** | **4th Joint Coordinating Committee Meeting** |
| **Dates** | 22 July 2019 |
| **Venue** | National Institute for Emergency Medicine |
| **Participants** | NIEM, MOPH, JICA, TICA and other relevant organizations |
| **Agenda** | • Chairman's report<br>• Approval of Minutes of 3rd JCC Meeting<br>• Background and contents of the signed the Minute of the Meeting for Extension Phase<br>• Activities and Outputs for Extension Phase<br>• Summary of 8th PWG1 and 6th PWG2 Meeting<br>• Progression of Project during Oct 2018- Jul 2019<br>• ASEAN Health Cluster 2 Work Programme for 2021 to 2025<br>• Integration SOP to SASOP |
| **Summary of Discussion** | • The meeting informed JCC members about ARCH Project's amendment, progresses, upcoming workplan and activities during the extension phase.<br>• The meeting noted the progress during Oct 2018 to Jul 2019 and the summary of PWG1&2 Meeting held in July 2019. Activities on each PWGs were briefly explained.<br>• Pathway to integration SOP to SASOP was presented. The draft SOP is aimed to be integrated as Chapter VII 'Mobilization and Coordination of ASEAN EMT'. Additional tests and consultations are required before the endorsement in 2020.<br>• The process of new project formulation was explained. It is expected to begin in middle of 2020 with bilateral consultation between TICA and JICA. |
| **Important Decisions** | • Approval of Minutes of 3rd JCC Meeting |
| **Attachments** | • Overall Programme<br>• Minute of Meeting<br>• Presentations and Documents |

**(Tentative) Agenda**

**The Fourth Joint Coordination Committee (JCC) Meeting**

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

| | |
|---|---|
| Date: | 22 July 2019 |
| Time: | 14:00-16:30 |
| Venue: | Room 601, Fl.6, NIEM |
| Chaired by: | Fl.Lt.Dr. Atchariya Pangma, Secretary General, NIEM |

1. Chairman's Report:
    1.1 Welcome Speech by the Chair and JICA Thailand
    1.2 Introduction of the Attendants

2. Approval of Minutes of the Previous Meeting:
    2.1 Previous minutes of 3rd JCC meeting

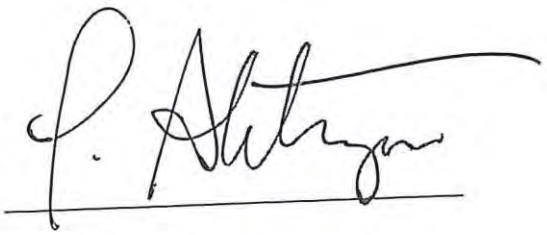
3. Matters of Report:
    3.1 Background and contents of the signed the Minute of the Meeting for extension phase (Mr. Shuichi Ikeda)
    3.2 Activities and outputs for extension phase (Mr. Shuichi Ikeda)
    3.3 Summary of 8th PWG1 and 6th PWG2 Meeting (Dr.Phumin Silapunt)
    3.4 Progression of project during October 2018 – July 2019 (Mr.Surachai Silawan)
    3.5 ASEAN Health Cluster 2 Work Programme for 2021 to 2025, 12th ASEAN Health priority: Disaster Health Management (Dr.Phumin Silapunt)
    3.6 Integration SOP to SASOP (Dr.Alisa Yanasan)

4. Matters for Consideration:
    -

5. Other Matters:

# MINUTE OF MEETING OF
# THE FOURTH JOINT COORDINATING COMMITTEE MEETING
# FOR
# THE PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON
# DISASTER HEALTH MANAGEMENT

22 JULY 2019



Dr. Atchariya Pangma
Secretary-General,
National Institute for Emergency Medicine
Project Director,
Project for Strengthening the ASEAN
Regional Capacity on Disaster
Health Management
10 October 2019

# SUMMARY OF PROCEEDINGS

## THE FOURTH JOINT COORDINATION COMMITTEE (4 TH JCC) MEETING ON THE PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT (ARCH)

**22 July 2019**

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

## I. INTRODUCTION

1. The 4th Joint Coordination Committee (JCC) Meeting was held on the 22nd July 2019 at the National Institute for Emergency Medicine as an annual meeting for the Joint Coordination Committee, constituted in the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project). This meeting was chaired by Dr. Atchariya Pangma, NIEM Secretary General, with the objective to keep JCC members informed about the ARCH Project's amendment, progresses and the up-coming workplan during the Extension Phase. This JCC meeting was consecutively held after the 1st JCC Meeting in 2016, 2nd meeting in 2017 and 3rd meeting in 2018. The ARCH Project was designed and developed to foster a platform of coordination in Disaster Health Management and Emergency Medicine within ASEAN member states. Since its commencement in 2016, several key elements have been achieved such as the Regional Collaboration Tools developed, the ASEAN Leaders' Declaration on Disaster Health Management endorsed, several Regional Collaboration Drills conducted and others. The First Phase of the project was concluded in July 2019. The project approaches to the Extension from July 2019 to March 2021 (21 Months). Details of project's progress were discussed within this meeting and thus stated in later sections. Please see 4th JCC meeting agenda in **ANNEX I.**

2. In occasion of event's opening, remarks were delivered by the Chair. The chair welcomed and expressed his deepest appreciation to all participants to attend the meeting. He thanked 9 all key actors including JICA, experts and scholars for their deep collaboration leading to great success on the first phase of ARCH. Since its commencement in 2016, the project officially has been recognized across ASEAN member states. Series of activities will be carried out during the extension phase. The chair believed that mutual understanding from all parties is a key to sustainability of the project.

3. The 4th JCC meeting was attended by the delegates who are the Joint Coordinating Committee members. The meeting includes of ARCH project team, Representative(s) from JICA Thailand office, National Institute for Emergency Medicine, Ministry of Public Health, Ministry of Foreign Affair, ASEAN Centre of Military Medicine and others. Please see the List of Participants in **ANNEX II.** JICA Thailand representative has expressed congratulation of success in the previous PWG1 and 2 meetings and will be seeking for more achievement to be achieved in these 21 months of the extension period.

4. In the 4th JCC Meeting, the JCC members had reviewed and approved the contents, agreements and amendments of the 3rd JCC meeting held in October 2018 with no objection.

## II. BACKGROUND AND CONTENTS OF THE SIGNED M/M FOR EXTENSION PHASE

5. Chief Advisor of ARCH project explained on the amendment of the Record of Discussion signed on August 30,2017 mainly highlighting additional activities during the extension phase and other associating conditions summarized as follows;

   a. Activities: to add (1-2) Discuss on the Work Plan of POA and the part of Disaster Health Management under next Work Program 2021-2025 for Health Cluster 2
   (2-5) Collect and share lessons learned from responses for actual disasters in ASEAN
   (3-5) Facilitate the endorsement process of regional collaboration tools
   (3-6) Study on possibilities for ASEAN collective approaches for ASEAN-EMT
   (4-2) Hold an academic seminar.

   b. Input by JICA: to add input '(a) Dispatch of Long-Term Experts (i) Chief Advisor (ii) Project Coordinator'.

   c. Input by MOPH: to add output (3) MOPH will take necessary measures to provide at its own expense the counterpart personnel, suitable office space for long-term expert, and expenses to implement the project limited to only MOPH personnel.

   d. Implementation structure and responsibility: MOPH is responsible for the activities of PWG1. NIEM is responsible for the activities for PWG2.

   e. PDM: change to PDM version 2.0

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

6. Chief Advisor presented a modified Project Design Matrix (PDM) to be used during the Extension Phase. Please refer to **ANNEX IV** for the Project Design Matrix.

7. The meeting noted that the contribution from NIEM and MOPH should be equal in terms of project management such as cost-sharing.

## III. ACTIVITIES AND OUTPUTS FOR EXTENSION PHASE

8. Chief Advisor outlined the project framework and schedule of implementation which elaborates the project outputs and activities for the Extension Phase. Within the Extension Phase from July 2019 to March 2021 (21 Months), 5 outputs and their activities are expected to be accomplished to serve project purposes and the overall goal during this duration. The Extension Phase is aimed to develop collaboration mechanism on Disaster Health Management.

9. The key activities in the Extension Phase include;

   (1) Two Regional Collaboration Drills, the 4th RCD is scheduled in Bali, Indonesia November 2019 and the 5th RCD in 2020
   (2) RCC Meetings (date and venue to be confirmed)
   (3) Development of a format for sharing of lesson learned
   (4) Endorsement for the Tools
   (5) One Academic Seminar
   (6) Development of standard training curriculum

Please refer to **ANNEX V** for Tentative Schedule of the Implementation for the Outputs in the Extension Phase.

## IV. SUMMARY OF 8TH PWG1 AND 6TH PWG2, VI ASEAN WORK PLAN

10. Dr. Phumin has summarized the 8th PWG1 and 6th PWG2 Meeting that were held on July 2019. The presentation gives an explanation and clarification on each Project Working Group Activities. The ***Project Working Group 2*** has 4 main activities.

10.1. Academic Network and International Seminar

- The TOR of academic network was presented and agreed in the PWG2 meeting. Please see ANNEX 1
- AMS should introduce their institute to be the focal point member and will be present in November 2019.
- International Seminar will be held in September 2020.

10.2. Standard Training Curriculum and Regional Training Center

- The TOR was revised and submitted to the ASEAN secretariat. Please see ANNEX 2
- The Approval of TOR is in progress.
- The curriculum framework will be developed by the project team and AMS and will be presented in the next PWG 2 meeting.

10.3. Study and Survey on Capacity Development

- The concept paper was agreed upon.
- This activity aims to identify 3 objectives. Please see ANNEX 3
- The study period is July 2019- April 2020.

10.4. Regional Collaboration Drill.

- Implementation Plan of the RCD in Extension Phase was discussed. Please see ANNEX 4
- The 5th RCD hosting country will be identified in the next PWG 2 meeting.
- Myanmar has shown their interest to host the 5th RCD.
- RCD Guidebook is one of the outputs. Please see ANNEX 5

The ***Project Working Group 1*** Activities are consisting of 4 main activities and Dr. Phumin has summarized by following:

10.5. ASEAN Workplan on DHM 2021-2025

- The Draft of Workplan was presented. Please see the ANNEX 6
- The PWG1 and 2 members will provide feedback on the draft.
- ASEC will facilitate to conduct and organize the meeting to help ARCH project with AHA center in August 2019.
- The POA will be approved at the 14th ASEAN Health Ministers Meeting on 26-30 August 2019 in Siem Reap, Cambodia.
- The RCCDHM meeting plan to be held on January 2020.
- After the POA is endorsed, Thailand will be the secretariat of RCCDHM.

10.6. Integration of SOP for EMT into ASEAN SASOP

- There is a need of conducting a Joint tabletop exercise to review the ASEAN EMT SOP.

10.7. Guideline and format for Lessons Learned from Response to Actual Disaster

- The draft lessons learnt and Information sharing mechanism was proposed. Please see ANNEX 7
- PWG 1 member will further learn the draft lesson learnt report form and provide feedback.
- The ARCH Project will review and present the form in the next PWG 1 meeting.

10.8. Study on possibilities of ASEAN collective approaches for ASEAN EMT

- The objective initiative is to develop the ASEAN regional mechanism to support I-EMT from AMS to meet global standards.
- Sub-Working Group is established to study and discuss on ASEAN's collective measures.
- Indonesia, Myanmar, Philippines, Thailand and Viet Nam will be members of the Sub-Working Group.
- The initiative has Focus on 5 key identified issues.

The discussion on the Plan of Action was discussed after the summary. The timeframe is one of the issues to be considered the POA will be approved next month during the 14th ASEAN Health Ministers Meeting on 26-30 August 2019 in Siem Reap, Cambodia. The other issue was raised on ASEAN Protocol on the endorsement at the ASEAN Health Ministers Meeting. The Protocol involving distributing the information to the country and each country must seek to approve from a different perspective i.e. legal perspective, investment perspective, and obligation. The conclusion was if the ASEAN secretariat is not able to elevate the POA for approval in time then the contingency plan is needed.

## V. PROGRESS OF PROJECT DURING OCTOBER 2018 – JULY 2019

11. The Project Manager reported key activities between October 2018 to July 2019. The 3rd Regional Collaboration Drill (RCD) was held in the Philippines on December 3rd-5th,2019 consisting of table top exercise and field exercise. The drills were the opportunities for the draft regional collaboration mechanism on Disaster Health Management and tools developed by ARCH project to be tested. The 4th RCD will be held in Bali, Indonesia on November26-28, 2019. Preparatory meetings were held several times beforehand.

12. Several visits, trainings and meetings had been arranged to strengthen the collaboration listed as follows;
    (1) AHA Centre Visiting in July 2018 and January 2019
    (2) 4th AMS Training: EMTCC on February 17th -22nd, 2019
    (3) 5th Regional Coordination Committee: RCC on March 4th, 2019
    (4) ARCH Project Presentation in an International Forum at Japan Association on Disaster Medicine in Yonago, Japan on March 18th-22nd, 2019 and World Association for Disaster and Emergency Medicine in Brisbane, Australia on May 6th-10th, 2019
    (5) 6th PWG 2 and 8th PWG1 in Bangkok on July 9th-11th July, 2019

## VI. INTEGRATION SOP TO SASOP

13. Dr. Phusit, on behalf of Dr. Alisa, updated the discussion on the endorsement of the ASEAN EMT SOP, and its integration into the ASEAN SASOP which is the main standard operating procedure in responding to disasters. The draft ASEAN EMT SOP is aimed to be integrated as ANNEX VII 'Mobilization and Coordination of ASEAN EMT' of ASEAN SASOP.

14. The ARCH project team will meet with AHA Centre on August 7th,2019 to discuss and prepare for the conduct of the table top exercise (TTX). The TTX of ASEAN EMT SOP will be tentatively conducted in September 2019, back to back with the 17th Meeting of ACDM P&R WG in Myanmar. Further testing if needed, will be decided by ACDM which meets in October 2019 in Myanmar.

15. The meeting exchanged views that the timeline for the endorsement by 2020 is realistic. However, there might be additional testings and consultations required before the endorsement.

16. Dr. Pramote from ASEAN Center of Military Medicine has mentioned that the military are working on the ASEAN Defense Ministers Meeting (ADMM). The ASEAN center of Military Medicine is the one unit under ADMM. Dr. Pramote also mentioned that if the SASOP will include the chapter 7 that mention about medical standard the military are willing to follow.

## VII. DISCUSSION ON THE REMAINING PERIOD

- Mr. Ikeda, JICA Chief Advisor suggested during the middle of 2020 TICA and JICA need to have a bilateral consultation meeting for the purpose of "New project formulation" discussion if we consider to start a new project in 2021. The proposal for the next phase should be submitted from TICA to Japanese side in August, 2020.

- Regarding to ASEAN Chair in 2019, Thailand is a Chair country for year of 2019. Currently, we have agendas to push into ASEAN Health Ministerial Meeting to show the development and progress of the project's outputs.

## VIII. CLOSING REMARKS

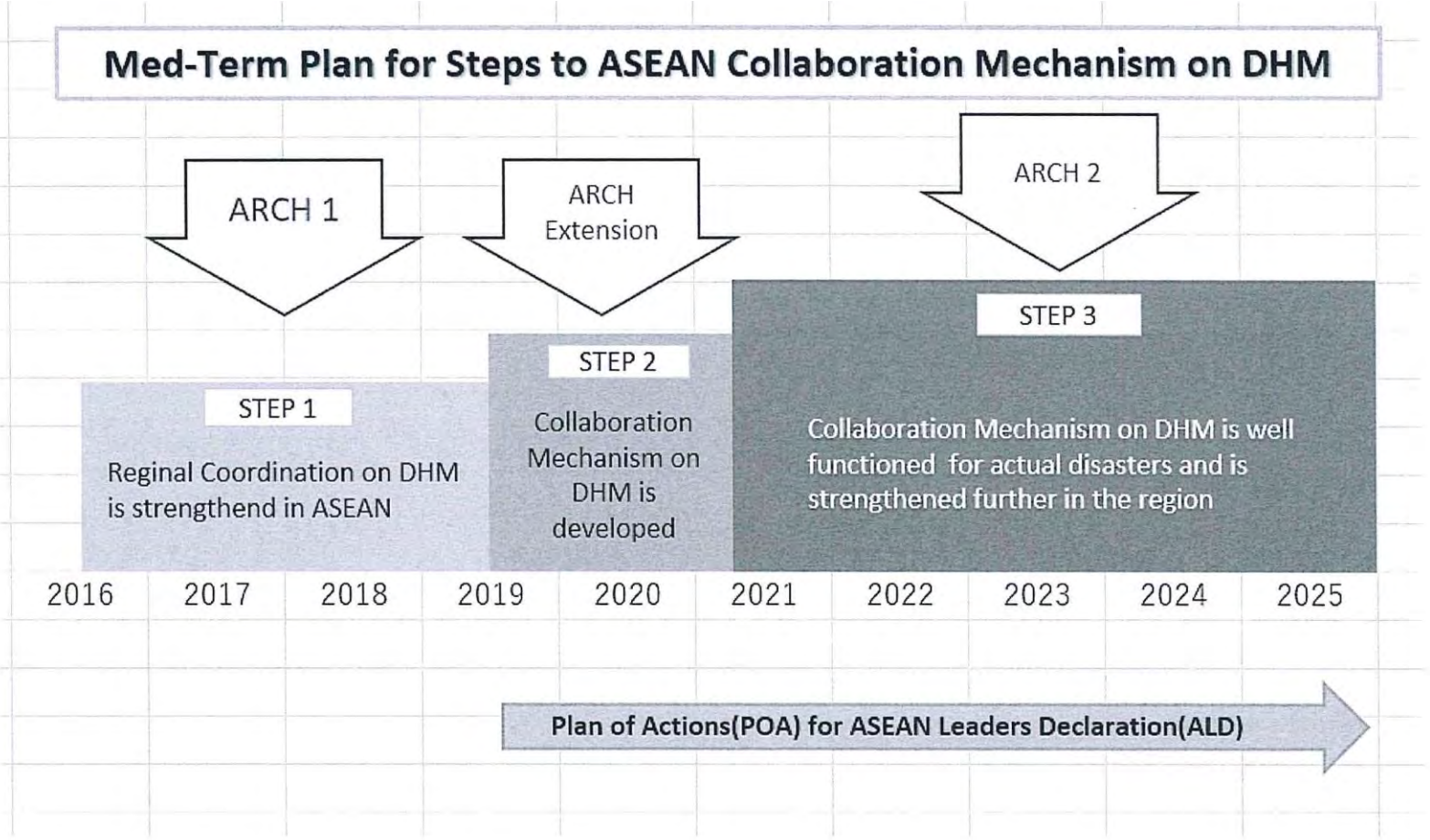
The main direction and discussion on the 4th Joint Coordination Committee (4th JCC) meeting were the progress, plan of the extension period for the duration of 21 months including the roles and demarcation of each member. The project also aims to archive more achievement from the extension period and also plan to draft of Phase 2. The chair then express gratitude for each member for support the project and declared the 4th Joint Coordination Committee meeting successfully done.

Version 3
as of 5 March, 2019

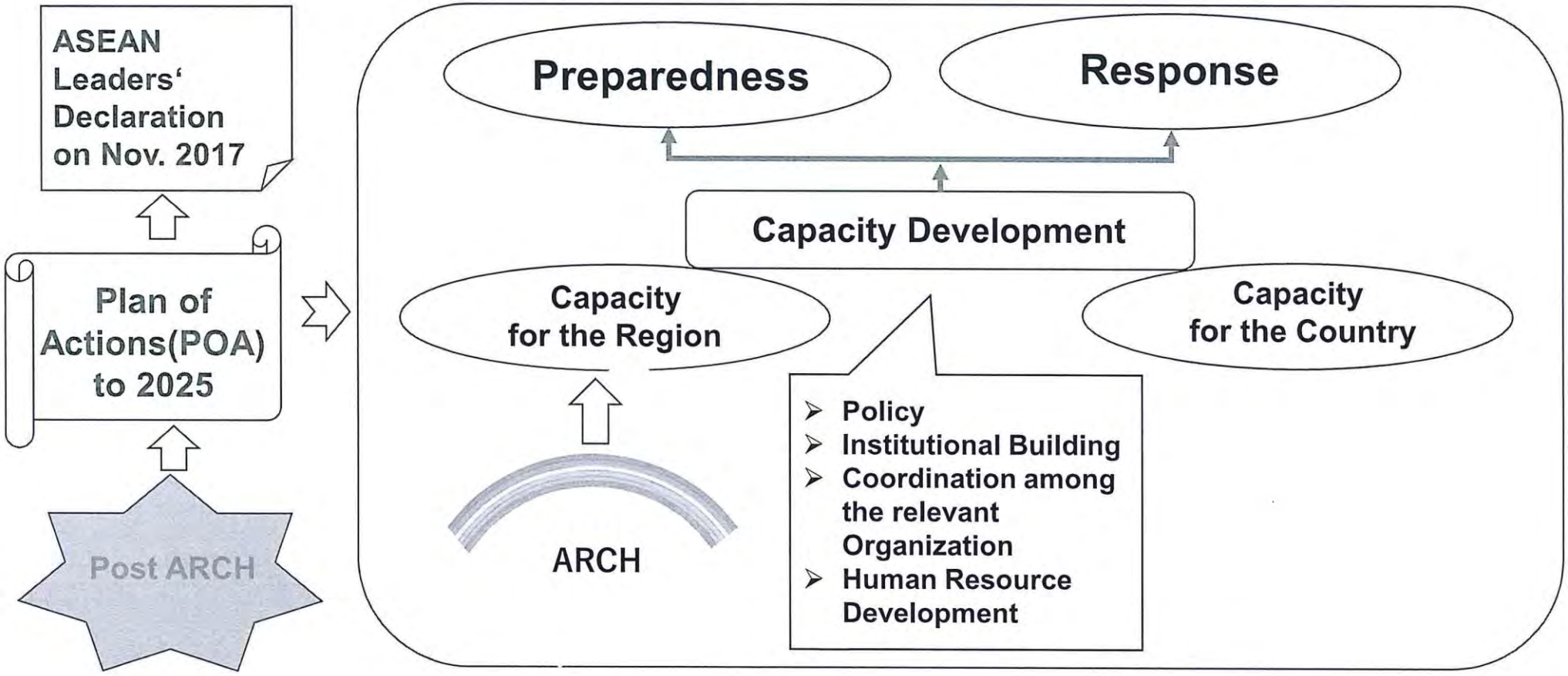
**ject Design Matrix (PDM): PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT**

| Narrative Summary | Objectively Verifiable Indicators | Means of Verification | Important Assumption |
|---|---|---|---|
| **rall Goal**<br>AN and Japan collaboration mechanism on disaster health management is developed. | 1. Roadmap of ASEAN regional collaboration mechanism on disaster health management is finalized and proposed to SOMHD.<br>2. Hub organization in-charge of coordination of ASEAN and Japan collaboration mechanism is identified, and its role is clarified.<br>3. Necessary staff and budget of hub organization of ASEAN and Japan collaboration mechanism are proposed.<br>4. Activities based on ASEAN and Japan collaboration mechanism works if large scale disaster occurs. | 1 Monitoring/review survey report<br>2 Agreement documents in ASEAN SOMHD<br>3 Summary of related meetings/ conferences (SOMHD or Summit etc) | |
| **oject Purpose**<br>gional coordination on disaster health management is strengthened in ASEAN. | 1 Coordination meetings on disaster health management in ASEAN are held at regular basis.<br>2 Activities needed for regional collaboration are clarified and approved in the coordination meeting.<br>3 Recommendations for developing regional collaboration mechanism in disaster health management is proposed to SOMHD.<br>4 Regional collaboration tools are developed and approved in the coordination meeting. | 1 Agreement and/or summary of coordination meeting | 1 Policy of ASEAN on disaster health management is not changed.<br>2 Commitment from AMS is assured.<br>3 Serious political problem will not happen among ASEAN. |
| **utput** | | | |
| **utput 1** Coordination platform on disaster health management is set up. | 1-1 Number of regional coordination meetings during the Project, including meetings for RCC under ALD<br>1-2 Clarification of focal point of each AMS<br>1-3 Agreement of set-up of regional coordination platform on disaster health management in ASEAN<br>1-4 Draft Work Plan for POA on DHM | 1-1,1-3, 1-4 Records of coordination meetings<br>1-2 List of focal points<br>1-4 Minutes of HC2/SOMHD | 1 Commitment of AMS for is assured. |
| **Output 2** Framework of regional collaboration practices is developed. | 2-1 Regional collaboration drill is conducted. (basically, once a year)<br>2-2 Recommendations/lessons learned for the regional collaboration drills are concluded .<br>2-3 Mechanism of regional collaboration among emergency medical teams in disaster affected area is clarified.<br>2-4 Lessons Learned from an actual case if any | 2-1 Records of the regional collboration drills<br>2-2 Monitoring/review survey report<br>2-3 Draft regional agreement of the regional collaboration on disaster health management<br>2-4 Report on Disaster Medical Response | |
| **Output 3** Tools for effective regional collaboration on disaster health management are developed. | 3-1 Standard Operating Procedure (SOP) (draft)<br>3-2 Minimum requirements for disaster health management personnel (draft)<br>3-3 Framework of health needs assessment in emergencies (draft)<br>3-4 Preparation of database of emergency medical teams in ASEAN<br>3-5 Endorsement of All developed regional collaboration tools by SOMHD/ACDM and integration of SOP into ASEAN SASOP<br>3-6 Recommendations for ASEAN standards or methods on some necessary issues for deployment of ASEAN-EMT | 3-1, 3-2, 3-3, and 3-4 Regional collaboration tools such as SOP, minimum requirement, framework of health needs assessment, database,<br>Records of coordination meetings (including for 3-6)<br>Monitoring/review survey report<br>3-5 Minutes of SOMHD/ ACDM and revised SASOP | |
| **Output 4** Academic network on disaster health management in AMS is enhanced. | 4-1 Number of presentation(s) made at academic conference(s) (Target: at least 1 paper/year )<br>4-2 One Academic Seminar is held and development of network for academic/training centers on DHM in AMS is agreed. | 4-1 Academic conference/journal such as JADM, APCDM, and WADEM<br>Monitoring report<br>4-2 Academic Seminar Proceedings | |
| **Output 5** Capacity development activities for each AMS are implemented. | 5-1 Number of trainings (Target: 4 courses)<br>5-2 Number of participants to attend to the training courses (Target: 150 pax)<br>5-3 Lessons learned from the training courses was utilized in each AMS<br>5-4 Number of participants to attend to the counterpart training courses (Target :20 pax)<br>5-5 Needs and potential core training institutes on DHM in each AMS are identified<br>5-6 Standard Training Curriculum | 5-1,5-2,5-4 Training report(s)<br>5-3 Monitoring/review survey report<br>5-5 Study Report on CD on DHM in AMS<br>5-5, 6 Minutes of meetings for the PWG2 | |

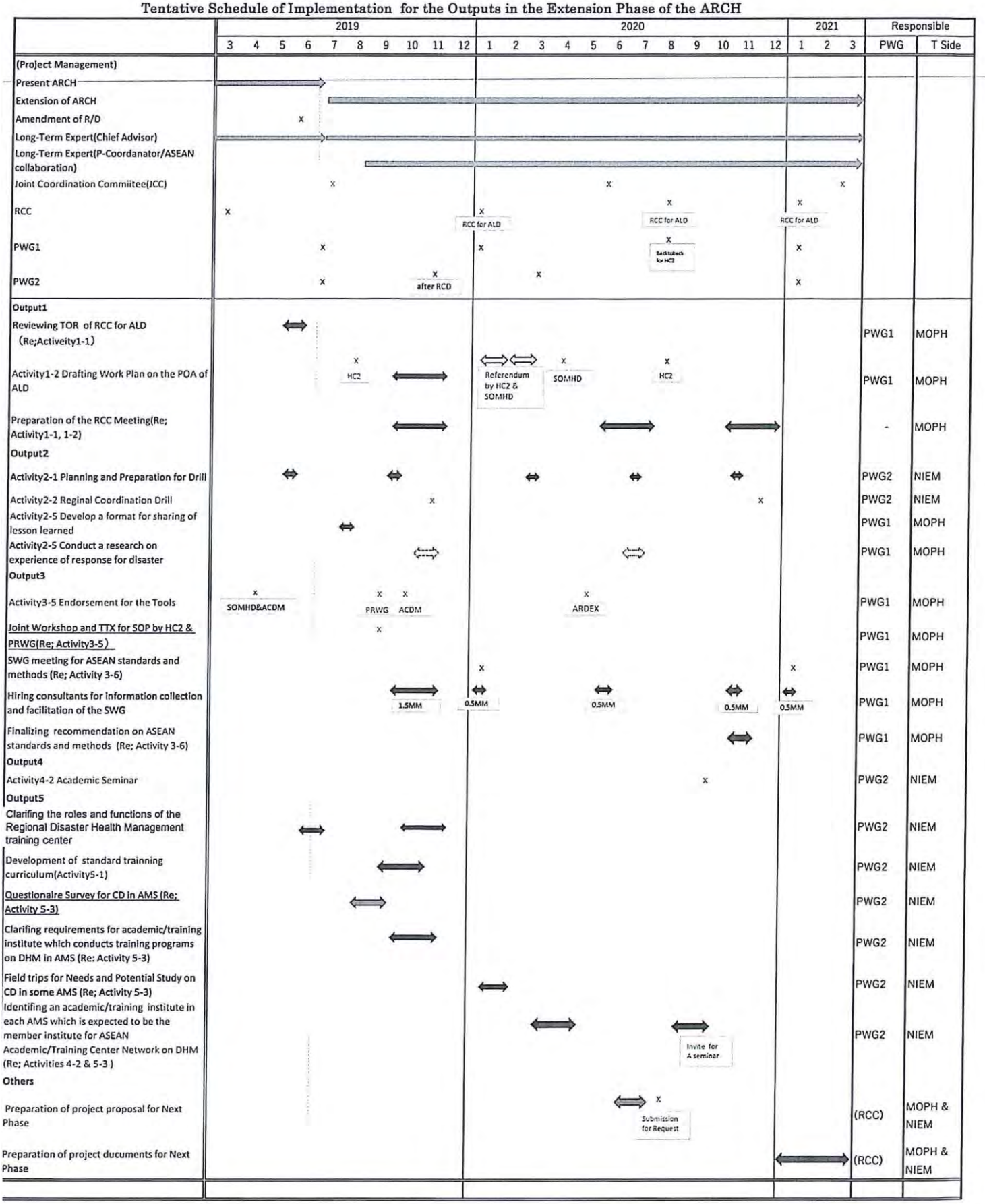
| Activities | Inputs | |
|---|---|---|
| 1-1 Regional coordination meetings are organized every year to share the progress and discuss the direction of the Project.<br>1-2 Discuss on the Work Plan of the POA and the part of disaster health management under next Work Program 2021-2025 for Health Cluster 2<br>2-1 Develop and prepare the program of the regional collaboration drill with project working group<br>2-2 Conduct the regional collaboration drill every year in AMS<br>2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities<br>2-4 On site practice is conducted when disaster occurs in ASEAN (if possible).<br>2-5 Collect & Share Lessons Learned from responses for actual disasters in ASEAN<br>3-1 Formulate project working groups for regional collaboration tools at the beginning of the project<br>3-2 Develop a draft regional SOP and minimum requirements for disaster health management with the project working group<br>3-3 Prepare databases of emergency medical teams of AMS<br>3-4 Draft framework of health needs assessment in emergencies with the project working group<br>3-5 Facilitate the endorsement process of all regional collaboration tools that was developed in this phase by ASEAN SOMHD or relevant ASEAN sectoral bodies<br>3-6 Study on possibilities of ASEAN Collective Approaches for ASEAN-EMT<br>4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM<br>4-2 Hold an academic seminar<br>5-1 Prepare training plan, curriculum and materials on disaster health management and emergency medical system based on needs survey with the project working group<br>5-2 Conduct trainings on disaster health management and emergency medical service for AMS<br>5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS | Japanese side<br>[Experts]<br>(1) Long-term Expert<br>1. Chief Adivisor<br>2. Project Coordinator<br>(2)Short-term Experts(Expert Consultant team)<br>1.Leader<br>2.Specialist in medical system<br>3.Specialist in disaster health management/emergency medicine<br>4.Specialist in planning/organizing regional collaboration drill<br>5.Specialist in planning/organizing trainings<br>6.Project coordinator<br>7.Others, if necessay<br>(b) Provision of necessary equipment (if necessary)<br><br>(2)Japanese Advisory Committee<br>1.Provide advice and technical support to JICA on the project management.<br>2.Join the project working groups<br>3.Participate in the regional collaboration drills<br>4.Conduct advisory survey<br><br>[Local cost]<br>1.Expense mutually agreed upon as necessary | Thailand side<br>[Personnel]<br>1.Project Director(NIEM), Co-Project Director(MOPH)<br>2.Project Manager(NIEM), Co-Project Manager(MOPH)<br>3.Counterpart Personnels(CPs) who are working with JICA experts for the implementation of the activities of the Project<br>4. Administtarative Personnels who are supporting for CPs and JICA experts<br>[Facilities and Equipment]<br>1.Project office space for JICA experts<br>2.Facilities and equipment necessary for trainings/regional drills<br>3.Equipment mutually agreed upon as necessary<br>[Available data and information related to project]<br>[Local cost]<br>1.Expense mutually agreed upon as necessary |


Med-Term Plan for Steps to ASEAN Collaboration Mechanism on DHM
ARCH 1
ARCH Extension
ARCH 2
STEP 1
Reginal Coordination on DHM is strengthend in ASEAN
STEP 2
Collaboration Mechanism on DHM is developed
STEP 3
Collaboration Mechanism on DHM is well functioned for actual disasters and is strengthened further in the region
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
Plan of Actions(POA) for ASEAN Leaders Declaration(ALD)

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



## Tentative Schedule of Implementation for the Outputs in the Extension Phase of the ARCH



# Summary of Project Working Group Meeting: 9-11 July 2019

Dr.Phumin Silapunt
ARCH Project team

## Standard training curriculum and regional training center

- Conceptual framework for development process of standard training curriculum and regional training center was presented and discussed.
- Thailand has revised the TOR upon input of the meeting and sent to ASEC for circulation to all AMS for approval.(Annex2)
- Project team will develop 2 curriculum framework together with all AMS as curriculum committee then present in the next PWG2 meeting, then submit to RCCDHM for approval.
- Two proposed curriculums are "Basic DHM" and "ASEAN regional deployment of I-EMT"

## 6th PWG2 meeting: 9-10 July 2019

- Academic network and International seminar
- Standard training curriculum and regional training center
- Study/survey on Capacity Development
- Regional collaboration drill

## Study/survey on Capacity Developmer

- The concept paper of the study was presented and agreed.(Annex3)
- The Study aims to identify (1)Institute which capable to conduct domestic training on DHM (2)Training needs of personnel (3) Needs for external support
- The study will be done from July2019 – April2020
- Questionnaire survey will be done in all AMS. Field survey will be done in CLMV countries.
- PWG2 have considered and given their suggestion on draft questionnaire.

## Academic network and International seminar

- TOR of the academic network was presented and agreed in PWG2 meeting.(Annex1)
- AMS shall identify their institute to be national focal point member of the network.
- List of National focal points will be presented in the 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.

## Regional collaboration drill

- The meeting noted the update on plans to conduct RCD during extension phase.(Annex 4)
- Hosting country of the 5th RCD will be identified in the next PWG2.
- The Meeting noted the update from Indonesia on the preparations for the 4th RCD on 26-28 November 2019 in Bali, Indonesia.
- Concept paper of Guidebook for RCD preparation was presented.(Annex 5)
- Format of 'Comprehensive team information' was presented. AMS have agreed to complete it and present at the start of RCD.

## PWG1 meeting on 10-11 July 2019

- ASEAN workplan on DHM 2021-2025
- Integration of SOP for EMT into ASEAN SASOP
- Guideline and format for Lessons Learned from Response to Actual Disaster
- Study on possibilities of ASEAN collective approaches for ASEAN EMT

## Integration of SOP for EMT into ASEAN SASOP

- Conducting a joint tabletop exercise to review the ASEAN EMT SOP vis-à-vis the ASEAN SASOP is tentatively scheduled in September 2019, back to back with the Meeting of ACDM P&R WG in Myanmar.
- The need for further testing the ASEAN EMT SOP through ARDEX in May 2020 will be decided by ACDM which meets in October 2019 in Myanmar.
- The Project Team will meet with AHA Centre and ASEC in early August 2019 in Jakarta, Indonesia to discuss and prepare for the conduct of the tabletop exercise

## ASEAN workplan on DHM 2021-2025

- Draft ASEAN workplan on DHM 2021-2025 was presented.(Annex 6)
- 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 201
- 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.

## Guideline and format for Lessons Lear from Response to Actual Disaster

- The Meeting noted the proposed information sharing mechanism and draft lessons learnt report forms.(Annex7)
- PWG 1 Members will further review the draft lessons learnt report forms and provide feedback to the ARCH Project Team by 30 Aug 2019.
- 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.

## Plan of Action for ALD on DHM

- POA for ALD on DHM was endorsed by 14th SOMHD pending clarification that the mandate of RCC DHM does not duplicate with existing AHA Coordinating Centre
- After submission of the clarification to SOMHD Chair Cambodia, the POA will be elevated for final approval during the 14th ASEAN Health Ministers Meeting on 26-30 August 2019 in Siem Reap, Cambodia.
- AMS will be communicated for the nomination of designated members for RCC DHM, after the adoption of the POA for ALD/DHM.
- 1st RCCDHM meeting plan to be held on January2020. This schedule need to be proposed to the next AHC2 meeting.
- Thailand will be the secretariat of RCCDHM when the POA be endorsed.

## Study on possibilities of ASEAN collective approaches for ASEAN EMT

- The objective of the initiative is to study and develop an ASEAN regional mechanism to support I-EMT from AMS to meet global standards as established by the WHO EMT Initiative during deployment in ASEAN region.
- Sub Working Group are established to study and discuss on ASEAN collective measures or regional mechanism.
- Indonesia, Myanmar, Philippines, Thailand and Viet Nam will be members of the SWG and will nominate contact points by 30 August 2019

## Study on possibilities of ASEAN collective approaches for ASEAN EMT

- The initiative has initially focused on the five-key identified issues as follow:
  - Customs compliance on all goods and materials for EMT operation
  - Waste management
  - Indemnity and malpractice
  - Logistics support
  - Registration of medical practitioners to practice in affected countries

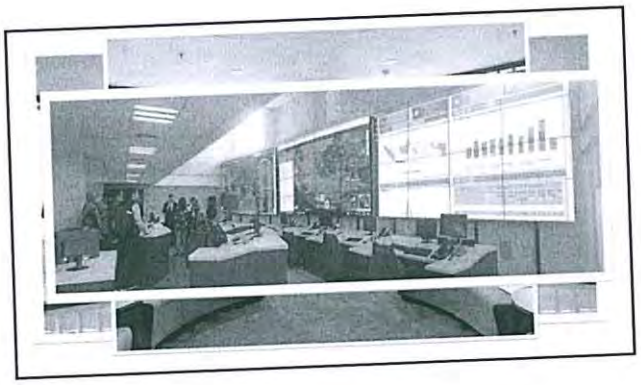
## Next step

- Identify 2 representatives of RCCDHM
- Identify responsible agency to be secretariat of RCCDHM
- Identify 1 academic institute to be national focal point member of ASEAN academic network on DHM
- Participate preparatory meeting on joint tabletop exercise between health sector and disaster management sector for testing SOP EMT
- Participate meeting between 8th HP (ASEAN EOC network) and 12th HP (ASEAN DHM) and relevant initiative to develop next ASEAN workplan.

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

# Progress Report: since the 3rd JCC

Mr.Surachai Silawan
ARCH Project Manager



## 3rd Joint Coordinating Committee

- 31st October 2018

## 3rd Regional Collaboration Drill, Manila, The Philippines; 3-5 December 2018

- Hosted by The Philippines, 10 AMS- EMTs + 1 extra Filipino team and a Japanese EMT participated. 1 EMT was composed of 5 personnel.
- Objectives: (1) To examine the current draft regional collaboration mechanism on disaster health management and tools (developed through the ARCH Project) (2) To test the iSpeed
- Table top exercise: Acceptance, Arrival, and Registration of Emergency Medical Teams
- Field exercise: The Big One; 7.2 Magnitude earthquake, 17.7 million persons effected. =======→ Clip 3rd RCD

## 5th Regional Coordination Committee: RCC, 4 March 2019

- Grande Centre Point Terminal 21, Bangkok
- TOR of PWG1 and PWG2 (attachment1 and 2)
- TOR of RCC (attachment 3)
- Indonesia's proposal to hold the 4th RCD was approved.

## 5th Regional Coordination Committee: RCC, 4 March 2019

- Grande Centre Point Terminal 21, Bangkok
- TOR of PWG1 and PWG2 (attachment1 and 2)
- TOR of RCC (attachment 3)
- Indonesia's proposal to hold the 4th RCD was approved.

...by Dr.Phumin Silapunt and 'The Evaluation of WHO's Minimum Data Set (MDS) in Disaster Health Management in ASEAN' by Ms.Sansana Limpaporn

## 14th ASEAN Senior Officials Meeting on Development (SOMHD);2-5April2019

- Siam Reap, Cambodia
- Dr.Phusit Praklongsai proposed ARCH'S Standard of Operation (SOP) for the Coordination of EMT in the ASEAN

## 1st Preparatory Meeting for the 4th RCD 4-5 April 2019, Bali

- 4th Regional Collabo... 28 November 2019 ...ır, Bali , 26 –
- Venue : Grand Inna... (simulation) ...Karangasem
- Scenario: Mt Agun... Province, 1,256 dic... severely damaged ... damage and the m... ...ts/city in Bali facilities are ...ed the most
- Objectives: To Test ... Comprehensive Tea... Capability, Equipm... ...ınd to Develop ...ogistics,

## 11th Meeting of the Joint Task Force on Humanitarian Assistance and Disaster Relief under ASEAN Committee on Disaster Management (ACDM)

- Mandalay, Myanmar, 26 April 2019
- Dr.Anupong Sujariyakul participated in.

## Meeting of ARCH Project's Taskforce

- 22 May 2019 – 8th Meeting of The Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project) -Thai Counterpart
- 23 May 2019- 1st (2019) meeting of Taskforce of ARCH Project
- 10-11 June 2019- 1st Bilateral Meeting (Thai –Japanese experts)
- Result- 8 activities assignment

6th PWG 2 & 8th PWG1;
9-11 July 2019, Bangkok

ARCH

- As shown in the presentation of Dr.Phumin Silapunt

ARCH

- Thank you for your attention

# Drafted ASEAN Workplan on DHM 2021-2025

Dr. Phumin Silapunt
Thai Project team (ARCH Project)

## 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

## Workplan on DHM 2021-2025

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

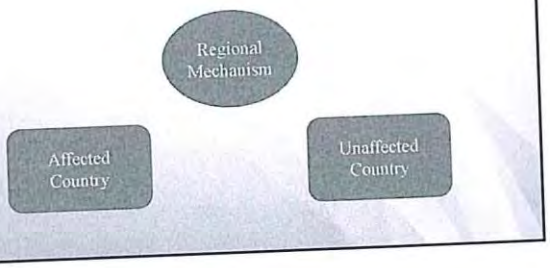
## Project and Activities

| 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 | ??? | ??? |

## 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

## 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

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

| 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 |

## 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

| 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 |

## 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 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

# Integration of SOP to SASOP

ARCH project

## Session Overview

- ARCH's project ASEAN-EMT SOP
- SASOP
- ACDM and AADMER work program 2
- Process of Integration of Chapters in S
- Timeline and current status

## ASEAN-EMT Coordination SOP

From ARCH project

ASEAN-EMT coordinatio n SOP

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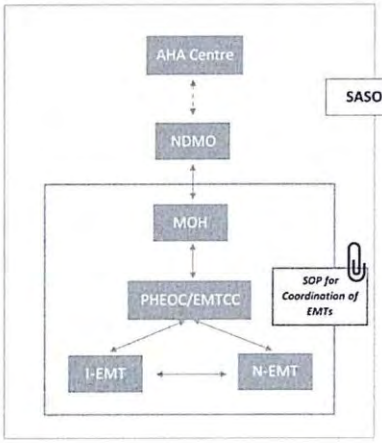
The Scope of ASEAN-EMT SOP




The ASEAN-EMT SOP through ARCH project

- **SOPs for ASEAN-EMT coordination** with 4 regional collabora were developed and **tested** through 3 **Regional Collaboration D**

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

Document Status: Draft for Circulation
Version 2
Date: 19 April 2018

Please submit your feedbacks via email

To: Dr Alisa Yanasan yanasan.a@gmail.com
Ms Dangfun Promkhum dangfun.prom@gmail.com

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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 11th meeting of the ASEAN Committee on Disaster Management, March 2008

Section VI adopted at the 29th 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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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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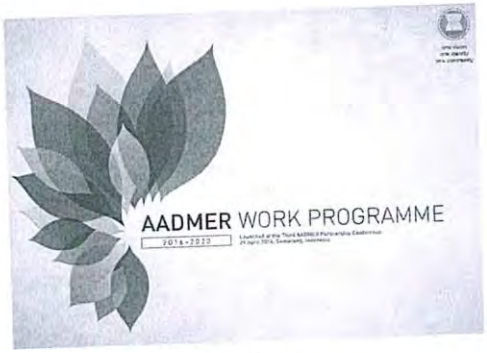
**Proposal for new Chapter VII : Mobilization and Coordination of ASEAN-EMT**

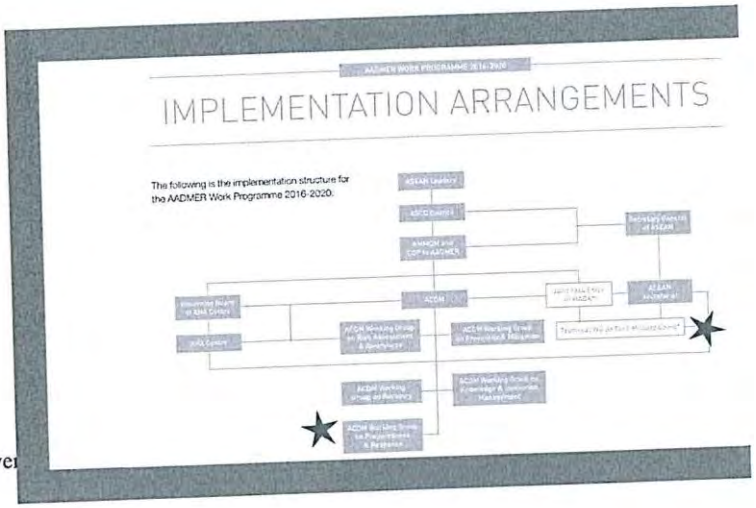
- In the extension phase of ARCH pro
- July 2019 - March 2021

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**,Equip,Recover

## Work plan of Chapter VI

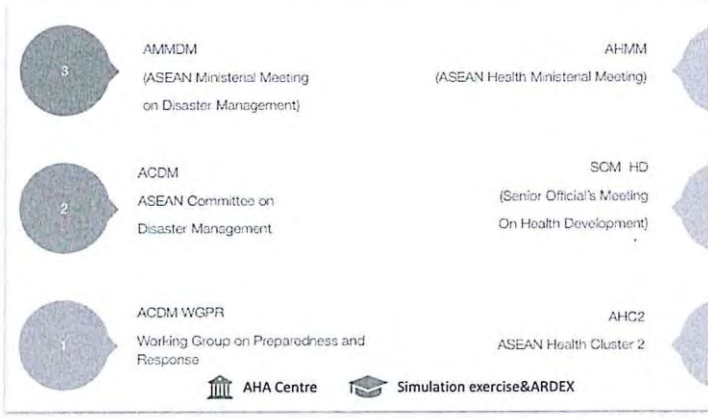
: Facilitation and Utilization of Military assets and capacitie

| COMPONENTS | OUTPUTS | KEY ACTIVITIES | IMPLEMENTING AGENCY | TIMEFRAME |
|---|---|---|---|---|
| 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 | 2015 |
| | | 1.1.2. Conduct multi-sectoral/ multi-stakeholder | Working Group on Preparedness and Response | 2016 |
| | | exercises to test the AJDRP | | 2017 |
| | | 1.1.6. Update AJDRP or relevant standards/SOPs/ policies | AHA Centre | 2018 |
| | 1.2. Updated SASOP | 1.2.1. Compile lessons learnt from using the SASOP | AHA Centre | 2019 |
| | | 1.2.2. Update SASOP through biennial reviews | WG PR | |

| COMPONENTS | OUTPUTS | KEY ACTIVITIES | IMPLEMENTING AGENCY | TIMEFRAME |
|---|---|---|---|---|
| | | 2.1.3. Conduct AADMER and One ASEAN One Response orientations for civil-military coordination structures | AHA Centre | 2016 |
| | | 2.1.4. Conduct annually an ASEAN specialised training on civil-military coordination | AHA Centre | 2017 |
| | | 2.1.5. Coordinate and participate in other regional disaster response simulation exercises | AHA Centre | 2018 |
| | | 2.1.6. Support and participate in national disaster simulation exercises | ASEAN Member States | 2019 |
| | 2.2. Regional roadmap for ICS inter-operability and coordinating platform at regional/ national/ local levels | 2.2.1. Develop a strategy for establishment and maintenance of ASEAN ICS Master trainers (training, certification, mentoring requirements) | Working Group on Preparedness and Response | |

| COMPONENTS | OUTPUTS | KEY ACTIVITIES | IMPLEMENTING AGENCY | TIMEFRAME |
|---|---|---|---|---|
| | | 2.2.2. Standardise an ASEAN ICS training curriculum, including EOC and other components | Working Group on Preparedness and Response | 2016 |
| | | 2.2.3. Develop an Incident Management support capacity for ASEAN-ERAT | AHA Centre | 2017 |
| | | 2.2.4. Conduct Incident Action Planning training for AHA Centre | AHA Centre | 2018 |
| | | 2.2.5. Conduct national-level trainings on ICS | ASEAN Member States | 2019 |
| | 2.3 Enhanced coordination mechanisms with military sector | 2.3.1. Develop the TOR of ASEAN Military Ready Group (AMRG) | ADSOM WG, TWG CIMIC | |
| | | 2.3.2. Operationalise ASEAN Military Ready Group (AMRG) | ADSOM WG, TWG CIMIC | |
| | | 2.3.3. Develop ASEAN Logistics Support Framework for mobilisation of military assets in HADR operations | ADSOM WG, TWG CIMIC | |

## Process of integration of chapters into SASOP




## Timeline for Integration


## Conclusion

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

Thank you