



Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management

Progress Report 2



Extension Phase

April 2020 – March 2021

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GLOSSARY

AADMER	ASEAN Agreement on Disaster Management and Emergency Response
ACDM	ASEAN Committee on Disaster Management
ACM	ASEAN Collective Measures
AHA Centre	ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management
AHMM	ASEAN Health Ministers Meeting
AJDRP	ASEAN Joint Disaster Response Plan
ALDDHM	ASEAN Leaders' Declaration on Disaster Health Management
AMS	ASEAN Member States
ARCH	Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management
APCDM	Asia Pacific Conference on Disaster Medicine
ASEC	ASEAN Secretariat
CD	Capacity Development
CLMV	Cambodia, Lao PDR, Myanmar, Vietnam
C/P	Counterpart
CPR	Committee of Permanent Representatives (ASEAN)
CTI	Comprehensive Team Information
DELSA	Disaster Emergency Logistics System for ASEAN
DHM	Disaster Health Management
DOH	Department of Health (in Philippines)
DPHEM	Division of Public Health Emergency Management (MOPH)
EMT	Emergency Medical Team
EMTCC	Emergency Medical Team Coordination Cell
EOC	Emergency Operation Centre
ERAT	Emergency Response and Assessment Team
HC2	Health Cluster 2 (meeting)
HNA	Health Needs Assessment
I-EMT	International Emergency Medical Team
JAC	Japanese Advisory Committee
JADM	Japanese Association for Disaster Medicine
JCC	Joint Coordination Committee
JDR	Japan Disaster Relief
JICA	Japan International Cooperation Agency
JOCCA	Joint Operations and Coordination Centre of ASEAN
MDS	Minimum Data Set
MOH	Ministry of Health (AMS)
MOPH	Ministry of Public Health (Thailand)
MR	Minimum Requirements
NDMO	National Disaster Management Organization
NIEM	National Institute for Emergency Medicine
OSOCC	On-Site Operations Coordination Centre
PDM	Project Design Matrix
PO	Plan of Operation

POA	Plan of Action (for ALDDHM)
PRWG	Preparedness and Response Working Group
PWG	Project Working Group
QAV	Quality Assurance Visit
RCC	Regional Coordination Committee
RCCDHM	Regional Coordination Committee on Disaster Health Management
RCD	Regional Collaboration Drill
RDC	Reception and Departure Center
REMPAN	Radiation Emergency Medical Preparedness and Assistance Network
R/D	Record of Discussions
SASOP	Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations
SOMHD	Senior Officials Meeting for Health Development
SOP	Standard Operation Procedures
SPEED	Surveillance in Post Extreme Emergencies and Disasters
SWG	Sub Working Group
TOR	Terms of Reference
TSI	Tentative Schedule of Implementation
TTX	Table-Top Exercise
UNDAC	United Nations Disaster Assessment and Coordination
VOSOCC	Virtual On-Site Operations Coordination Center
WADDEM	World Association for Disaster and Emergency Medicine
WHO	World Health Organization

CHAPTER I

OVERVIEW

- **Project Monitoring Report April 1, 2020 to September 30, 2020**
- **Project Monitoring Report October 1, 2020 to March 31, 2021**
- **Timeline of the Activities**

PROJECT MONITORING REPORT

Sep. 28 2020

Ikeda, Chief Advisor, ARCH

To Chief Representative of JICA Thailand**Project Monitoring Report for ARCH Project**

1. Duration of Report

April 1, 2020 to September 30, 2020 (3rd Term of the Extension Phase)

2. Progress of Activities

Output	Progress	Remarks
<i>Output 1 Coordination platform on disaster health management is set up.</i>		
Reviewing TOR of RCC for ALD (Re; Activity1-1)	(1 st Term; April 1 st , 2019 to September 30 th , 2019) - Joint PWGs meeting on July 10 th discussed on TOR of RCC for ALD or RCCDHM. - ASEAN Ministers Meeting at the end of August endorsed the POA and set-up of RCCDHM.	Thailand serves as secretariat for the RCC. It is necessary to discuss how Thailand will organize the secretariat.
Activity1-2 Drafting Work Plan on the POA of ALD	(1 st Term) - Joint PWGs meeting on July 10 th discussed on first draft of Work Plan on DHM for the next Health Agenda prepared by Thailand. - ASEAN Ministers Meeting at the end of August endorsed the POA	
	(2 nd Term) - PWG 1 meeting on January 21 st discussed on proposed draft of Work Programme on DHM prepared by Thailand. - The Draft was also discussed in 1 st RCC-DHM January 23 rd .	
	(3 rd Term) -Implementation Plan (IP) for POA was drafted and submitted to the online conference for Joint PWGs on 25 June. IP was endorsed by PWG through e-mail communication on 3 Aug.	

Preparation of the RCCDHM Meeting (Re; Activity1-1, 1-2)		(1 st Term) It is necessary for each AMS to nominate the members and to fix the date for 1 st meeting (maybe on Jan., 2020)
	(2 nd Term) Due date for nomination of members of the RCCDHM was decided on 6 th January 2020. The 1 st meeting was held on 22-23 January 2020 at Novotel Siam Square which consisted of 2 representatives from 10 AMS, ASEAN Secretariat and other related organizations.	2 nd RCC-DHM in August 2020 as a back-to-back meeting along with HC2 meeting in Manila, Philippines.
	(3 rd Term)	2 nd RCC-DHM in person which was supposed to organize in August 2020 as a back-to-back meeting with HC2 in Philippines was cancelled. <u>Instead, 2nd RCCDHM, online, shall be organized in 4Q of this year.</u>
Output 2 Framework of regional collaboration practices is developed.		
Activity2-1 Planning and Preparation for Drill	(1 st Term) 4-5 April; 1 st Mentors Team visit in Bali 14-15 May; Consultation meeting between Ikeda & Katsube and MOH in Jakarta and selection of the hotel in Bali 9 July; Consultation meeting between mentors and Indonesia preparation members in Bangkok 5-7 August; 2 nd Mentors team visit in Bali and Jakarta	Close email communication between mentors and Indonesia preparation members should be continued for the documents for the RCD. Each AMS must submit its Comprehensive Team Information by 24 Oct.
	(2 nd Term) 28 Nov; Project Team discussed with host country of 5 th RCD, Myanmar 29 Nov; PWG 2 meeting in Bali, Myanmar presented their proposal and officially announced their expression to host the 5 th RCD.	The proposal shall be sent by Myanmar by 13 March 2 nd Consultation meeting and Mentors visit should be set on 7-10 April in Myanmar. 1 st Consultation meeting discussed that 2 nd Mentors visit should be set on Aug and an

	20 January 2020; 1 st Consultation meeting for Myanmar hosting 5 th RCD was done at Novotel Siam Square. The Consultation meeting decided that 5 th RCD should be conducted in Mandalay in the week of 26 Oct.	EMTCC training for Myanmar RCD members should be conducted together on that occasion.
	(3 rd Term) Online Joint PWGs Conference on 25 June decided to postpone the 5 th RCD in Myanmar to next year.	Mentors visit on 7-10 April in Myanmar was postponed due to the COVID-19. It was decided that 5 th RCD in Myanmar should be postponed to the 4 th quarter of next year (2021). <u>Online consultation between Myanmar and mentors should be organized soon.</u>
Activity2-2 Regional Collaboration Drill	(2 nd Term) 25-28 Nov; The 4 th RCD was conducted in Bali. 46 EMT members from AMS, 16 Japanese, 16 Thais, 2 Philippines mentors and approximately 250 Indonesian participated in.	Prior to the 4 th RCD, Pre-deployment practice for "Offer of Assistance" was conducted. 8 countries submitted their documents.
Activity2-5 Develop a format for sharing of lesson learned	(1 st Term) First draft of template for lessons learned was submitted to PWG 2 on 9 July.	Revised version should be submitted to PWG 2 on Nov. 29.
	(2 nd Term) The Second draft template for lessons learned was presented to PWG 1 members on 21 January.	PWG 1 was requested to provide feedback/ inputs by the end of February 2020. However, no comments from AMS.
Activity2-5 Conduct a research on experience of response for disaster	(3 rd Term) Additional Activities against the COVID-19 was proposed to the online conference of Joint PWGs on 25 June. 1 st Webinar was organized on 15 Sep for sharing good practices from Cambodia, Philippines, Thailand and Vietnam among AMS and Japan.	Joint PWGs decided to collect Good practices on medical response against outbreak of Covid-19.
Output 3 Tools for effective regional collaboration on disaster health management are developed.		
Activity3-5 Endorsement for the Tools	(1 st Term) SOMHD on April 2019 has endorsed the SOP for AMS I-EMT and PRWG also recognized it.	

	(2 nd Term) SOP was revised according to the review results of TTX on 7-8 Nov 2019 and discussed in the PWG 1 on Jan 21, 2020.	
	(3 rd Term) Text of the AMS I-EMT SOP was revised to address the ACM issues.	<u>Revised SOP should be submitted to the online PWG1 on 1 Oct.</u>
Joint Workshop and TTX for SOP by HC2 & PRWG (Re; Activity3-5)	(1 st Term) Joint TTX between HC2 and PRWG in collaboration with AHA center was required to be organized on 6-7 Nov. in Jakarta.	JICA shall bear the cost of flight for AMS participants. 2 participants, one from MOPH and one from NDMO will be invited from each AMS.
	(2 nd Term) 7-8 Nov; Joint TTX between HC2 and PRWG in collaboration with AHA center was organized in Jakarta. Based on the results of the TTX, the SOP was revised and discussed in the PWG 1 meeting on 21 Jan.	
SWG meeting for ASEAN standards and methods (Re; Activity 3-6)	(1 st Term) PWG 1 meeting on 11 July 2019 confirmed the TOR of SWG and members of SWG. Indonesia, Myanmar, Philippines, Thailand and Vietnam were selected as countries which should assign the representatives for the SWG	5 countries had to nominate their focal points for SWG by 30 Aug 2019. ASEC reminded 5 countries for the nomination.
	(2 nd Term) The members with relevant expertise were nominated from each country. 20 January 2020; 1 st SWG meeting for ASEAN standards was done in Bangkok consisted of members from Indonesia, Myanmar, Philippines, Thailand, Vietnam and ASEC. The SWG agreed on expected output/ products, and methodology and process ahead.	Mr. Kita and short-term consultant participated in the 1 st SWG to co-facilitate the session. 2 nd SWG meeting for ASEAN standards shall be set in June 2020.

	(3 rd Term) Online Consultation of SWG members was held on 7 Aug to discuss proposed recommendations on ACM, and agreed on the resumption plan.	Planned 2 nd SWG in June was canceled due to the outbreak of the COVID-19.
Hiring consultants for information collection and facilitation of the SWG	(1 st Term) JICA HQ has completed the selection process of consultant firm. KRC was selected. (2 nd Term) The consultant conducted information collection on relevant policy and guideline. Based on the conclusion of the 1 st SWG meeting, Questionnaire was finalized and distributed to SWG focal points. (3 rd Term) KRC consultants resumed to collect information on ACM.	Consultants will start working from the beginning of Oct 2019.
Finalizing recommendation on ASEAN standards and methods (Re; Activity 3-6)	(3 rd Term) First draft of recommendations for ACM was discussed in the Online Consultation of SWG members on 7 Aug.	<u>Draft recommendations will be proposed to the online PWG1 conference on 1 Oct.</u>
Output 4 Academic network on disaster health management in AMS is enhanced.		
Activity 4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM()	(2 nd Term) 4 Thai task force members participated to make presentations in the JADM	NIEM SG and Mr. Kita visited Kansai to attend the international session of JADM and arrange Meetings with JAC and President of 25th JADM to establish/ strengthen ties with DHM focal points in Japan. Visits to 3 DM-related facilities were arranged for NIEM SG and 4 Thai participants to learn and increase knowledge in Disaster management.

Activity4-2 Academic Seminar	(3 rd Term) Concept paper for Academic Seminar was prepared.	Academic Seminar has been decided to postpone from the beginning of 2021 to the middle of 2021 due to the outbreak of the COVID-19. <u>The Concept paper shall be proposed to the online PWG 2 on 20 Oct.</u>
Output 5 Capacity development activities for each AMS are implemented.		
Clarifying the roles and functions of the Regional Disaster Health Management training center		
Development of standard training curriculum (Activity5-1)	(1 st Term) PWGs Joint meeting on 10 July 2019 discussed on the concept of the standard training curriculum and regional training center as well as ASEAN Academic Network. Thai ARCH Taskforce developed the draft concept paper on the curriculum development including curriculum committee/taskforce and timeline for next step	It is necessary to circulate the draft concept paper through ASEC to AMS. It is hoped that AMS will be able to nominate members of the committee by the next PWG 2 meeting on 29 Nov 2019.
	(2 nd Term) 13 th -14 th February 2020; 1 st meeting of SWG on CD was held at Pullman Sukhumvit Hotel. Each AMS nominated 2 representatives to attend the meeting. The meeting decided to initially develop 2 courses; Basic Disaster Health Management Training Courses and EMT Coordination during disasters training course.	The Chulabhorn Institute and NIEM co-hosted the meeting. 2 nd and 3 rd SWG meeting will be held in May and June 2020. 1 st training course for Coordination of Disaster medical operation shall be organized on August in Myanmar to strengthen their EMTCC.
	(3 rd Term) Online meetings for Bilateral Meeting were held on 16 June, 22 July and 25 Aug to discuss on development of standard curriculum for DHM. 2 nd meeting of SWG on CD was organized online on 22 Sep.	2 nd SWG in-person meeting in May 2020 was canceled due to the COVID-19. 2 nd SWG decided to allocate modules for the Basic course to AMS to draft the articles(syllabus). Due date of submission of articles by AMS is by the second week of Dec. Regarding the Coordination course,

	Basic Course on DHM and Coordination Course for EMT were proposed to develop further.	Japan(led by Mr. Katsube) and Thailand (led by Dr.Kriangsak) will develop detail plans of the modules within Dec.
Questionnaire Survey for CD in AMS (Re; Activity 5-3)	(1 st Term) PWG 2 Meeting on July 9 discussed the contents for Questionnaire. Questionnaire already circulated to each AMS on 15 Aug from ASEC.	AMS are required to submit the result of questionnaire to the project by 15 Oct.
	(2 nd Term) The result of the questionnaire survey was presented during the PWG2 meeting; 29 Nov 2019, in Bali with the result from 9 out of 10 countries. The result was also presented in 1 st RCC-DHM meeting in Bangkok, 22-23 January.	
Clarifying requirements for academic/training institute which conducts training programs on DHM in AMS (Re: Activity 5-3)		
Field trips for Needs and Potential Study on CD in some AMS (Re; Activity 5-3)	(1 st Term) PWG 2 on July 9 decided to select 4countries (CLMV) for field trips.	Plan for Field trips will be discussed in PWG 2 on Nov.29.
	(2 nd Term) PWG 2 meeting on Nov 29 in Bali discussed and decided the date for field study. 3 countries (Malaysia, Singapore and Brunei) would visit Lao and Cambodia and 2 (Indonesia and Philippines) countries would visit Myanmar and Viet Nam. 11-19 Feb 2020; The field trips in Lao PDR and Cambodia was done with the members from Malaysia, Thailand, ARCH Project, JICA, JAC and Consultant, Due to the situation of epidemic causing Singapore and Brunei to unable to join the field trips.	The field trips in Myanmar and Viet Nam were postponed due to the situation of COVID-19.
	(3 rd Term)	

	KRC Consultant resumed to conduct follow-up surveys for Lao PDR and Cambodia through email communications.	
Identifying 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)	(1 st Term) PWGs Joint meeting on 10 July endorsed the concept for the Academic Network for DHM.	Result of the study for Capacity Development by Activity 5-3 would contribute to identify the member institutes for ASEAN Academic/Training Center Network. Identified institutes should be invited to Academic seminar (Activity 4-2)

3. Project Management

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

(1st Term)

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; PWGs meetings were held on 9-11 July 2019 (PWG 2 meeting on 9, PWG 1 meeting on 11 and Joint PWGs meeting on 10)

JCC; 22 July 2019 . The meeting discussed main activities in the extension phase.

(2nd Term)

Bilateral Meeting; Second meeting between JAC and Thai Taskforce was held on 24-25 October to discuss how to implement 8 main activities in the extension phase.

PWG2; PWG 2 meeting was held on 29 November 2019 as a back to back meeting with 4th RCD.

PWG1; PWG 1 meeting was held on 21 January 2020 as a back to back meeting with SWG on CM, Consultation meeting and RCC-DHM.

RCC-DHM; RCCDHM was held on 22-23 January 2020 as a back to back meeting with PWG1.

(3rd Term)

1st Online Bilateral Meeting was held on 4 June 2020 to discuss how to resume the activities of ARCH which have been suspended due to the outbreak of COVID19.

2nd Online Bilateral Meeting was held on 16 June to share and discuss the progress on development of standard curriculum for DHM.

Online Conference for Joint PWGs was held on 25 June to discuss how to resume the activities of ARCH which have been suspended due to the outbreak of COVID19.

5th JCC was held on 16 July 2020 to confirm the progress and discuss about re-extension and proposal for next phase. The meeting approved 9 months extension of the Project and submission of the ARCH2 project proposal through TICA to Japan.

3rd Online Bilateral Meeting was held on 22 July to discuss on development of standard curriculum for Coordination Course of EMTs.

Online Consultation of SWG members was held on 7 Aug to discuss proposed recommendations on ACM, and agreed on the resumption plan.

4th Online Bilateral Meeting was held on 25 Aug to discuss on development of standard curriculum for Coordination Course of EMTs.

2nd SWG Meeting for development of standard curriculum was held online on 22 Sep.

Other Important issues;

(1st Term)

Two Project assistants have started working since 17 June 2019 (Mr. Valintorn) and 1 July 2019 (Ms. Ninuma).

Second long term expert (Mr. Taro KITA; International Disaster Collaboration/ Project Coordinator) has been dispatched since 29 Aug, 2019.

(2nd Term)

Due to the situation of COVID-19, some events and activities on Feb and March were affected. Mr. Kita had to work at home, self-quarantine, for 2 weeks after he came back from Japan on 23 Feb. 2020. According to the instruction of NIEM, the Project started working from home since 18 March 2020.

(3rd Term)

Working from home (WFH) by the experts and assistants was continued until 1 May. ARCH Project office continued WFH in 1-2 days a week.

Additional activity against the COVID-19 was proposed to the online conference of Joint PWGs. Joint PWGs conference approved to conduct that activity in the ARCH Project.

5th JCC on 16 July 2020 decided 9 months extension of the Project after the end of present extension period from April to Dec. 2021. MM for the amendment of RD was already drafted and submitted to JICA HQ on 13 Aug with MM of the JCC in order to proceed its internal procedure for the re-extension.

NIEM submitted the application of ARCH2 for new JICA project (ARCH2) to TICA with signatures of SG of NIEM and PS of MOPH at the beginning of September 2020.

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



Acknowledged by Project Manager

Mr. Surachai SILAWAN

Director, Bureau of Emergency Medical Operation Support,

National Institute for Emergency Medicine

25 Mar 2021

Ikeda, Chief Advisor, ARCH

To Chief Representative of JICA Thailand

Project Monitoring Report for ARCH Project

1. Duration of Report

Oct 1, 2020 to March 31, 2021 (4th Term of the Extension Phase)

2. Progress of Activities

Output	Progress	Remarks
Output 1 Coordination platform on disaster health management is set up.		
Reviewing TOR of RCC for ALD (Re; Activity1-1)	(1 st Term; April 1 st , 2019 to September 30 th , 2019) Joint PWGs meeting on July 10 th discussed on TOR of RCC for ALD or RCCDHM. ASEAN Ministers Meeting at the end of August endorsed the POA and set-up of RCCDHM.	Thailand serves as secretariat for the RCC. It is necessary to discuss how Thailand will organize the secretariat.
Activity 1-1 Regional coordination meetings are organized every year to share the progress and discuss the direction of the Project.	(2 nd Term; 1 Oct, 2019 to 31 March, 2020) 1 st RCCDHM was held on 22-23 Jan 2020 in Bangkok (4 th Term) 2 nd RCCDHM (online meeting) was held on 9 Dec 2020.	ARCH supported to organize the 1 st meeting including necessary cost for travel allowances for AMS participants and venue.
Activity1-2 Drafting Work Plan on the POA of ALD	(1 st Term) Joint PWGs meeting on July 10 th discussed on first draft of Work Plan on DHM for the next Health Agenda prepared by Thailand. ASEAN Ministers Meeting at the end of August endorsed the POA. (2 nd Term) PWG 1 meeting on January 21 st discussed on proposed draft of Work Programme on DHM prepared by Thailand. The Draft was also discussed in 1 st RCC-DHM January 23 rd .	
	(3 rd Term) Tentative Schedule of Implementation(TSI) for POA was drafted and submitted to the online conference for Joint PWGs on 25 June. IP was endorsed by PWG through e-mail communication on 3 Aug.	
	(4 th Term) Roadmap for the ASEAN Health Cooperation to the realization of One ASEAN One Response was drafted by the ARCH expert with implication of the TSI for POA and proposed to the MOPH.	RCCDHM on 9 Dec 2020 discussed on the Roadmap and decided to establish a core group for further development of the Roadmap. Thai MOPH is considering how the Roadmap shall be developed.
Preparation of the RCCDHM Meeting (Re; Activity1-1, 1-2)	(1 st Term) It is necessary for each AMS to nominate the members and to fix the date for 1 st meeting (maybe on Jan., 2020) (2 nd Term) Due date for nomination of members of the RCCDHM was decided on 6 th January 2020. The 1 st meeting was held on 22-23 January 2020 at Novotel Siam Square which consisted of 2 representatives from 10 AMS, ASEAN Secretariat and other related organizations. (3 rd Term)	2 nd RCC-DHM in August 2020 as a back-to-back meeting along with HC2 meeting in Manila, Philippines. 2 nd RCC-DHM in person which was supposed to organize in August 2020 as a back-to-back meeting with HC2 in Philippines was cancelled. <u>Instead, 2nd RCCDHM, online, shall be organized in 4Q of this year.</u>
	(4 th Term) Preparation meeting (online) for RCC among ASEC, Philippines(Chair) and Thailand was organized on 4 Dec 2020.	

	Organizing 2 nd RCC on 9 Dec 2020 was supported by the ARCH project team from agenda setting, preparation of documents to summarizing the results.	
Output 2 Framework of regional collaboration practices is developed.		
Activity2-1 Planning and Preparation for Drill	<p>(1st Term) 4-5 April; 1st Mentors Team visit in Bali 14-15 May; Consultation meeting between Ikeda & Katsube and MOH in Jakarta and selection of the hotel in Bali 9 July; Consultation meeting between mentors and Indonesia preparation members in Bangkok 5-7 August; 2nd Mentors team visit in Bali and Jakarta</p> <p>(2nd Term) 28 Nov; Project Team discussed with host country of 5th RCD, Myanmar 29 Nov; PWG 2 meeting in Bali, Myanmar presented their proposal and officially announced their expression to host the 5th RCD. 20 January 2020; 1st Consultation meeting for Myanmar hosting 5th RCD was done at Novotel Siam Square. The Consultation meeting decided that 5th RCD should be conducted in Mandalay in the week of 26 Oct.</p> <p>(3rd Term) Online Joint PWGs Conference on 25 June decided to postpone the 5th RCD in Myanmar to next year.</p> <p>(4th Term) The progress of development of RCD Preparation Guidebook was reported in the PWG2 on 20 Oct 2020.</p>	<p>Close email communication between mentors and Indonesia preparation members should be continued for the documents for the RCD. Each AMS must submit its Comprehensive Team Information by 24 Oct.</p> <p>The proposal shall be sent by Myanmar by 13 March 2nd Consultation meeting and Mentors visit should be set on 7-10 April in Myanmar. 1st Consultation meeting discussed that 2nd Mentors visit should be set on Aug and an EMCC training for Myanmar RCD members should be conducted together on that occasion.</p> <p>Mentors visit on 7-10 April in Myanmar was postponed due to the COVID-19. It was decided that 5th RCD in Myanmar should be postponed to the 4th quarter of next year (2021). <u>Online consultation between Myanmar and mentors should be organized soon.</u></p> <p>AMS members of PWG2 was requested to review the draft RCD Preparation Guidebook and submit their comments by the end of Nov 2020. (no comments)</p>

	Online PWG 2 decided the postponement of 5 th RCD to the year 2022.	5 th RCD shall be postponed to 2022 as an event of the ARCH 2 due to the continuous situation of COVID-19 outbreak as well as the coup d'etat happened in Myanmar.
Activity2-2 Regional Collaboration Drill	(2 nd Term) 25-28 Nov; The 4 th RCD was conducted in Bali. 46 EMT members from AMS, 16 Japanese, 16 Thais, 2 Philippines mentors and approximately 250 Indonesian participated in.	Prior to the 4 th RCD, Pre-deployment practice for "Offer of Assistance" was conducted. 8 countries submitted their documents.
Activity2-5 Develop a format for sharing of lesson learned	<p>(1st Term) First draft of template for lessons learned was submitted to PWG 2 on 9 July.</p> <p>(2nd Term) The Second draft template for lessons learned was presented to PWG 1 members on 21 January.</p> <p>(4th Term) Template for lessons learnt report was submitted again in the online conference of PWG1 on 1 Oct 2020 in order to finalize it and was finally endorsed by PWG1 through ad-referendum on 16 Oct 2020.</p>	<p>Revised version should be submitted to PWG 2 on Nov. 29.</p> <p>PWG 1 was requested to provide feedback/ inputs by the end of February 2020. However, no comments from AMS.</p> <p>Template for lessons learnt report is attached to the SOP for AMS I-EMT as the Annex 13.</p>
Activity2-5 Conduct a research on experience of response for disaster	<p>(3rd Term) Additional Activities against the COVID-19 was proposed to the online conference of Joint PWGs on 25 June. 1st Webinar was organized on 15 Sep for sharing good practices from Cambodia, Philippines, Thailand and Vietnam among AMS and Japan.</p> <p>(4th Term) 2nd Webinar on the COVID-19 was organized on 8 Dec 2020 for sharing good practices from Brunei, Indonesia, Thailand and Japan.</p>	<p>Joint PWGs decided to collect Good practices on medical response against outbreak of Covid-19.</p> <p>Singapore submitted its good practice in Jan 2021. It is necessary to consider an occasion to share the good practice of Singapore with AMS.</p>
Output 3 Tools for effective regional collaboration on disaster health management are developed.		

Activity3-5 Endorsement for the Tools	(1 st Term) SOMHD on April 2019 has endorsed the SOP for AMS I-EMT and PRWG also recognized it.	
	(2 nd Term) SOP was revised according to the review results of TTX on 7-8 Nov 2019 and discussed in the PWG 1 on Jan 21, 2020.	
	(3 rd Term) Text of the AMS I-EMT SOP was revised to address the ACM issues.	<u>Revised SOP should be submitted to the online PWG1 on 1 Oct.</u>
	(4 th Term) SOP was revised referring comments from AHA & ASEC and was endorsed by PWG1 through ad-referendum on 4 Dec 2020. RCCDHM on 9 Dec 2020 confirmed discussed the revised SOP.	After the RCCDHM on Dec 9 2020, Philippines, Malaysia and Vietnam sent their comments on the revised SOP. However, those three countries have already agreed about the reply from the ARCH project team and it was regarded that RCCDHM endorsed the revised SOP on March 2021 for further steps toward the integration of the SASOP
Joint Workshop and TTX for SOP by HC2 & PRWG (Re; Activity3-5)	(1 st Term) Joint TTX between HC2 and PRWG in collaboration with AHA center was required to be organized on 6-7 Nov. in Jakarta.	JICA shall bear the cost of flight for AMS participants. 2 participants, one from MOPH and one from NDMO will be invited from each AMS.
	(2 nd Term) 7-8 Nov; Joint TTX between HC2 and PRWG in collaboration with AHA center was organized in Jakarta. Based on the results of the TTX, the SOP was revised and discussed in the PWG 1 meeting on 21 Jan.	
SWG meeting for ASEAN standards and methods (Re; Activity 3-5)	(1 st Term) PWG 1 meeting on 11 July 2019 confirmed the TOR of SWG and members of SWG. Indonesia, Myanmar, Philippines, Thailand and Vietnam were selected as countries which should assign the representatives for the SWG	5 countries had to nominate their focal points for SWG by 30 Aug 2019. ASEC reminded 5countries for the nomination.
	(2 nd Term) The members with relevant expertise were nominated from each country. 20 January 2020; 1 st SWG meeting for ASEAN standards was done in Bangkok consisted of members from Indonesia, Myanmar, Philippines, Thailand, Vietnam and ASEC. The SWG agreed on expected output/ products, and methodology and process ahead.	Mr. Kita and short-term consultant participated in the 1 st SWG to co-facilitate the session. 2 nd SWG meeting for ASEAN standards shall be set in June 2020.
	(3 rd Term) Online Consultation of SWG members was held on 7 Aug 2020 to discuss proposed recommendations on ACM, and agreed on the resumption plan.	Planned 2 nd SWG in June was canceled due to the outbreak of the COVID-19.
	(4 th Term) Proposed recommendations (*) for the ACM were consulted with SWG-ACM, presented at PWG1 on 1 October, RCC-DHM on 9 December 2020.	(*) Concept: Future status of the ACM Database of receiving country Guidance for development of Model SOP for EMT management (Waste, Medical Malpractice)
Hiring consultants for information collection and facilitation of the SWG	(1 st Term) JICA HQ has completed the selection process of consultant firm. KRC was selected.	Consultants will start working from the beginning of Oct 2019.
	(2 nd Term) The consultant conducted information collection on relevant policy and guideline.	

	Based on the conclusion of the 1 st SWG meeting, Questionnaire was finalized and distributed to SWG focal points.	
	(3 rd Term) KRC consultants resumed to collect information on ACM.	
	(4 th Term) KRC consultants continued the follow up on the Questionnaire survey with SWG members. KRC team supported a Database development, one of the proposed ACM products by extracting the Questionnaire response. Final Report contains the result of Literature survey on emergency medical team and information collected through questionnaire survey and web-based assessment on receiving international assistance focusing on 5 SWG countries namely Indonesia, Myanmar, Philippines, Thailand and Viet Nam.	
Finalizing recommendation on ASEAN standards and methods (Re; Activity 3-6)	(3 rd Term) First draft of recommendations for ACM was discussed in the Online Consultation of SWG members on 7 Aug. (4 th Term) Revised SOP reflecting discussions of the SWG was submitted to the online PWG1 on 1 Oct 2020. Updates on ACM was reported to the online 2 nd PWG1 on 23 March 2021.	Draft recommendations will be shared in the online PWG1 conference on 1 Oct. The SOP reflecting discussions of the SWG was further revised referring comments from AHA & ASEC and was endorsed by PWG1 through ad-referendum on 4 Dec 2020. Interim report with recommendations on ACM shall be submitted to PWG1 on July 2021.
Output 4 Academic network on disaster health management in AMS is enhanced.		
Activity 4-1 Present outcomes of the Project activities at academic	(2 nd Term) 4 Thai task force members participated to make presentations in the JADM in Feb 2020.	NIEM SG and Mr. Kita visited Kansai to attend the international session of JADM and arrange Meetings with JAC and

conferences such as JADM, APCDM and WDEM		President of 25th JADM to establish/ strengthen ties with DHM focal points in Japan. Visits to 3 DM-related facilities were arranged for NIEM SG and 4 Thai participants to learn and increase knowledge in Disaster management.
Activity 4-2 Academic Seminar	(3 rd Term) Concept paper for Academic Seminar was prepared. (4 th Team) PWG2 on 20 Oct 2020 decided a plan for ASEAN Academic Conference and publication of a series of research articles on ARCH outcomes. A special edition for the articles shall be published in an international journal. Advisory Working Group(AWG) for the preparation of ARCH articles was organized and its first meeting was held on 15 Dec 2020. Request email for questionnaire survey to collect necessary information for writing a article was sent to AMS. Request email for writing a article on RCD experience was sent to Vietnam, Philippines, Indonesia. Three countries already submitted their articles on RCD. Most of manuscripts for the articles were collected and shared with AWG for reviewing. 2 nd AWG was held on 25 th March 2021 to confirm the progress of preparation for the articles and further steps toward the publication.	Academic Seminar has been decided to postpone from the beginning of 2021 to the middle of 2021 due to the outbreak of the COVID-19. <u>The Concept paper shall be proposed to the online PWG 2 on 20 Oct.</u> Name for this event was modified to ASEAN Academic Conference. AWG was consisted of following 4 members. - Prof. Tatsuhiko Kubo, Hiroshima University, Japan - Dr. Kayano Ryoma, WHO Kobe Centre, Japan - Prof. Shinichi Egawa, Tohoku University, Japan - Dr. Phumin Silapunt, Deputy Director of Chulabhorn Hospital, Thailand - Assoc. Prof. Dr. Prasit Wuthisuthimethawee, Deputy Director of Songklanakarin Hospital, Thailand
(Additional Activity)	(4 th Team)	TORs of ASEAN Academic Network and ASEAN Institute on DHM were endorsed by

	TOR of ASEAN Academic Network and ASEAN Institute on DHM was prepared and proposed to the PWG2 on 20 Oct 2020 and the RCCDHM on 9 th Dec 2020.	the PWG2 through ad-referendum on 4 Nov 2020. RCCDHM on 9 Dec 2020 also discussed them and is on the process of endorsement through ad-referendum.
Output 5 Capacity development activities for each AMS are implemented.		
Clarifying the roles and functions of the Regional Disaster Health Management training center		
Development of standard training curriculum (Activity5-1)	<p>(1st Term) PWGs Joint meeting on 10 July 2019 discussed on the concept of the standard training curriculum and regional training center as well as ASEAN Academic Network. Thai ARCH Taskforce developed the draft concept paper on the curriculum development including curriculum committee/taskforce and timeline for next step</p> <p>(2nd Term) 13th-14th February 2020; 1st meeting of SWG on CD was held at Pullman Sukhumvit Hotel. Each AMS nominated 2 representatives to attend the meeting. The meeting decided to initially develop 2 courses; Basic Disaster Health Management Training Courses and EMT Coordination during disasters training course.</p> <p>(3rd Term) Online meetings for Bilateral Meeting were held on 16 June, 22 July and 25 Aug to discuss on development of standard curriculum for DHM. 2nd meeting of SWG on Curriculum Development was organized online on 22 Sep. Basic Course on DHM and Coordination Course for EMT were proposed to develop further.</p>	<p>It is necessary to circulate the draft concept paper through ASEC to AMS. It is hoped that AMS will be able to nominate members of the committee by the next PWG 2 meeting on 29 Nov 2019.</p> <p>The Chulabhorn Institute and NIEM co-hosted the meeting. 2nd and 3rd SWG meeting will be held in May and June 2020. 1st training course for Coordination of Disaster medical operation shall be organized on August in Myanmar to strengthen their EMTCC.</p> <p>2nd SWG in-person meeting in May 2020 was canceled due to the COVID-19. 2nd SWG decided to allocate modules for the Basic course to AMS to draft the articles(syllabus). Due date of submission of articles by AMS is by the second week of Dec. Regarding the Coordination course, Japan(led by Mr. Katsube) and Thailand (led</p>

		by Dr.Kriangsak) will develop detail plans of the modules within Dec.
	(4 th Term) PWG 2 on 22 nd March 2021 confirmed the progress.	3 rd meeting of SWG on Curriculum Development shall be organized by online in the 2 nd Quarter of 2021.
Questionnaire Survey for CD in AMS (Re; Activity 5-3)	<p>(1st Term) PWG 2 Meeting on July 9 discussed the contents for Questionnaire. Questionnaire already circulated to each AMS on 15 Aug from ASEC.</p> <p>(2nd Term) The result of the questionnaire survey was presented during the PWG2 meeting; 29 Nov 2019, in Bali with the result from 9 out of 10 countries. The result was also presented in 1st RCC-DHM meeting in Bangkok, 22-23 January 2020.</p>	AMS are required to submit the result of questionnaire to the project by 15 Oct 2019.
Clarifying requirements for academic/training institute which conducts training programs on DHM in AMS (Re: Activity 5-3)	(4 th Term) The report for Needs and Potential Survey on CD in AMS proposed appropriate institutes in AMS with qualification of member institute for ASEAN Academic Network as well as academic/training institute which conducts training programs on DHM in AMS.	
Field trips for Needs and Potential Study on CD in some AMS (Re; Activity 5-3)	<p>(1st Term) PWG 2 on July 9 decided to select 4countries (CLMV) for field trips.</p> <p>(2nd Term) PWG 2 meeting on Nov 29 2019 in Bali discussed and decided the date for field study. 3 countries (Malaysia, Singapore and Brunei) would visit Lao and Cambodia and 2 (Indonesia and Philippines) countries would visit Myanmar and Viet Nam.</p>	<p>Plan for Field trips will be discussed in PWG 2 on Nov.29 2019.</p> <p>The field trips in Myanmar and Viet Nam were postponed due to the situation of COVID-19.</p>

	11-19 Feb 2020; The field trips in Lao PDR and Cambodia was done with the members from Malaysia, Thailand, ARCH Project, JICA, JAC and Consultant. Due to the situation of epidemic causing Singapore and Brunei to unable to join the field trips.	
	(3 rd Term) KRC Consultant resumed to conduct follow-up surveys for Lao PDR and Cambodia through email communications.	
	(4 th Term) Online interview meeting with Vietnam was organized on 1 st March 2021 instead of the field trip to Vietnam. The report for Needs and Potential Survey on CD in AMS including both results of Questionnaire Survey for CD in AMS and Country study in Laos, Cambodia and Vietnam was completed in March 2021.	It was decided to cancel field trip to Vietnam and Myanmar. In addition, due to a political situation in Myanmar, online interview with Myanmar was given up.
Identifying 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)	(1 st Term) PWGs Joint meeting on 10 July 2019 endorsed the concept for the Academic Network for DHM.	Result of the study for Capacity Development by Activity 5-3 would contribute to identify the member institutes for ASEAN Academic/Training Center Network. Identified institutes should be invited to Academic seminar (Activity 4-2)
	(4 th Term) Selection Criteria for National Focal Point Institute of the Network was clarified in the proposed TOR of ASEAN Academic Network.	TOR of ASEAN Academic Network and TOR of ASEAN Institute on DHM were proposed by Thailand to the RCCDHM on 9 Dec 2020.

3. Project Management

Meetings (JCC, Bilateral meeting, RCC, PWG1, 2 and etc.); (1st Term)

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; PWGs meetings were held on 9-11 July 2019 (PWG 2 meeting on 9, PWG 1 meeting on 11 and Joint PWGs meeting on 10)
JCC; 22 July 2019 . The meeting discussed main activities in the extension phase.
(2nd Term)
Bilateral Meeting; Second meeting between JAC and Thai Taskforce was held on 24-25 October to discuss how to implement 8 main activities in the extension phase.
PWG2; PWG 2 meeting was held on 29 November 2019 as a back to back meeting with 4th RCD.
PWG1; PWG 1 meeting was held on 21 January 2020 as a back to back meeting with SWG on CM, Consultation meeting and RCC-DHM.
RCC-DHM; RCCDHM was held on 22-23 January 2020 as a back to back meeting with PWG1.
(3rd Term)
1st Online Bilateral Meeting was held on 4 June 2020 to discuss how to resume the activities of ARCH which have been suspended due to the outbreak of COVID19.
2nd Online Bilateral Meeting was held on 16 June 2020 to share and discuss the progress on development of standard curriculum for DHM.
1st Online Conference for Joint PWGs was held on 25 June 2020 to discuss how to resume the activities of ARCH which have been suspended due to the outbreak of COVID19.
5th JCC was held on 16 July 2020 to confirm the progress and discuss about re-extension and proposal for next phase. The meeting approved 9 months extension of the Project and submission of the ARCH2 project proposal through TICA to Japan.
3rd Online Bilateral Meeting was held on 22 July 2020 to discuss on development of standard curriculum for Coordination Course of EMTs.
Online Consultation of SWG members was held on 7 Aug 2020 to discuss proposed recommendations on ACM, and agreed on the resumption plan.
4th Online Bilateral Meeting was held on 25 Aug 2020 to discuss on development of standard curriculum for Coordination Course of EMTs.
2nd SWG Meeting for development of standard curriculum was held online on 22 Sep 2020.
(4th Term)
1st Online Conference of PWG1 was held on 1 Oct 2020 to discuss on ACM and SOP, lessons learnt report template, COVID19 activities and 2021 ARCH event plan with alternatives and so on.
1st Online Conference of PWG2 was held on 20 Oct 2020 to discuss on ASEAN Institute, ASEAN Academic Network, Academic conference, standard Curriculum development and RCD preparation guidebook.
2nd RCCDHM (online) was held on 9 Dec 2020.
2nd Online Conference of PWG2 was held on 22 March 2021 to discuss on ASEAN Institute, ASEAN Academic Network, Academic conference, standard Curriculum development and RCD and activities plan for re-extension as well as preparation of ARCH2 .
2nd Online Conference of PWG1 was held on 23 March 2021 to discuss on SOP, ACM and activities plan for re-extension as well as preparation of ARCH2.

Other Important issues;

(1st Term)

Two Project assistants have started working since 17 June 2019 (Mr. Valintorn) and 1 July 2019 (Ms. Ninuma).

Second long term expert (Mr. Taro KITA; International Disaster Collaboration/ Project Coordinator) has been dispatched since 29 Aug, 2019.

(2nd Term)

Due to the situation of COVID-19, some events and activities on Feb and March were affected. Mr.Kita had to work at home, self-quarantine, for 2 weeks after he came back from Japan on 23 Feb. 2020. According to the instruction of NIEM, the Project started working from home since 18 March 2020.

(3rd Term)

Working from home (WFH) by the experts and assistants was continued until 1st May. ARCH Project office continued WFH in 1-2 days a week. Additional activity against the COVID-19 was proposed to the online conference of Joint PWGs. Joint PWGs conference approved to conduct that activity in the ARCH Project.

5th JCC on 16 July 2020 decided 9 months extension of the Project after the end of present extension period from April to Dec. 2021. MM for the amendment of RD was already drafted and submitted to JICA HQ on 13 Aug with MM of the JCC in order to proceed its internal procedure for the re-extension.

NIEM submitted the application of ARCH2 for new JICA project (ARCH2) to TICA with signatures of SG of NIEM and PS of MOPH at the beginning of September 2020.

(4th Term)

Proposal for ARCH2 according to ASEAN template was finalized after consultation with ASEC health team. MOPH of Thailand officially submitted the proposal to ASEC in 8 Jan 2021.

Ms. Ninuma, ARCH staff left from ARCH on 30 Dec 2020 to move to Sweden. Ms Ob-orm, her successor, joined from 23 Dec 2020.

On 1st Feb 2021, the Coup d'etat by the military was occurred in Myanmar and this incident must affect the ARCH activities, especially for RCD in Myanmar.

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



Acknowledged by Project Manager

Mr. Surachai SILAWAN

Director, Bureau of Emergency Medical Operation Support, NIEM

TIMELINE OF ACTIVITIES IN EXTENSION PHASE

<i>DATE</i>	<i>EVENT</i>	<i>PLATFORM</i>	<i>PARTICIPANTS</i>
4 th Jun 2020	Online Bilateral Meeting	MS Team	ARCH Project, Thai TF and JAC
25 th Jun 2020	Online Joint PWGs Conference	Cisco Webex	60 Participants from AMS, ARCH Project, ASEC and AHA
7 th Aug 2020	Online Consultation of SWG on ACM	Cisco Webex	SWG members, Thai TF, JAC, KRC, JICA and ARCH Project
15 th Sep 2020	Webinar on “Good practice on COVID-19”	MS Team	Cambodia, Philippines, Thailand, Viet Nam, ASEC and ARCH
22 nd Sep 2020	Online Consultation of SWG on CD	MS Team	40 Participants from SWG members, ASEC, AHA, JAC, JICA and ARCH Project
1 st Oct 2020	Online PWG 1 Conference	Cisco Webex	40 Participants from AMS, ASEC, AHA, JAC, JICA and ARCH Project
20 th Oct 2020	Online PWG 2 Conference	MS Team	40 Participants from AMS, ASEC, AHA, JAC, JICA and ARCH Project
8 th Dec 2020	2 nd Webinar on “Good practice on COVID-19”	MS Team	ARCH Project, Thailand, Brunei, Japan and Indonesia
9 th Dec 2020	2 nd RCC-DHM Meeting	Cisco Webex	40 Participants from AMS, ASEC, AHA, JICA and ARCH Project
15 th Dec 2020	1 st Online AWG meeting	MS Team	15 Participants from AWG, JICA, JAC and ARCH Project
1 st Mar 2021	Online Interview with Viet Nam on CD	MS Team	Viet Nam, Thai TF, JAC and ARCH Project
23 rd Mar 2021	2 nd Online PWG 1 Conference	Cisco Webex	40 Participants from AMS, ASEC, AHA, JICA and ARCH Project
22 nd Mar 2021	2 nd Online PWG 2 Conference	MS Team	40 Participants from AMS, ASEC, AHA, JAC, JICA and ARCH Project
25 th Mar 2021	2 nd Online AWG meeting	MS Team	15 Participants from AWG, JICA, JAC and ARCH Project

CHAPTER II

OUTPUT 1: COORDINATION PLATFORM ON DISASTER HEALTH MANAGEMENT IS SET UP

- Regional Coordination Committee on Disaster Health Management (RCCDHM)

- Participant List
- Agenda
- Minute of Meeting

Event	2nd RCCDHM Meeting
Dates	9 December 2020
Platform	Cisco Webex
Participants	ARCH Project, AMS, ASEC and AHA
Agenda	<ul style="list-style-type: none"> - Updates on ASEAN Meetings/Events Relevant to RCC-DHM - Updates on Outcomes/Agreements from the First Meeting of RCC-DHM - Updates on Roadmap for the ASEAN Health Cooperation's Contribution to the Realization of One ASEAN One Response - Establishment of the ASEAN Institute on Disaster Health Management (AIDHM) and ASEAN Academic Network - Progress on the Integration of ASEAN EMT SOP to ASEAN SASOP - Updates on ARCH Project Extension Phase and ARCH Project Phase 2 - Summary of Agreements and Ways Forward
Summary of Discussion	<ul style="list-style-type: none"> - Meeting noted the presentation of Thailand on the draft Roadmap for the ASEAN Health Cooperation's Contribution to the Realization of One ASEAN One Response. - Thailand as Lead Country for the ALD on DHM, and Philippines as Chair of RCCDHM were agreed to be part of the Core Group. Thailand will be the Lead Country for priority areas 1 and 5, while the Philippines will internally consult on which priority areas to lead and expressed their interest to contribute in all priority areas. - The Meeting further agreed that other RCC-DHM Members will internally consult on their representation to the Core Group as well as their interest to lead specific priority area, and to revert to the RCC-DHM Secretariat with a copy to the ASEAN Secretariat by 16 December 2020. - The Meeting agreed for RCC-DHM members to internally consult on the proposed revisions of the EMT SOP and to revert with inputs/feedback, if any, or endorsement, to the RCC-DHM Secretariat with a copy to the ASEAN Secretariat by 16 December 2020.
Attachments	<ul style="list-style-type: none"> - Tentative Agenda - Presentations of the meeting - Minute of Meeting

2nd Regional Coordination Committee on Disaster Health Management (RCC DHM) Meeting

9 December 2020
1:00PM – 3:30PM JAKARTA TIME

LIST OF PARTICIPANTS FORM

No	Delegation	Name of Participant, Designation, Organization
	Brunei Darussalam	Dr Hj Norazlina Suryani Hj Abd Rahman RCCDHM 1st Alternate Representative Consultant (Emergency Medicine) Ministry of Health
		Julita Abd Fata RCCDHM 2nd Primary Representative Nursing Officer/ Head of HSSE Ministry of Health
		Hjh Nora Hj Md Yusof RCCDHM 2nd Alternate Representative Nursing Officer Special Grade Emergency Medical Ambulance Service Ministry of Health
	Cambodia	Dr. Muy Seang Deputy Director of Department of Preventive Medicine
	Indonesia	dr. Ina Agustina Isturini Health Crisis Center, Ministry of Health Indonesia
		dr. Eko Mediantanto Health Crisis Center, Ministry of Health Indonesia
	Lao PDR	Dr. Haykhome Keokenechanh Focal point of AHC 2
		Dr. Daovilay Banchongphanith, Deputy Director of Law Division, Cabinet MOH Secretariat of Disaster Health Management Committee of MOH Lao PDR Central Disaster Management Committee Coordinator
	Malaysia	Dr. Maria Suleiman Public Health Medicine Specialist Disaster, Outbreak, Crisis and Emergency Sector Surveillance Section Disease Control Division Ministry of Health, Malaysia
		Dr. Kasuadi bin Hussin Senior principal assistant director Ministry of Health, Malaysia
	Myanmar	Dr Htun Tin Deputy Director General (Epidemiology)
		Prof Dr Maw Maw Oo Professor/Head, Emergency Medicine
		Dr Nyan Win Myint Director, Central Epidemiological Unit
		Dr Kyaw Khaing San

		Assistant Director, Disaster Unit
	Philippines	Director Gloria J. Balboa
		Dr. Alfonso Danac
		Dr. Anjo Benedict Fabellon
		Ms. Janice Feliciano
		Ms. Maria Cristy Yuson
	Singapore	Ng Hock Sing Director Current Operations Ministry of Health, Singapore
		Raihan Rafiek Senior Assistant Director Operations Development Emergency Preparedness and Response Division Ministry of Health, Singapore
	Thailand	Dr. Anupong Sujariyakul
		Dr. Alisa Yanasan
		Dr. Phumin Silapunt
		Dr. Jirots Sindhvananda
		Dr Apinya Luxruji (observer)
	Viet Nam	Dr. Nguyen Duc Chinh Viet Duc Hospital
		Mr. Nguyen Huy Minh MOH
	ASEAN Secretariat	Dr Ferdinal M Fernando Head/ Assistant Director, Health Division
		Mr Jim P Catampongan Senior Officer, Health Division
		Mr Michael Glen MBT Program coordinator, Health Division
		Mr Randy Adrian Officer, Health Division
	JICA (HQ)	Ms. Asuka Tsuboike Director of Division
		Mr. Sho Amemiya
		Ms. Asumi Endo

FOR CIRCULATION TO ASEAN MEMBER STATES

**SECOND MEETING OF THE
REGIONAL COORDINATION COMMITTEE ON DISASTER HEALTH MANAGEMENT (RCC-DHM)**
9 December 2020, 13:00-15:45 (GMT+7 Thailand time)
via Cisco WebEx platform

DRAFT ANNOTATED AGENDA (AS OF 5 DECEMBER 2020)

TIME	AGENDA ITEM	RELEVANT DOCUMENTS
12.30-13.00	Test Run [RCC-DHM Secretariat] <i>The RCC-DHM Secretariat, as host of the Meeting, will open the virtual meeting room 30 minutes before the start to test the audio and video connection of delegates, as well as to go through through the video conference guidelines. Delegates are earnestly requested to observe the guidelines for a smooth video conference.</i>	<i>For reference:</i> <ul style="list-style-type: none"> • Video Conference Guideline
13.00-13.05	Introduction of the Meeting, and announcement of the RCC-DHM Chairpersonship [ASEAN Secretariat] <i>The ASEAN Secretariat will provide a brief background on the RCC-DHM and its governance mechanism as stipulated in its Terms of Reference, which is Annex 1 of the Plan of Action to Implement the ASEAN Leaders' Declaration on Disaster Health Management (POA/ALD on DHM) 2019-2025. The ASEAN Secretariat will announce of handover of Chairpersonship from Myanmar to the Philippines, and subsequently invite the Head of Delegation of Myanmar to deliver a remark and then the RCC-DHM Chair Philippines to preside over the Meeting.</i>	<i>For reference:</i> <ul style="list-style-type: none"> • Annex 1. Terms of Reference of RCC-DHM, POA/ALD on DHM 2019-2025 • Information Paper on the ASEAN Post-2015 Health Development Agenda (APHDA) and its Governance Implementation Mechanism (GIM)
13.05-13.10	Remark from the Outgoing Chair [Myanmar] <i>Myanmar, as Outgoing Chair of the RCC-DHM, will deliver a remark that may include reflections of their chairpersonship, as well as suggestions in moving forward.</i>	
13.10-13.15	Opening Remark from the RCC-DHM Chair [Philippines] <i>The Chair will deliver opening remark, as well as acknowledge the participation of ASEAN Member States, and proceed in presiding over the Meeting.</i>	
13.15-13.20	Adoption of the agenda [RCCDHM Chair / RCC-DHM Secretariat] <i>The Chair and/or RCC-DHM Secretariat will give an overview of the Meeting Agenda and invite amendments if any. The Meeting to adopt the agenda.</i>	<i>For review and adoption:</i> <ul style="list-style-type: none"> • Draft Annotated Agenda, 2nd Meeting of RCC-DHM

FOR CIRCULATION TO ASEAN MEMBER STATES

**SECOND MEETING OF THE
REGIONAL COORDINATION COMMITTEE ON DISASTER HEALTH MANAGEMENT (RCC-DHM)**
9 December 2020, 13:00-15:45 (GMT+7 Thailand time)
via Cisco WebEx platform

13.20-13.40	<p>Updates on ASEAN Meetings/Events Relevant to RCC-DHM [ASEAN Secretariat]</p> <p>The ASEAN Secretariat will brief the Meeting on key decisions of and outcomes from ASEAN Meetings and Events that are relevant to the work of RCC-DHM, such as but not limited to the ASEAN Summits, the Senior Officials Meeting on Health Development and the ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats. A summary of ASEAN Health Sector's response to COVID-19 and preparedness for future public health emergencies will also be provided.</p> <p>Subsequently, the Meeting to consider the following:</p> <ul style="list-style-type: none"> • Note the updates from ASEAN Secretariat • Discuss the implications of these developments on disaster health management, and on the engagement of RCC-DHM and related mechanisms. 	<p><i>For reference:</i></p> <ul style="list-style-type: none"> • ASEAN Strategic Framework for Public Health Emergencies (ASF-PHE) • Terms of Reference, ASEAN Regional Reserve for Medical Supplies (RRMS) • ASEAN Comprehensive Recovery Framework and Implementation Plan (ACRF/IP) • ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED) • ASEAN Public Health Emergency Coordination System (APHECS) • Chairman's Statements, ASEAN Summit, and Joint Statements ASEAN Health Ministers' Meeting on COVID-19
13.40-13.55	<p>Updates on Outcomes/Agreements from the First Meeting of RCC-DHM by [RCC-DHM Secretariat]</p> <p>The RCC-DHM Secretariat will update the Meeting on progress of the key agreements and ways forward adopted during the inaugural meeting of RCC-DHM on January 2020.</p> <p>Subsequently, the Meeting to consider the following:</p> <ul style="list-style-type: none"> • Note the updates from the RCC-DHM Secretariat, and, • Agree to further discuss matters in relevant agenda items, if needed. 	<p><i>For reference:</i></p> <ul style="list-style-type: none"> • Summary Report, 1st Meeting of RCCDHM
13.55-14.25	<p>Updates on Roadmap for the ASEAN Health Cooperation's Contribution to the Realization of One ASEAN One Response (Implementation of Plan of Action to operationalize ALD on DHM) [Lead Country Thailand]</p> <p>Thailand, as Lead Country for the ALD on DHM and its operationalisation, will provide updates on the development of plan to implement the POA/ALD on DHM 2019-2025.</p> <p>Subsequently, the Meeting to consider the following:</p> <ul style="list-style-type: none"> • Note the updates from Thailand; • Exchange of views on the current draft, including inputs on the structure, elements and content; and, 	<p><i>For review and discussion:</i></p> <ul style="list-style-type: none"> • Draft Roadmap for the ASEAN Health Cooperation's Contribution to the Realization of One ASEAN One Response <p><i>For reference:</i></p> <ul style="list-style-type: none"> • ASEAN Leaders Declaration on Disaster Health Management • Plan of Action, ALD on DHM • ASEAN Post-2015 Health Development Agenda

FOR CIRCULATION TO ASEAN MEMBER STATES

**SECOND MEETING OF THE
REGIONAL COORDINATION COMMITTEE ON DISASTER HEALTH MANAGEMENT (RCC-DHM)**
9 December 2020, 13:00-15:45 (GMT+7 Thailand time)
via Cisco WebEx platform

	<ul style="list-style-type: none"> Agree on immediate next steps towards the finalisation of the plan. 	<ul style="list-style-type: none"> Information paper on APHDA and Governance and Implementation Mechanism Work Programme 2016-2020 of ASEAN Health Cluster 2
14.25-15.00	<p>Establishment of the ASEAN Institute on Disaster Health Management (AIDHM) and ASEAN Academic Network [ARCH Project Team]</p> <p>ARCH Project Team Thailand will brief the Meeting on the proposed establishment of AIDHM and ASEAN Academic Network, present the terms of reference of these platforms, and progress of consultations among others.</p> <p>Subsequently, the Meeting to consider the following:</p> <ul style="list-style-type: none"> Note the updates from the ARCH Project Team; Exchange of views on the proposed AIDHM and Network, based on the presented draft TOR, including the sections and contents of the TOR; Endorse the TOR, if appropriate, and/or Agree on immediate next steps for the further development of TOR, and other related matters. 	<p>For review, discussion and/or endorsement, if appropriate:</p> <ul style="list-style-type: none"> TOR of ASEAN Academic Network, Endorsed by PWG 2 TOR of ASEAN Institute on Disaster Health Management, Endorsed by PWG 2
15.00-15.15	<p>Progress on the Integration of ASEAN EMT SOP to ASEAN SASOP [ARCH Project Team]</p> <p>ARCH Project Team Thailand will update the Meeting on the proposed revision of the Standard Operating Procedure for the Coordination of Emergency Medical Teams in ASEAN (ASEAN EMT SOP) and the status of its integration with the SOP for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (ASEAN SASOP).</p> <p>Subsequently, the Meeting to consider the following:</p> <ul style="list-style-type: none"> Note the updates from the ARCH Project Team; Endorse the draft revised ASEAN EMT SOP, if appropriate; and/or Agree on immediate next steps for further consultations of the ASEAN EMT SOP 	<p>For review, discussion and/or endorsement, if appropriate:</p> <ul style="list-style-type: none"> Revised draft ASEAN EMT SOP, Ver 3 Summary of Revisions of ASEAN EMT SOP
15.15-15.30	<p>Updates on ARCH Project Extension Phase and ARCH Project Phase 2 [ARCH Project Team]</p>	<p>For reference:</p> <ul style="list-style-type: none"> ARCH Project Extension Phase, Proposal Final Version

FOR CIRCULATION TO ASEAN MEMBER STATES

**SECOND MEETING OF THE
REGIONAL COORDINATION COMMITTEE ON DISASTER HEALTH MANAGEMENT (RCC-DHM)**
9 December 2020, 13:00-15:45 (GMT+7 Thailand time)
via Cisco WebEx platform

	<p>ARCH Project Team Japan will update the Meeting on the implementation of the ARCH Project Extension Phase and on plans for ARCH Project Phase 2.</p> <p>Subsequently, the Meeting will consider the following:</p> <ul style="list-style-type: none"> • Note the updates from the ARCH Project Team • Adopt the summary reports and annexes of PWG 1 and 2 Meetings 	<ul style="list-style-type: none"> • Final Report, ARCH Project Phase 1 <p><i>For adoption:</i></p> <ul style="list-style-type: none"> • Summary Report and Annexes, Online Joint PWG 1 and PWG 2, 25 June 2020 • Summary Report and Annexes, PWG 1 Online Conference, 1 October 2020 • Summary Report and Annexes, PWG 2 Online Conference, 20 October 2020
15.30-15.40	<p>Summary of Agreements and Ways Forward [RCC-DHM Secretariat / ASEAN Secretariat]</p> <p>The RCC-DHM Secretariat/ASEAN Secretariat will present the summary of agreements, immediate next steps or ways forward. The Meeting to discuss, amend where necessary, and adopt.</p>	<p><i>For adoption:</i></p> <ul style="list-style-type: none"> • Summary of Agreements and Ways Forward
15.40-15.45	<p>Closing Remark [RCC-DHM Chair]</p> <p>RCC-DHM Chair to deliver closing statements.</p>	

SUMMARY REPORT OF THE SECOND MEETING OF THE REGIONAL COORDINATION COMMITTEE ON DISASTER HEALTH MANAGEMENT (RCC-DHM)

9 DECEMBER 2020 VIA CISCO WEBEX PLATFORM

INTRODUCTION

1. The Second Meeting of the Regional Coordination Committee on Disaster Health Management (RCC-DHM) was Chaired by the Philippines, and was attended by designated representatives from Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam, and the ASEAN Secretariat. Representatives from the Japan International Cooperation Agency (JICA), as main partner of the Project for Strengthening ASEAN Regional Capacity in Disaster Health Management (ARCH Project) also attended the Meeting. The List of Participants appears as **ANNEX 1**.

INTRODUCTION OF THE MEETING, AND ANNOUNCEMENT OF RCC-DHM CHAIRPERSONSHIP

2. The ASEAN Secretariat informed the Meeting that the RCC-DHM was created as the main implementing mechanism of the Plan of Action to Implement the ASEAN Leaders' Declaration on Disaster Health Management (POA/ALD on DHM) which was endorsed at the 14th ASEAN Health Ministers Meeting in August 2019 in Cambodia. The Chairpersonship of the RCC-DHM follows the order of the Chairpersonship of the ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats, as stipulated in the Terms of Reference of the RCC-DHM, which is Annex to the POA/ALD on DHM. The POA/ALD on DHM appears as **ANNEX 2**.
3. The Chairpersonship of ASEAN Health Cluster 2 was handed over from Myanmar to the Philippines in August 2020 through an exchange of letters; the Philippines serves as Chair of ASEAN Health Cluster 2 in 2020 and 2021, and with Singapore as Vice Chair for the same period. In this connection, the ASEAN Secretariat announced the transition of the Chairpersonship of the RCC-DHM from Myanmar to the Philippines, called upon Myanmar and the Philippines to deliver remarks, respectively, and subsequently invited the Philippines to preside over the meeting.

REMARK FROM THE OUTGOING CHAIR

4. Dr Nyan Win Myint, Director of Central Epidemiology Unit, Ministry of Health and Sports-Myanmar delivered remark, representing Myanmar as the outgoing RCC-DHM Chair. He expressed appreciation to all delegates of ASEAN Member States for their contribution during the first RCC-DHM Meeting in January 2020 and to a number of activities conducted since that meeting. He also emphasized the importance of strengthening capacity in disaster health management in ASEAN especially during COVID-19 pandemic and encouraged all ASEAN Member States to continue the close coordination and collaboration. Lastly, he thanked and appreciated the Philippines for taking on the leadership of the RCC-DHM in 2020 and 2021. The full remark appears as **ANNEX 3**.

1 Summary Report, Second Meeting of RCC-DHM, 9 December 2020.

OPENING REMARK BY INCOMING CHAIR

5. Dr Gloria J. Balboa, Director of Health Emergency Management Bureau, Department of Health - Philippines, representing the Philippines as Chair of RCC-DHM, welcomed the participants and delivered opening remarks. She conveyed Philippines' acceptance to lead the RCC-DHM in 2020 and 2021, and looks forward to the collective effort to improve not only the current regional collaboration mechanism on disaster health management but also to further refine the emergency medical team operations at all levels in terms of command and control, collaboration and communication.
6. She also stressed that while disaster risk reduction management for health is an important part of universal health care, it is also integral in saving lives, providing care during emergencies and aiding community rehabilitation, as well as supports collaboration at the national, as well as regional and international levels. She also hopes that the platform will also serve as a venue to showcase best practices, display the importance of service delivery network, and strengthen coordination and collaboration toward disaster safety.
7. She acknowledged the participation of ASEAN Member States, and subsequently proceeded in presiding over the Meeting. Her remark appears as **ANNEX 4**.

ADOPTION OF THE AGENDA

8. The Meeting reviewed and adopted the agenda, which appears as **ANNEX 5**.

AGENDA 1: UPDATES ON ASEAN MEETINGS/EVENTS RELEVANT TO RCC-DHM

9. The Meeting noted the updates from the ASEAN Secretariat on the following matters which are relevant to the work of RCC-DHM:
 - a. ASEAN-wide and ASEAN Health Sector Responses to the COVID-19 pandemic and preparedness for future public health emergencies, including the recently-endorsed COVID-19 ASEAN Response Fund, ASEAN Regional Reserve for Medical Supplies, ASEAN Comprehensive Recovery Framework and ASEAN Strategic Framework for Public Health Emergencies, and the recently-launched ASEAN Centre for Public Health Emergencies and Emerging Diseases; and,
 - b. ASEAN Post-2015 Health Development Agenda and Work Programme of ASEAN Health Cluster 2, including the conduct of the Mid-Term Assessment of the APHDA and Work Programmes 2016-2020 and the planning for the next five years.
10. The ASEAN Secretariat also presented the key decisions and outcomes from ASEAN Meetings and Events that are relevant RCC-DHM, such as 37th ASEAN Leaders' Summit, the 15th Senior Officials Meeting on Health Development (SOMHD) and the Sixth Meeting of ASEAN Health Cluster 2. The presentation, terms of references and concept notes of COVID-19 initiatives, and relevant documents appear as **ANNEX 6**.

AGENDA 2: UPDATES ON OUTCOMES/AGREEMENTS FROM THE FIRST MEETING OF RCC-DHM

11. The Meeting noted the progress of the key agreements and ways forward adopted during the first meeting of RCC-DHM in January 2020 as presented by RCC-DHM Secretariat and following the key areas of discussion, namely: (a) Governance Issues; (b) Collaboration and Partnerships; (c) Strategic Movement; (d) Capacity Building, Networking and Regional Cooperation; and (e) RCC-DHM and ARCH Collaboration. The presentation and adopted Summary Report of the First Meeting of RCC-DHM appear as **ANNEX 7**.

AGENDA 3: UPDATES ON ROADMAP FOR THE ASEAN HEALTH COOPERATION'S CONTRIBUTION TO THE REALIZATION OF ONE ASEAN ONE RESPONSE

12. Thailand, as Lead Country for the ALD on DHM development, adoption and operationalisation, provided updates on the proposed formulation of roadmap that articulates the ASEAN Health Cooperation's contribution to the realisation of One ASEAN On Response through the realisation of the five priority areas and 21 targets of the POA/ALD on DHM 2019-2025. Thailand reminded the Meeting of the relevant frameworks on Disaster Health Management, including the Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction, the ASEAN Vision 2025 on Disaster Management and the ALD on DHM. Thailand also presented the ASEAN Strategic Framework and Plan of Action to implement the ALD on DHM and stressed the need for a broader and long-term strategic framework beyond the current POA/ALD on DHM 2019-2025 to include other priority areas, such as disaster recovery and mitigation. The presentation, proposed roadmap, proposed ARCH Project's contribution to the implementation of the POA/ALD on DHM, and relevant documents appear as **ANNEX 8**.
13. Thailand proposed to create a Core Group which will be tasked to further develop the roadmap/implementation plan to operationalise the five priorities of the POA through the identification of key activities to achieve each priorities, timeline, key performance indicators, lead country and partners for each priority area.
14. The Meeting agreed Thailand's proposal to establish the Core Group as well as to have Lead Country/ies that will work on each priority area. The Meeting further agreed that the Core Group will also discuss the proposal to develop a strategic framework on DHM.
15. The Meeting, informed on the practise in the ASEAN Health Sector in the identification of members of core groups, agreed to the inclusion of Thailand being the Lead Country for the ALD on DHM, and Philippines, as the current Chair of RCC-DHM, as members of the Core Group. The Meeting further acknowledged that Thailand will lead Priority Areas 1 on *Strengthening and enhancing regional collaborative frameworks*, and 5 on *Knowledge management*. The Philippines will internally discuss which Priority Area they will be able to lead and expressed their interest to contribute in all priority areas.
16. The Meeting agreed that RCC-DHM members will internally discuss with their main offices regarding their representation to the Core Group, as well as their interest to lead specific priority area. The expression of interest shall be submitted to the RCC-DHM Secretariat with a copy to the ASEAN Secretariat by 16 December 2020.

AGENDA 4: ESTABLISHMENT OF ASEAN INSTITUTE ON DISASTER HEALTH MANAGEMENT (AIDHM) AND ASEAN ACADEMIC NETWORK

17. The ARCH Project Team Thailand briefed the Meeting on the proposed establishment of the ASEAN Institute on Disaster Health Management (AIDHM) and ASEAN Academic Network by presenting the terms of reference (TOR) and progress of consultations through members of Project Working Group 2 on Capacity Development of the ARCH Project. The Meeting also noted the presentation of the draft TOR which appear as **ANNEX 9 and 10**.
18. The Meeting recognised the importance of the platforms in strengthening disaster health management in the region, and the need for their establishment to ensure the scaling up and sustainability of knowledge management, education and learning, and capacity building priorities of the POA/ALD on DHM.

19. The Meeting also exchanged views regarding the governing body of AIDHM, in which the RCC-DHM Members will serve as the Board of Director as clarified by ARCH Project Team. In addition, the relationship between AIDHM and RCCDHM was further clarified by ASEAN Secretariat where it was also noted that AIDHM will report to AHC 2 and SOMHD.
20. The Meeting agreed for RCC-DHM Members to further review the draft of TOR of ASEAN Academic Network and AIDHM, and to submit inputs and comments to the RCC-DHM Secretariat with a copy to the ASEAN Secretariat by 16 December 2020.

AGENDA 5: PROGRESS ON THE INTEGRATION OF ASEAN EMT SOP TO ASEAN SASOP

21. The Meeting noted the update on the proposed revision of the Standard Operating Procedure for the Coordination of Emergency Medical Teams in ASEAN (ASEAN EMT SOP) and the status of its integration with the SOP for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (ASEAN SASOP). The presentation appears as **ANNEX 11**.
22. The Meeting also noted the recommendation of the ASEAN Committee on Disaster Management Working Group for Preparedness and Response (ACDM P&R) for the testing of the ASEAN EMT SOP as part of the ASEAN Regional Disaster Emergency Response Simulation Exercise (ARDEX) to complete the requisites for its integration into ASEAN SASOP, the conduct of the next ARDEX in 2021 instead of 2020 in consideration of travel restrictions from COVID-19 pandemic, and the on-going discussion between the ARCH Project Team and ASEAN Coordination Centre for Humanitarian Assistance in disaster management (AHA Centre) to define the methodology of the testing of the ASEAN EMT SOP and corresponding scenarios/injects.
23. The Meeting further noted the information from the ASEAN Secretariat that the AHA Centre is (a) aware of the on-going consultation on the proposed revision of the ASEAN EMT SOP and has requested that the endorsed revised EMT SOP (at the level of ASEAN Health Cluster 2) be submitted to the ACDM via AHA Centre by the first quarter of 2021, and (b) would request the cooperation of the ARCH Project Team and ASEAN Secretariat in the development of the health-related scenarios/injects in the ARDEX 2021. Subsequent to the testing of the EMT SOP via ARDEX 2021, the Meeting also noted the following processes related to the integration of the ASEAN EMT SOP to the ASEAN SASOP:
 - a. Review and update the SOP based on the recommendations and findings from ARDEX (mid-2021) by ARCH project team
 - b. Consultation with SOMHD and ACDM for endorsement (2021)
24. The Meeting agreed for RCC-DHM Members to internally consult on the proposed revisions of the ASEAN EMT SOP and to revert with inputs/feedback, if any, or endorsement, to the RCC-DHM Secretariat with a copy to the ASEAN Secretariat by 16 December 2020.

AGENDA 6: UPDATES ON ARCH PROJECT EXTENSION PHASE AND ARCH PROJECT PHASE 2

25. The Meeting acknowledged the substantial contribution of JICA in strengthening disaster health management in ASEAN through its continued support to the ARCH Project, which has also facilitated technical consultations in the development of the ALD on DHM and subsequently the POA.

26. The Meeting noted the updates on the implementation of the ARCH Project Extension Phase, the processing of the re-extension period resulting from the rescheduling of implementation of activities due to COVID-19 travel restrictions and the mobilisation of ARCH Project contact points to support national response efforts. The Meeting was also informed of the preparation of detailed proposal of ARCH Project Phase 2 which will be implemented between 2022-2026 and which will be submitted by the Ministry of Public Health - Thailand to ASEAN Secretariat to undergo the project appraisal and project approval process.
27. The summary reports and annexes of the meetings of PWG 1 and 2 PWG that were conducted since January 2020 were also acknowledged and adopted by the meeting. The presentation and summary reports and their annexes appear as **ANNEX 12**.

SUMMARY OF AGREEMENTS AND WAYS FORWARD

28. The Meeting reviewed and adopted the summary of agreements and ways forward, as presented by RCCDHM Secretariat as below.

AGENDA ITEM	SUMMARY OF AGREEMENTS AND WAYS FORWARD
AGENDA 1. Updates on ASEAN Meetings/Events Relevant to RCC-DHM	<ul style="list-style-type: none"> The Meeting noted the updates from ASEAN Secretariat on the following with focus on matters that are relevant to the work of RCC-DHM: <ul style="list-style-type: none"> ASEAN Health Sector Response to COVID-19 ASEAN Post-2015 Health Development Agenda and Work Programme of ASEAN Health Cluster 2
AGENDA 2. Updates on Outcomes/Agreements from the First Meeting of RCC-DHM	<ul style="list-style-type: none"> The Meeting noted the updates from the RCC-DHM Secretariat on the progress of outcomes and agreements from the First Meeting of RCC-DHM.
AGENDA 3. Updates on Roadmap for the ASEAN Health Cooperation's Contribution to the Realization of One ASEAN One Response (Implementation of Plan of Action to operationalize ALD on DHM)	<ul style="list-style-type: none"> The Meeting noted the presentation of Thailand on the draft Roadmap for the ASEAN Health Cooperation's Contribution to the Realization of One ASEAN One Response. The Meeting, while being reminded of the mandate of RCC-DHM on the implementation of the POA/ALD on DHM, noted the proposal on the need for ASEAN to have a long-term strategic framework beyond the current POA/ALD on DHM 2019-2025 and which addresses priority concerns not explicitly covered in the POA, such as disaster mitigation and recovery. The Meeting agreed to the proposal of Thailand to [a] create a Core Group that will further develop the roadmap/implementation plan to operationalise the five priorities of the POA, through the identification of key activities to achieve priorities and corresponding lead countries, timeline and indicators; and [b] further work on each priority area through lead country/ies. The Meeting further agreed that the Core Group will discuss the proposal to develop a strategic framework on DHM.

AGENDA ITEM	SUMMARY OF AGREEMENTS AND WAYS FORWARD
	<ul style="list-style-type: none"> Thailand as Lead Country for the ALD on DHM, and Philippines as Chair of RCCDHM were agreed to be part of the Core Group. Thailand will be the Lead Country for priority areas 1 and 5, while the Philippines will internally consult on which priority areas to lead and expressed their interest to contribute in all priority areas. The Meeting further agreed that other RCC-DHM Members will internally consult on their representation to the Core Group as well as their interest to lead specific priority area, and to revert to the RCC-DHM Secretariat with a copy to the ASEAN Secretariat by 16 December 2020.
AGENDA 4. Establishment of the ASEAN Institute on Disaster Health Management (AIDHM) and ASEAN Academic Network	<ul style="list-style-type: none"> The Meeting noted the presentation from the ARCH Project Team on the proposed establishment of AIDHM and ASEAN Academic Network on DHM, the draft terms of reference and progress of consultations. The Meeting recognised the importance of the platforms in strengthening disaster health management in the region, and the need for their establishment to ensure the scaling up and sustainability of the knowledge management, education and learning, and capacity building priorities of the POA/ALD on DHM. The Meeting also noted that the AIDHM is proposed to be governed by the Board of Directors consisting of RCC-DHM members, and will be reporting to AHC 2 and SOMHD. The Meeting agreed for RCC-DHM members to review the draft of TOR of the two platforms, and to submit inputs and comments to the RCC-DHM Secretariat with a copy to the ASEAN Secretariat by 16 December 2020.
AGENDA 5. Progress on the Integration of ASEAN EMT SOP to ASEAN SASOP	<ul style="list-style-type: none"> The Meeting noted update from the ARCH Project Team on the proposed revisions of the ASEAN EMT SOP and forthcoming processes leading its integration with ASEAN SASOP. The Meeting also noted the recommendation of ACDM WG P&R for the testing of the EMT SOP as part of the ARDEX to complete the requisites for its integration into ASEAN SASOP, the conduct of the next ARDEX in 2021 due to COVID-19, and the ongoing discussions between the ARCH Project Team and AHA Centre on the ASEAN Health Sector engagement in the ARDEX to define the methodology of the testing of the EMT SOP and corresponding scenarios/injects. The Meeting further noted the information from the ASEAN Secretariat that AHA Centre: [a] Is aware of the on-going consultation on the proposed revision of the ASEAN EMT SOP and has requested that the endorsed revised EMT SOP (at the level of ASEAN Health Cluster 2) be submitted to the

AGENDA ITEM	SUMMARY OF AGREEMENTS AND WAYS FORWARD
	<p>ACDM via AHA Centre by the first quarter of 2021, and [b] would request the cooperation of the ARCH Project and ASEAN Secretariat in the development of the health-related scenarios/ injects in the ARDEX 2021.</p> <ul style="list-style-type: none"> The Meeting agreed for RCC-DHM members to internally consult on the proposed revisions of the EMT SOP and to revert with inputs/feedback, if any, or endorsement, to the RCC-DHM Secretariat with a copy to the ASEAN Secretariat by 16 December 2020.
AGENDA 6. Updates on ARCH Project Extension Phase and ARCH Project Phase 2	<ul style="list-style-type: none"> The Meeting acknowledged the substantial contribution of JICA in strengthening disaster health management in ASEAN through its continued support to the ARCH Project. The Meeting noted the updates on the implementation of ARCH Project Extension Phase, as well as the preparation of project proposal for ARCH Project Phase 2 which will be subsequently submitted by MOPH Thailand to ASEAN Secretariat to undergo the project appraisal and project approval process. The Meeting adopted the summary reports and annexes of the meetings of PWG 1 and PWG 2 since the 1st RCC-DHM.

CLOSING REMARK

29. Dr Gloria Balboa delivered closing remarks. She expressed gratitude and appreciation to all delegates of ASEAN Member States, ARCH Project Team and ASEAN Secretariat for their valuable inputs and contribution to the success of the meeting.

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

XXX

CHAPTER III

OUTPUT 2: FRAMEWORK OF REGIONAL COLLABORATION PRACTICES IS DEVELOPED

- **Regional Collaboration Drill**
 - RCD Preparation Guidebook
- **Lesson Learnt Template**
 - AMS Lesson Learnt Report Template
- **Collection of Good Practices on COVID-19 Response**
 - Concept Note for Collection of good practices for COVID-19 Response
 - List of Covid-19 Good Practices presentation
 - 1st Webinar on Covid-19 Good Practices
 - 2nd Webinar on Covid-19 Good Practices

DRAFT

ARCH Project
As of **Oct, 2020**



Guidebook for Preparation of ARCH Regional Collaboration Drill (RCD)

ARCH Project

Beta Version, Oct. 2020

ARCH Project:

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

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As of Oct, 2020

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ANNEX:

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Introduction of this Handbook:

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

The purpose of developing this guidance is as follows:

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

Readers of this handbook will find orientations as to how to prepare the event. In addition, those who have already involved in this event in the past may contribute to improve the efficiency and effectiveness of RCD by adding the knowledge into this. In this regard, this handbook will be treated as a “live document” and should be revised the contents accordingly in flexible manner.

Also, this handbook is intentionally designed as only introduce minimal information and all the contents are delivered in succinct manner. This is because to improve user-friendliness. The structure is understood as trunk-branches relation. This handbook is the trunk that navigate the whole picture of the event, and all the details are captured in the branches; appendixes. If readers would like to see further information, please go and deep dive in these appendixes.

How to Contact ARCH Project:

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

TO ARCH Project: archpro1@outlook.com

With copy to: health@asean.org (Health Division, ASEAN Secretariat)
sikeda3620@outlook.jp (Mr. Shuichi IKEDA, Chief Advisor, ARCH)
sansana@email.com (Ms. Sansana Limpaporn, Thailand NIEM)

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ARCH Project
As of Oct, 2020

Record of Revision:

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

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Abbreviation

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As of Oct, 2020

1. OVERVIEW OF RCD

1-1. Purpose of RCD

- To simulate host country's strategy, guideline or procedures for its disaster response, including acceptance of I-EMTs.
- For AMS participants to familiarize with the regional tools that were developed by the ARCH project, in order to clarify required measures and directions for capacity development so that each AMS I-EMT can efficiently and effectively deploy to other country in the ASEAN region.

1-2. Overall Program

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

Day 1. Workshop for pre-learning on the **coordination** tools and **methodology**

Day 2. Preparatory Sessions

Day 3. Field Exercise

Day 4. Table Top Exercise (De-Mobilization) and After Action Review

- *[Attachment] Annex 2. Template and Sample Program*
- *[Attachment] Annex XX. Catalogue of Program Component*

1-3. Stakeholders of RCD

(1) Host Country:

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

(2) Mentor Group

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

(3) ARCH Project

The role of the ARCH Project is to ensure that the RCD is being prepared or conducted in

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the way that ARCH intends to. Also, this provide budgetary support for the events as well as its preparation process. This serves as a primary contact point to the host country as well as all the stakeholders.

(4) ASEAN Member States (AMS)

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

(5) ASEAN Secretariat (ASEC) / AHA Centre

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

1-4. Expected Participants

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

- World Health Organization (Headquarter, Regional or Country Office)
- Emergency Medical Teams in the host country (Government, NGOs and Red Cross)
- Relevant international organizations
- Relevant National official agencies (e.g. Customs and airport officials)

1-5. Expenditure

Financial arrangement for organizing the RCD will be made in the very early stage of the preparation. The expenditures will normally be borne and shared by the ARCH project(JICA) and the host country. There is a template for standard cost sharing that can be used for a discussion on what expenditures should be borne by the host.

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

2. PLANNING AND PREPARATION

2-1. Early Planning Stage

(1) Selection of a Host Country

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

- A country which intends to be a host for the next RCD should submit its Statement of Interest to the ARCH Project and ASEC by at least two months before the previous RCD event.

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

- PWG2 meeting, which is the closest after the submission of the Statement of Interest, will discuss on a concept plan that is submitted by the host candidate, and approve the host.

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

(2) Information sharing by ARCH Project of the Guidance on RCD Preparation

The Secretariat will make sure if the host can follow the framework of the RCD (duration of the event, contents, cost sharing, concept, exercise management method and so on). The Guidebook for Preparation of RCD will be shared with the host **as an aid for the preparation**.

- The Secretariat will share compulsory contents that should be included in the RCD program (if there is any).

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

- Specifications for accommodation, indoor facilities for presentations such as a hotel, and outdoor venues for field exercise will be **proposed by the host**.

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

- As this stage is very important to form the foundation of the RCD, this could be more than simply an “information sharing”. For example, organizing a small workshop with short-listed people may be beneficial for the host to understand the magnitude of the preparation and its event; this is recommended especially if the host had not been exposed to the previous RCDs and not familiar with the event.

(3) Organizing Mentor Group

The Mentor Group is usually composed of members from Thailand, Japan and the previous host country. Also, experienced resources who can contribute to the planning process may be invited. The size of the mentor group is flexible but the core members should be kept up to 10 people (3 per each country) in order to maintain efficiency and effectiveness in its advisory work. The mentor group member will be selected after the next host is decided. The mentor group internally discusses on objectives to accomplish

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in the upcoming RCD. It is suggested to review lessons from the previous RCD first and discuss the upcoming event so that all the stakeholders can share the same understanding, including good practices and rooms for improvement.

(4) Organizing Decision Making System and implementation taskforce in the Host Country

In the host country, Internal decision making system needs to be formed. This may include the following sections and processes:

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

It is likely that in the host side, inter-ministerial or agency efforts is required as the event preparation ranges to several jurisdictional sectors. It is suggested to appoint a leading organization on behalf of the country.

(5) Request for the Host Country

In this early planning stage, it is important for the host to consider what they need to prepare before the upcoming 1st Consultation Meeting with the Mentor Group, and if the host manage to develop the following items before the meeting, this will facilitate preparation work in the latter stage.

Also, the following items will be the main subject for discussion during the 1st Consultation Meeting with the Mentor Group therefore it is strongly recommended that the host country have internal discussion on these items prior to the meeting, and come to the discussion table with a rough framework of the RCD or at least general direction on how the host country would like to utilize the opportunity for their capacity development.

- Working committees with names and responsibilities.
- Work and Financial Plan
- Rough idea of Master scenario.

➤ *[Attachment] Annex X. Standard Contents in Master Scenario*

- Country profile in relation to risk of natural disasters and other type of disasters.

➤ *[Attachment] Annex X. Country Profile Template (Blank)*

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- Relevant regulations, Laws, protocols, SOPs and so on.
- List of activities in RCD program.
- List of options for the accommodation and field exercise venue
- National training needs and clear intention why they would like to host the event.

➤ *[Attachment] Annex X. Checklist for Selecting Indoor and Outdoor Facility*

NOTE: All of these items may not be completed at this stage, and this will be developed in consultation with the mentor group later. The detailed information such as the following will not be prepared at this stage.

- Field exercise design with relevant details
- List of required logistics
- Layout and possible venues
- Forms to be used
- Injects List
- Session Plan
- List of Exercise Controllers, Exercise Support, Informant

(6) Standard Preparation Timetable

One of a frequently asked question in terms of RCD preparation is how much time is required for preparation of RCD as minimum. It is always difficult to answer as so many factors are affecting this. However, it would be beneficial for a host in many aspects to understand the brief idea of how much time roughly takes. From the previous experience, one of a benchmark could be 10 months for the preparation. If the situation does not permit and the preparation window shrinks even less than 10 months, it seems rather haste and the event may have to conduct in premature fashion and naturally it may result in small harvest. Hence, if situation allows, at least 10 months is required for the lead time prior to the event. **This 10 months starts from the 1st Consultation Meeting with Mentor Group, and NOT 10 months since the submission of the Statement of Interest nor since the end of previous RCD.**

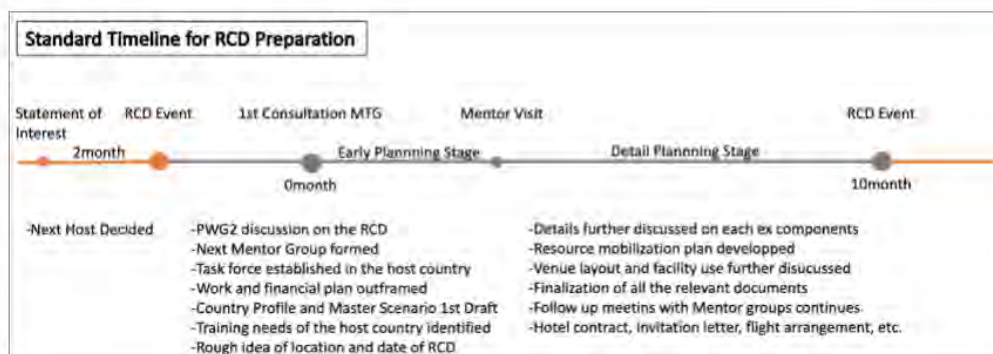

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Diagram: Standard preparation timeline

2-2. 1st Consultation Meeting with Mentor Groups

(1) Purpose

The prepared rough idea or framework of RCD in the previous stage will be used as a baseline information for this meeting. The purpose of this consultation is for the mentor teams to provide professional advices on all the drafted outline of the RCD event from every aspect of managing the RCD. Based on experience by the mentor group, the drafted ideas will be further developed during this meeting. An example of the meeting agenda is as follows.

 *[Attachment] Annex X. A Sample of Meeting Agenda*

NOTE: The location of this meeting may not be in the host country. It can be held as a side meeting of Regional Consultation Committee (RCC), Projective Working Group (PWG) or other opportunities.

(2) Expected participants

This is a meeting with only short listed people. This includes ARCH Project (Thai and Japan side), mentor group members, as well as the host of the upcoming RCD. Also, ASEC and AHA Centre will be asked to participate in this meeting in order to share their view. Each mentor country will send one for two experienced participants who had been closely involved in the past RCDs. The total of the participants for this meeting will be around 20. Other than the listed above, should there be any relevant stakeholders who are deemed to be important to get involved at this stage, the ARCH Project will flexibly consider the participation.

(3) Expected Outcomes

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The expected outcomes of this meeting will be as follows:

- The date of the RCD event is confirmed.
- Work approach is mutually agreed among the host and the mentor group.
- Details of the cost sharing is agreed.
- 1st draft of the overall program is reviewed and updated.
- All the relevant members make themselves acquaintance with each other.
- A roadmap leading up to the event is developed with some major milestones, and this became a common planning tool for all the stakeholders.
- Expected objectives of both the host country and the Mentor Group is discussed and both are incorporated in the RCD program by consent.
- Identification and assignment of focal points of outstanding tasks.
- Setting up deadlines for further work (until the upcoming mentor group visit).
- Dates and logistics arrangement of upcoming mentor visit is discussed.
- Lessons learnt from the previous RCD is reviewed among the participants.
- Setting goal and expected achievement by conducting RCD

2-3. Mentor Group Visit

(1) Areas of Discussion and Required Information

This is the first time for the mentor group to visit indoor and outdoor facilities of the event. This is an opportunity to discuss great details of the overall program. This can cover from administrative issue such as the accommodation arrangement to technical details such as the location of tents of each EMT and so on so forth.

In relation to the 1st consultation meeting, the outcome of the meeting should be better organized and further developed before this mentor visit. The following items are the main subjects of the discussion during the visit therefore these needs to be prepared prior to the mentor visit. These are mainly effort of the host side and the mentor group will support this process.

- Updated version of the event program.
- Annotated agenda.
- Master scenario of the simulation exercise.
- Internal work plan of the preparation (who does what, how and by when).
- General information of confirmed accommodation and venue for the field exercise.
- Rough logistics plan (how and where to/from for how many people).
- List of Identified issues.
- Visit of senior officials who are in charge of RCD.

Accordingly, the primary objective of the visit is for all the stakeholders including the mentor group to see the progress of the preparation and make sure of all the above

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items are being arranged as expected manner.

(2) Duration of the Visit and Time Allocation during the Visit

During the mentor group visit, there should be 3 basic agenda to be accomplished. These are A: discussion with the national focal point (ideally a senior level of MoH who is in charge of the RCD), B: visit of the field exercise venue, and C: visit of accommodation for confirming the logistics arrangement as well as audit of the event environment such as the size of the main venue. It may be safer to allocate 1 day for each of A, B and C. Even if the locations of these are geographically spread out, it is more realistic to do so. An estimation of the time will be shown below.

Agenda	Discussion Subject	Time
A. MoH Discussion	-General exchange and visit senior officials.	0.5 days
B. Field Ex Venue	-Technical Details at the venue.	0.5 days
	-Follow up of field visit/Further planning	0.5 days
C. Accommodation check	-Guest rooms, meals, meeting environment etc.	0.5 days
	-in country transportation among A, B and C.	0.5 days
	Total	2.5days

(3) Expected Achievement of the Visit

With approximately 3days of the visit, it is expected to have the following achievements:

- The mentor group confirms that the event venue setting including indoor and outdoor facility is good enough for conducting the RCD program.
- Great detail of information about the event is updated and the mentor group is well familiarized. Also, this will form a foundation of the further planning; namely session planning, logistics planning, resource mobilization and so on.
- Both of opportunities and constraints are identified and the countermeasures will be discussed in the latter stage.
- Accommodation, meals, transportation and so on, in other words “real life support” are discussed or confirmed, so that the host as well as the Secretariat officially announce the event framework to potential participants of the AMS.

(4) Expected Participants during the Visit

As this is important milestone for the entire planning, it is ideal to have all the core event organizers jointly involve in this visit. This includes the following people:

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- The host with core planning members and taskforce members
- Senior officials (only for the MoH meeting)
- The ARCH Project (Thailand and Japan)
- The mentor group (especially those who are in charge of RCD)
- JICA country office (those who supports the real-life-support arrangement)

(5) Way Forward after the Visit

From the day when the host and the mentor group confirmed that the basic framework of the event is satisfied, the preparation enters into detail planning stage. This planning will be done jointly by the host and the mentor group side, and this will likely to be discussed and taken cared by small groups with relevant responsibility in particular task. Most of the rest of the preparation will be carried out by this fine-tuning type of detailed discussion, and there will be less formal type of meeting arrangement follows. However, there should be a periodical meeting arranged by the host and the mentor group in order to check the entire progress of the preparation and review the efficiency of work.

In this detail planning stage, the following materials will be core elements to connect all the other works together. It should be reminded that any changes to these integral parts may affect others' works, and therefore it is very important to have a couple core staffs to monitor the entire progress and relationships of all the works.

- Script for the master scenario by each scene
- Inject plan for each technical session
- Layout plans for the indoor/outdoor venues
- Logistical requirement for real life support as well as all the technical session
- Case description for patients and other role players
- Session planning with duration, logistics requirement, location, time table and so on.
- Resource mobilization (especially who does what in terms of exercise controller and mentor roles)
- Arrangement of VIP visit and representation during the event

2-4. Follow Up Meetings

The following opportunity may be or may not be required depends on the progress of the preparation. Whether any of follow up opportunity needs to be arranged or not will be decided among the host, the secretarial and the mentor group. In case these are still necessary to take place, there are some options to do so. Options are as follows:

(1) Tele-Conference

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This should be utilized more often than other means so that both of the host side and the mentor group side spend less cost and discuss efficiently in a certain limited time. As the RCD event date come closer, there are many things likely to pose questions to move forward. For instance, some of these may be requests for clarification on logistics arrangement, and others could be like details check-up of a certain items. These “fine tuning” level of issues can be solved by communication among the stakeholders over phone call.

(2) Additional Mentor Group Visit

In case of major changes in critical element of the event happens, the stakeholders may need an additional mentor group visit to provide the alternative solutions. In this circumstance, the visit will be arranged accordingly. Or even there is no major changes in plan, if the preparation has not met a benchmark set by the stakeholders, it may require an intensive preparation by actually visiting the venue for a certain length of days.

(3) Rehearsal/Final Check of the Event

A host country may find a benefit of having a “rehearsal” of the even at some point in the final stage of the preparation. It is totally a decision of the host side that they would like to arrange a rehearsal or not. In the past practices, all of the host countries had some kind of rehearsal. Some defines a rehearsal as a “trial run” of a RCD, and accordingly the size of the event is as much as a RCD; simply without International participants. Others may imagine a rehearsal as a “spot check” of particular items. There is no right or wrong way of doing this. The only thing the host needs to consider is that if a rehearsal is conducted in the way that can identify potential issues for final tuning of the preparation and that can address existing issues.

In the past rehearsal, it seems that these tend to focus more on internal resource movement behind the scene. This includes quality check of informants’ performance (role of “local patients”), fine calculation of event timetable, quick identification of logistics bottlenecks, education of domestic stakeholders in terms of how international disaster medicine works and how the relevant domestic response protocols would be applied, and so on. Again, if rehearsal should be arranged or not is totally up to the host decision, and normally international stakeholders does not involve in this process.

2-5. Other Preparation

(1) Administration Arrangement

There are several administration arrangements for the RCD as per listed below:

- hotel Contract

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- Invitation letter
- Participants allowance
- Flight Arrangement and Logistical Support for the Participants from AMS
Visa arrangement

These are normally completed by the event host as well as the ARCH Project. The rough division of labor between these two is if the arrangement is something to do with the international participant or not. The ARCH Project will be **only** responsible for international participants' flight arrangement, per-diem allowance, meeting package, airport transportation and so on. International travel insurance is optional at their own cost. Arrangement of necessary logistic supports should be borne to the Host Country such as transportation to exercise sites if necessary and at least one international coordinator to help the Project team during the event. However, transportation of international participants to exercise site will be arranged by ARCH Project.

It is also Important to issue an invitation letter to AMS, ASEC, AHA Centre and relevant partners at least 8 weeks before the event. The draft letter will be prepared by the ARCH project team and be distributed to AMS by ASEC. In case that visa is needed, the Host Country should issue an official letter to incoming AMS to facilitate the application.

- *[Attachment] Annex X. Brief Timeline of Administration Arrangement*
- *[Attachment] Annex X. List of Required Facility and Proposed Floor Plan for RCD*

NOTE: The Host Country will propose several options for the venue of meeting and accommodation to the ARCH project. The Host country and JICA Office in the host country will discuss to select the hotel according to necessary process for fair comparison among the candidates. in consultation with ARCH project team . The hotel should have 100 guest rooms and meeting room(s) that can accommodate 200 guests for plenary sessions, with easy to access from a major international airport and to exercise site (less than an hour drive).

2-6. In-Country Training as Preparation for National Coordination Staffs

Given that the RCD is a training platform for AMS regional actors as well as the relevant actors in the host country. Especially, in the field exercise, quality of the coordination practice greatly depends on how much the national coordination mechanism is simulated by the coordination staffs of the national actors. In this sense, the host country may have intention to improve capacity of their national coordination staffs as one of a

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preparation step. In this case the host may request ARCH project the 'In-Country Course for Coordination on EMTs' to be conducted during the preparation stage. The primary purpose of this course is to improve the coordination capacity of the national coordination staffs in conjunction with regional and international coordination methodology. By utilizing this course, the host country may be able to improve the coordination capacity and be thoroughly ready for the coordination components in RCD at the same time. The main contents of the course is threefold: (1) To learn national coordination system of the host country, (2) to learn regional and international coordination methodology, (3) to discuss how the regional and international coordination methodology can be integrated in the host country. Further details are found in the document below.

➤ *[Attachment] Annex X. Concept of In-Country Course for Coordination on EMTs.*

3. CONDUCTING RCD

3-1. Final Preparation

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

This 2 days will be spent for:

- Checking the Venue setting (both of indoor and outdoor facilities)
- Confirming staff allocation plan (both of the host side and ARCH/International side)
- Administrative Payment arrangement for accommodation fee, Daily allowance for the participants, transportation arrangement, meeting with senior officials
- Reconfirming the Session plan (final check of the all aspects of each component)
- Sub meeting for each training component (e.g. Quality Assurance Visit)
- Final confirmation of the event flow with annotated timetable/event program

3-2. Pre-deployment procedures

By the time the event initiated, in the notional scenario of the RCD field exercise, the hazard had have already occurred and the host country had already embraced the humanitarian damage that was caused by the hazard, and eventually EMTs from AMS are coming to the country for assistance.

To simulate this, it has been accustomed in the past RCD to practice this portion of the exercise before the international participants arrives in the country in the reality. This is normally taken place around 7days before the RCD starts.

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In the case of 4th RCD in Bali, Indonesia, it was DD/MM when the disaster “XtypeX” happened, and the international request so called “pre-deployment procedures” was practiced on DDMM. Upon the request, all the AMS countries responded from DD/MM to DD/MM, and all of these were conducted online and table top base in prior to the RCD. When all the AMD participants arrives, this earlier practice is integrated to the field exercise.

This earlier exercise of pre-deployment procedures is normally done between the host (disaster affected) country with requesting assistance from ASEAN countries and the AMS (EMT sending country) with offering assistance, through the AHA centre and diplomatic channels.

3-3. Day 1 for Preparatory Workshop

At this point, the RCD is finally started. The majority of Day1 is spent for administrative announcement part and practical part. Agenda of Day1 likely to include as follows:

(1)Administrative Part

- Opening remarks of senior officials
- Introduction of Participants
- Safety instructions during the event
- Use of facilities
- Navigation of the whole program

(2) Practical Part

- Updates on ARCH progress
- Exercise on SASOP and ARCH standard tool use
- Introduction of ASEAN Collective Measures (ACM)
- Introduction disaster situation for the simulation exercise
- Review of regional/international coordination methodology
- Introduction of disaster response (management) mechanism of the host country in particular the responsibility of Health Emergency Operations Center (HEOC) and relevant national/local legal framework
- Comprehensive Team Information (CTI)
- Practice on offering and receiving EMTs (border crossing exercise may be included)
- Other relevant presentations or practical sessions

Although depending on the host arrangement, an Official Dinner invited by the host government may take place either of the day during the RCD event duration.

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As of Oct, 2020**3-4. Day 2 for TTX**

Some of the practical sessions shown in the Day1 may be placed in the agenda of the Day 2. There is no rule as to where and which days these items should be placed. The host and mentor group will discuss on this and find the most appropriate way.

In the past RCD, it is likely that simulation exercise of Reception Departure Centre (RDC) is taken place in the afternoon slots of the program.

3-5. Day 3 for Field Exercise

The entire Day3 is normally spent for a field simulation exercise. All the participants visit the field exercise venue and participate in the exercise. In the past RCD, the day ends when the simulation reaches to “Departure of EMTs from the affected country”, and the participants return back to the accommodation. This is followed with the departure procedure at the hotel next day. During the simulation exercise, the following components are usually conducted:

- Establishment of working environment
- Mobile Communication set up
- Reporting of operations with Minimum Dataset
- EMTCC meeting with HEOC coordination
- Patient Referral
- Health Needs Assessment
- Quality Assurance Visit to I-EMT by EMTCC
- Demobilization (Making and submission of Emergency Medical Team Exit Report)

3-6. Day 4: After Action Review

The Day4 may starts with the follow up of the previous day; Demobilization. In this practice, participants will simulate the exit procedure of the host country by learning unique Customs, Immigration and Quarantine process. After this, the simulation exercise is finally completed and the event change-over to final stage of the RCD event.

In this stage, the following agenda will likely be set:

- Internal discussion in each team for feedback presentation session
- Presentation of each AMS team feedback
- Internal discussion and event evaluation among the mentor group member
- Feedback for the event by the mentor group
- Summary report by ARCH Project

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-Closing remarks by the host and ARCH project

[Attachment] Annex X. Evaluation Sheet/Participants Feedback of the Event.

[Attachment] Annex X. Catalogue of RCD Components.

4. REVIEW AND RECOMMENDATION PROCESS

4-1. Reviewing the whole process

Right after the closure event of the RCD, ARCH project and the mentor group together with ASEAN Secretariat and AHA Centre will have event review. This includes the (1) review and evaluation of the 4-day RCD event itself and (2) the almost 1-year process of the preparation as well. (1) probably tends to focus on technical and concrete topics while (2) weigh more on the process management and interaction among stakeholders. The evaluation criteria below may be applied to both of them:

- What went well (good practice)
- What would have been better (issues and rooms for improvement)
- What should be inherited by next year
- How this can be managed differently
- Achievement of the goal/objectives that were set at the initial stage of planning

These review and evaluation should be summarized in reporting fashion and will be submitted to the closest PWG2.

[Attachment] Annex X. Process and Event Evaluation Form.

The PWG2 will discuss on how the next RCD should be improved based on the evaluation report submitted by the Mentor group, and provide advices and give direction for the next RCD. This direction will frame orientation of the next event and this will be implemented by the mentor group.

[Attachment] Annex X. AMS I-EMT Lessons Learnt Report Template.

4-2. Organizing a new mentor team for next RCD

The end of RCD, at the same time, is a start of the next RCD planning. The lessons learned should be relayed to the next event and the main driver of this is the mentor group. A new mentor group will be formed by including Thailand, Japan and the newly

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RCD-experienced country. Previous RCD host countries may be requested to join the mentor group. This is an institutional handover of the previous RCD to the next RCD. This discussion may take place at the very end of the RCD event, particularly during the event review session with the host. Also the follow up will be noticed by the ARCH project later, informing of when, where and how to resume the discussion for the next RCD planning.

4-3. Choosing a host country for next RCD

In theory, as introduced in the 2. *Planning and Preparation_2-1. Early Planning Stage_(1) Selection of a Host Country*, the next RCD host country should have been already decided at the RCD event. As per introduced in the aforementioned chapter, a country intends to host the next RCD is required to submit the relevant document 2 months prior to the RCD event of the year.

The next RCD host country is expected to participate in the RCD and at the end of the program, it is also expected to have a meeting among stakeholders of the next RCD, including the newly appointed mentor group and the upcoming host. In this meeting, rough framework and vision of the host country will be shared. This is rather introductory session and nothing specific will be discussed.

5. DEPOSITORY OF INFORMATION

All the relevant documents and templates are stored the following location:

<https://XXXXXXXX.com>

Appendix(Guidelines and Templates / Samples)

ANNEX1: Title of Annex here

ANNEX2: Title of Annex here

ANNEX3

ANNEX4

ANNEX5

ANNEX6

ANNEX7

ANNEX8

Annex 14

Template for Review of Operations, Experiences and Lessons Learnt (Post-deactivation Phase); Version 3.1
Article 46 in the SOP for Coordination of EMTs in ASEAN

AMS INTERNATIONAL EMERGENCY MEDICAL TEAM (AMS I-EMT)

LESSONS LEARNT REPORT

I. Event

Country, Event, Year

II. Team Details

Please refer to the "EMERGENCY MEDICAL TEAM EXIT REPORT"

Name of Team/Organization: _____

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

Date of Arrival (in-country): Please select date here

Date Service Provision started: Please select date here

Service Duration: ## Days

Date of Departure: Please select date here

Total Duration of Mission: ### Days

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

Name of Contact person: _____ Position: _____

Email: _____ Phone: + ### - ## - ### - #####

III. Services Provided

Please refer to the "EMERGENCY MEDICAL TEAM EXIT REPORT"

Deployed Location; _____

Date; Start: Please select date here

End: Please select date here

Services and Outcomes

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

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

IV. Report to AHA Centre

Please refer to final report to AHA Centre "END OF MISSION" FORM (SASOP ANNEX O)

Evaluation of the Role of AHA Centre and/or Other Party

(Please evaluate the role of the AHA Centre and/ or the party in the facilitation of resource mobilisation)

Recommendation to the AHA Centre

V. Process evaluation for deployment of AMS I-EMT**A. Offer of Assistance and Registration of EMT**

Date of submission for "Offer of Assistance"; Please select date here

Date of receiving "Acceptance of AMS I-EMT"; Please select date here

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

Annex 14***Template for Review of Operations, Experiences and Lessons Learnt (Post-deactivation Phase); Version 3.1******Article 46 in the SOP for Coordination of EMTs in ASEAN***

passport, copies of licence/certificates for medical professional, prior to the departure?

☐ YES ☐ NO

Please describe any problems or constrains.

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-EMT get at the RDC?

Please describe any problems or constrains.

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

☐ Before the deployment ☐ At the RDC ☐ PHEOC (Date; Please select date here)

Local PHEOC (Date; Please select date here)

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 staffs and interpreters assigned to your AMS-EMT?

☐ YES ☐ NO

If yes, how many? (##) Medical staffs (##) 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

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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; (##)

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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/Daily Report

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

☐ YES ☐ NO

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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.

20. When did your EMT inform the Local PHEOC or EMTCC of your anticipated end- of operation date?

Date; Please select date here (How many days before the end date; ##)

22. How did your EMT conduct your exit operation?

1) Handover of medical documents

Document	To whom	Date of Handover
Example; Medical Records of Patient	EMTCC	7/1/2020
		Date
		Date
		Date
		Date

Please describe any problems or constraints.

Annex 14**Template for Review of Operations, Experiences and Lessons Learnt (Post-deactivation Phase); Version 3.1****Article 46 in the SOP for Coordination of EMTs in ASEAN****2) Handover of equipment/medical consumables/medicine**

Item No.	Items	To whom	Remark

Please describe any problems or constraints.

3) Waste Management and disposal

Please describe the method

Please describe any problems or constraints.

H. Reporting (Handover and Exit Phase)

23. Did your EMT submit its Exit Report?

☐ YES ☐ NO

If "NO", Specify the reasons;

Annex 14**Template for Review of Operations, Experiences and Lessons Learnt (Post-deactivation Phase); Version 3.1****Article 46 in the SOP for Coordination of EMTs in ASEAN****VI. Good Practice**

Please describe good practices on your EMT operation.

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	
Overall/ Other	

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 I-EMT.

ARCH Project

14 July 2020

Concept Note:**Good Practice Documentation and Sharing on Emergency Medical Response to the COVID-19 Pandemic in ASEAN (ARCH extension phase)****1. Rationale**

ARCH Project has been focusing on strengthening Disaster Health Management mainly for large-scale natural disaster in the ASEAN region. On the other hand, the SOP developed by the ARCH defines EMT as “groups of health professionals and supporting staff aiming to provide direct clinical care and public health services to populations affected by disasters or outbreaks and emergencies as surge capacity to support the local health system”. It means that the EMT doesn’t work only for case of natural disaster, but also for outbreaks to provide public health services as well as clinical care. Given the situation that national EMTs have been mobilized to reinforce domestic response to COVID-19 in many AMSs, it is necessary for the ARCH to contribute more to addressing outbreaks of infectious diseases as well as complex emergency with natural disaster.

2. Scope of Works in the ARCH

The purpose of the ARCH is to improve medical response in cases of emergencies and the ARCH focuses mainly on the response operation management such as EMT management, EMT deployment procedures, medical information management or logistical capacity, but does not target directly at treatment methods. Therefore, if the ARCH consider activities against the COVID-19, ARCH should work for knowledge sharing relating to medical response operation in cases of emergencies by outbreaks, but not focusing on medical technology or medical science such as researches on therapeutic modality, medication and epidemiology or development of vaccine and diagnostic technology (PCR or Antibody testing) .

3. Expected output and Proposed case category for Good practice

Collection of Good practices and knowledge sharing on emergency medical response to the COVID19 pandemic in ASEAN.

Good practice case refers to the activity conducted responding to COVID-19 outbreak which is considered effective, efficient, replicable and cost effective, and could be collected on the following aspects of emergency medical response.

① Infection control (Zoning, Isolation, Disinfection)

Prevention of Health care–associated infection; Infection control in Health/ Medical facility, Flow of outpatients and prevention rules in the reception, layout and prevention measures in wards for Confirmed COVID-19 patients.

Isolation of Confirmed, Probable and Suspected cases based on severity (mild, moderate, severe, critical) and Asymptomatic cases as well as Close contact of Confirmed cases.

ARCH Project

14 July 2020

② **Triage/ Diagnosis/ Treatment/ Specimen collection**

Set-up of special unit or external tent of first triage for Suspected outpatients.

Effective specimen collection protocol, Selection criteria for PCR targets, Drive-thru or Walk-in methods for safe sample collection.

③ **Isolation facility/ Evacuation center**

Establishment of temporary isolation facilities for mild and asymptomatic cases as well as designation of special hospitals for treatment of Confirmed COVID-19 patients.

④ **Prehospital/ Transport**

Prehospital care and Transport of Confirmed, Probable and Suspected cases; Assessment protocol of Suspected cases, PPE and preventive measures for crews of ambulance.

⑤ **Deployment of EMT or Specialist team**

Deployment of EMT or Specialist team to conduct direct intervention, or to support medical facility responding to the COVID-19 outbreak

⑥ **Information management**

Patient data, including health events, medical procedure and outcomes, is properly managed and regularly reported in order to increase monitoring and data-based response capacity of relevant coordination bodies such as EOC.

⑦ **Risk Communication/ Advocacy**

Effective and timely transmission of information, advice and instruction by government authority/ health experts to enable general public facing threats in the COVID-19 outbreak to take informed decisions to protect themselves.

⑧ **Response/ Preparedness to other disasters during pandemic**

Complex emergency by COVID-19 and natural disaster; Management of evacuation center, Special consideration for EMT.

⑨ **Others**

Other relevant issues such as coordination, logistics or cross- cultural issues.

4. **Proposed activities to document, share or disseminate identified good practices**

- ① Collecting good practices according to the above case category (as per attached Documentation Form); Request shall be done to each AMS in the PWG meeting.
- ② Holding an online conference for sharing information on good practices against COVID-19
- ③ Searching good practices in other regions including Japan
- ④ Selecting good practices for presentation in the ASEAN Academic Seminar and inviting the presenters.
- ⑤ Holding a session of Good Practices on Medical Response Operation against COVID-19 pandemic as a special session of the ASEAN Academic Seminar.
- ⑥ Publishing "Good Practices Collection on Medical Response Operation against COVID-19 pandemic".

【Attachment】 Good Practice Documentation Form

ARCH Project

14 July 2020

【Attachment】**Good Practice Documentation Form**

This form aims to collect “Good practice” on medical response against COVID-19 outbreak in order to share knowledge and experience among AMSs through ARCH Project.

Kindly complete the below reporting template and submit to ARCH Project Team no later than 31 July 2020.

To: ARCH/ JICA Project Office

E-mail: archpro1@outlook.com

National focal point for Questionnaire on COVID-19 response	
Country	Choose an item.
Name	
Position	
Email	

Good practice report (No.1)			
Title			
Category	Choose an item.		
	Specify if you select “others” in the above.		
Section level	<input type="checkbox"/> National		<input type="checkbox"/> Provincial/ District
	<input type="checkbox"/> Facility	<input type="checkbox"/> Field/ Prehospital	
Period	From	Click or tap to enter a date.	To Click or tap to enter a date.
Reported by	Name		
	Position		
	Email		
Key word	1)	2)	3)
Abstract (maximum 1,000 characters)			
Please include the following contents in the abstract;			
1. Brief description of the good practice			
2. Problem/ Issue			
3. Result / Outcome			
4. Monitoring/ Evaluation methodology			
5. Financial considerations			

* If you are willing to share two or more cases of “Good practice”, please copy the template above.

Good Practices on COVID-19

COUNTRY	CATEGORY	SECTION LEVEL	TITLE	Remark
Brunei Darussalam	Information management	National Level	Responding to COVID-19 in Brunei Darussalam: Lessons for small countries	2nd Webinar
Cambodia	Risk Communication	National Level	The Good Practice for COVID 19 Response in Cambodia	1st Webinar
Indonesia	Logistics	National Level	Distribution of Logistic (PPE) as a response to COVID-19 management	2nd Webinar
Indonesia	Infection control (Zoning, Isolation, Disinfection)	Provincial/ District	Impact of Large-Scale Social Restrictions in Communities on COVID-19 Patients Visits in Hospital	2nd Webinar

Good Practices on COVID-19

COUNTRY	CATEGORY	SECTION LEVEL	TITLE	Remark
Indonesia	Dead Bodies Management of COVID-19	Facility Level	Dead Bodies Management of COVID-19: "Stigma vs Proper Procedure"	2nd Webinar
Philippines	Infection control and Specialist team	Facility Level	Occupational Safety and Health for Healthcare Workers of the COVID-19 Response Team	1st Webinar
Singapore	Isolation facility/ Evacuation center	National Level	Community Care Facility	
Thailand	Prehospital/ Transport	National Level	SCOT: Special COVID-19 Operation Team	1st Webinar

Good Practices on COVID-19

COUNTRY	CATEGORY	SECTION LEVEL	TITLE	Remark
Thailand	Isolation facility/ Evacuation center	National Level	Thailand Quarantine Facility	2nd Webinar
Viet Nam	Infection control	Facility Level	Good practice for control of Covid-19 spreading in Bach Mai hospital	1st Webinar
Japan	Deployment of EMT or Specialist team	National Level	DMAT Activities for COVID-19 Response	2nd Webinar
Japan	Information management	National Level	MDS for COVID-19	2nd Webinar



Event	Webinar on “Good Practice on Medical Response Against COVID-19 Outbreak”
Dates	15 September 2020
Platform	Microsoft Team
Participants	ARCH Project, Thailand, Cambodia, Philippines, Viet Nam and ASEC
Agenda	<ul style="list-style-type: none"> - Presentation from Thailand: Special COVID-19 Operation Team - Presentation from Cambodia: Medical Response Against COVID19 in Cambodia - Presentation from Philippines: Deployment Protocols for Healthcare Workers Assigned in the COVID Response Team - Presentation from Viet Nam: Good Practice for Control of Covid-19 Spreading in the Special General Hospital
Summary of Discussion	
Attachments	<ul style="list-style-type: none"> - Presentations of good practice on COVID-19

【Attachment】

Good Practice Documentation Form

This form aims to collect “Good practice” on medical response against COVID-19 outbreak in order to share knowledge and experience among AMSs through ARCH Project.

Kindly complete the below reporting template and submit to ARCH Project Team no later than 31 July 2020.

To: ARCH/ JICA Project Office

E-mail: archpro1@outlook.com

National focal point for Questionnaire on COVID-19 response	
Country	Thailand
Name	Mr. Surachai Silawan
Position	ARCH Project Manager
Email	surachai.s@niems.go.th

Good practice report (No.1)			
Title	SCOT: Special COVID-19 Operation Team		
Category	④ Prehospital/ Transport		
	Specify if you select “others” in the above.		
Section level	<input checked="" type="checkbox"/> National		<input type="checkbox"/> Provincial/ District
	<input type="checkbox"/> Facility		<input type="checkbox"/> Field/ Prehospital
Period	From	Click or tap to enter a date.	To Click or tap to enter a date.
Reported by	Name	Mr. Surachai Silawan	
	Position	ARCH Project Manager	
	Email	surachai.s@niems.go.th	
Key word	1)	2)	3)

Abstract (maximum 1,000 characters)

The SCOT meant to be a substitute team for Emergency Medical Service to transfer or transport a COVID-19 infected or Patient Under Investigation (PUI), including an emergency medical case during pandemic, especially in the case of inadequate number of the ALS. The team responsible to transport the PUI with no severe symptom from their residence or accommodation to a hospital, to transport the PUI who arrives at Suvarnabhumi Airport to a State Quarantine, to transport the PUI from a State Quarantine for an outbreak investigation at a hospital, to stand-by for 24 hours a day awaiting a command by a provincial dispatch center and to operate under a medical director in critical case. There are currently total of 63 teams and 1,800 Emergency Medical Personals were certified as SCOT by NIEM. According to a few cases of COVID-19, there has been only 23 operations by SCOTs in six months. The Certified SCOT, with ALS skill and knowledge of infectious disease prevention is still essential for the EMS in Thailand as a back-up plan once the COVID-19 case gets too overwhelmed for ALS to function properly.

* If you are willing to share two or more cases of “Good practice”, please copy the template above.

Good Practice Documentation Form

This form aims to collect “Good practice” on medical response against COVID-19 outbreak in order to share knowledge and experience among AMSs through ARCH Project.

Kindly complete the below reporting template and submit to ARCH Project Team no later than 31 July 2020.

To: ARCH/ JICA Project Office

E-mail: archpro1@outlook.com

National focal point for Questionnaire on COVID-19 response	
Country	Viet Nam
Name	
Position	
Email	

Good practice report (No.1)			
Title	Mr. MD		
Category	① Infection control (Zoning, Isolation, Disinfection)		
	Specify if you select “others” in the above.		
Section level	<input checked="" type="checkbox"/> National		<input type="checkbox"/> Provincial/ District
	<input type="checkbox"/> Facility		<input type="checkbox"/> Field/ Prehospital
Period	From	Click or tap to enter a date.	To Click or tap to enter a date.
Reported by	Name	NGUYEN DUC CHINH, MD, PhD	
	Position	Chief of department, EMT team leader of Vietnam	
	Email	Duc_chinh1960@yahoo.com	
Key word	1) Novel Coronavirus Pneumonia (NCP)	2) Prevention of Nosocomial infection	3) Preparedness to control Covid-19 spreading
Abstract (maximum 1,000 characters)			
Please include the following contents in the abstract;			
1. Brief description of the good practice:			
<p>Covid -19 (Novel Coronavirus Pneumonia – NCP) has been affecting worldwide, causing the high morbidity and mortality in both community and hospital, impacting to the health care system. Bach Mai Hospital (BMH), one of the biggest general hospitals in Vietnam, located in the center of Hanoi Capital, has been assigned for providing medical services to 3,200 beds. Every day, BMH receives thousands of people to examine and treat. Unfortunately, from March 20th to April 4th 2020, BMH was becoming the place with the largest number of NCP infections nationally.</p> <p>With good deployment of resources from MOH and Hanoi Capital, strict compliance of health workers and patients in NCP prevention, strong support and cooperation of other medical facilities, finally BMH has controlled the cross-infection of NCP and re-opened after 14 days of quarantine isolation.</p>			
2. Problem/ Issue			
<p>On March 20, 2020, two nurses of BMH were detected to be infected with NCP (F0), resulting 46 related persons (F1). From the trace, hospital found the cause of spreading is from the employees of one Company that provides catering and logistics to Bach Mai Hospital, and they went through whole hospital. Until the date of re-open, there were 9 infected persons in hospital.</p> <p>It's very challenging because BMH is always crowded with patients and visitors. More than 1000 inpatients were locked down during the quarantine isolation.</p> <p>From the beginning it was difficult to trace the F0. The Hospital has taken samples to test 5,000 staff members, workers and patients who are still in the hospital in short time,</p> <p>The location is in the Capital, therefore the hospital was at high risk of Covid-19 spreading to community</p> <p>Deal with the fake news</p>			
3. Result / Outcome			

Finally, the hospital has controlled the cross-infection at 9 cases (F0) within the hospital areas, There are no NCP spreading to Hanoi community and other medical facilities. All the Covid-19 patients were all caring and recovering.

From BMH case, we have the following achievements:

i) Introduction of guidelines on NCP prevention for all health staff (ii) Re-organization of patient-flows from emergency and outpatient through the hospital until they discharged or died. (iii) Improve of surveillance capacity for preventing the NCP cross-infection. (iv) Promotion of IT application for hospital management and patient's care

4. Monitoring/ Evaluation methodology

Monitoring system from central level to sub national level and community

Reporting system to PHEOC at MOH

By Hotline

Regular meeting among Inter-ministerial Steering Committees leading by Government

5. Financial considerations

Financial supports from Hanoi Capital and Government

Other NGO and private

* If you are willing to share two or more cases of "Good practice", please copy the template above.

【Attachment】

Good Practice Documentation Form

This form aims to collect “Good practice” on medical response against COVID-19 outbreak in order to share knowledge and experience among AMSs through ARCH Project.

Kindly complete the below reporting template and submit to ARCH Project Team no later than 31 July 2020.

To: ARCH/ JICA Project Office

E-mail: archpro1@outlook.com

National focal point for Questionnaire on COVID-19 response	
Country	Cambodia
Name	Dr. Lak Muy Seang
Position	Deputy Director of Preventive Medicine Department
Email	sreanglak@yahoo.com

Good practice report (No.1)			
Title	The Good Practice for COVID 19 Response in Cambodia		
Category	⑦ Risk Communication/ Advocacy		
	Specify if you select “others” in the above.		
Section level	<input checked="" type="checkbox"/> National		<input type="checkbox"/> Provincial/ District
	<input type="checkbox"/> Facility		<input type="checkbox"/> Field/ Prehospital
Period	From	Click or tap to enter a date.	To Click or tap to enter a date.
Reported by	Name	Dr. Lak Muy Seang	
	Position	Deputy Director of Preventive Medicine Department	
	Email	sreanglak@yahoo.com	
Key word	1)	2)	3)

Abstract (maximum 1,000 characters)

National health security system of Cambodia has been strengthened to prevent the importation of COVID-19 through the activation of incident management system in all sub-national level to be ready for response as well as establishing national committee to respond to COVID-19 through strengthening existing surveillance and response systems, ensuring that rapid response teams are in place to respond, restriction measures at point of entry, designation of laboratory and hospital. The Ministry of Health, Cambodia, has established 2 Working Groups. Group1 is for technical operation education training and public relations, group 2 is for technical operations and supply. Under group 1, there are 6 task teams. The outcome of the task team is to work on the risk communication and community engagement as task team 2 of the 6 task teams is to prevent and save lives and protect wellbeing of the population in Cambodia. There are certain challenges that Cambodia found were dealing with fake news, some peoples did not practice training, education messages on COVID19 prevention, difficult to manage people under quarantine who have contacted with COVID19 patient, and budget limitation. The monitoring system used are from central level to sub national level and communities by conducting TOT on the risk communication and community engagement on data collection, Surveillance system, from central level to sub national level and communities by conducting TOT on the risk communication and communities engage and data collection of COVID 19 from communities to central level. Cambodia considered the governmental budget, charity fund and donors (partner) budget.

* If you are willing to share two or more cases of “Good practice”, please copy the template above.

Event	2 nd Webinar on “Good Practice on Medical Response Against COVID-19 Outbreak”
Dates	8 December 2020
Platform	Microsoft Team
Participants	ARCH Project, Thailand, Brunei, Japan and Indonesia
Agenda	<ul style="list-style-type: none"> - Responding to COVID-19 in Brunei Darussalam: Lessons for small countries - DMAT Activities for COVID-19 Response - MDS for COVID-19 - Distribution of Logistics (PPE) as a response to COVID-19 management - Impact of Large-Scale Social Restrictions in Communities on COVID-19 Patients Visits in Hospital - Dead Bodies Management of Covid-19: Stigma vs Proper Procedure - Thailand Quarantine Facility
Summary of Discussion	
Attachments	<ul style="list-style-type: none"> - Presentations of good practice on COVID-19



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

**2nd Webinar on Good Practice on Medical Response Against COVID-19 Outbreak
Tentative Programme**

Date: Tuesday 8 December 2020 (2hr 20mins)
Time: GMT+ 7 Bangkok 9.00-11.20 (Test Run 8.45)
Platform: Cisco WebEx
Chairman: Dr. Alisa Yanasan

Time (GMT+7)	Agenda
8:45 – 9:00	Test Video and Sound System
9:00 – 9:05	Welcome Remark Ministry of Public Health Thailand
9:05 – 9:25	Responding to COVID-19 in Brunei Darussalam: Lessons for small countries Dr Justin Wong, Dr Fathi and Dr Linawati Haji Jumat – MOH Brunei
9:25 – 9:55	DMAT Activities for COVID-19 Response Mr. Yoshiaki Toyokuni – MHLW Japan DMAT Secretariat MDS for COVID-19 Dr. Tatsuhiko Kubo – Hiroshima University
9:55 – 10:55	Distribution of Logistics (PPE) as a response to COVID-19 management dr. Budy Sylvana - Director of Center For Health Crisis Ministry of Health of Indonesia Impact of Large-Scale Social Restrictions in Communities on COVID-19 Patients Visits in Hospital Center for Health Management and Policy University Of Gadjah Mada Yogyakarta Dead Bodies Management of Covid-19: Stigma vs Proper Procedure dr. Corona Rintawan - Muhammadiyah Hospital Lamongan, East Java (Muhammadiyah Disaster Management Center)
10:55 – 11:15	Thailand Quarantine Facility Dr. Prakit Sarathep, MOPH Thailand
11:15 – 11:20	Wrap-up

ARCH Project
14 July 2020

【Attachment】

Good Practice Documentation Form

This form aims to collect “Good practice” on medical response against COVID-19 outbreak in order to share knowledge and experience among AMSs through ARCH Project.

Kindly complete the below reporting template and submit to ARCH Project Team no later than 31 July 2020.

To: ARCH/ JICA Project Office

E-mail: archpro1@outlook.com

National focal point for Questionnaire on COVID-19 response	
Country	Brunei Darussalam
Name	Dr Linawati Haji Jumat
Position	Chief of Emergency Services, Ministry of Health
Email	Linawati.jumat@moh.gov.bn

Good practice report (No.1)	
Title	Responding to COVID-19 in Brunei Darussalam: Lessons for small countries
Category	Others
Specify if you select “others” in the above.	
Section level	<input checked="" type="checkbox"/> National <input type="checkbox"/> Provincial/ District <input type="checkbox"/> Facility <input type="checkbox"/> Field/ Prehospital
Period	From 1/1/2020 To 6/30/2020
Reported by	Name Dr Justin Wong Position Disease Control Division, Ministry of Health Email Justin.wong@moh.gov.bn
Key word	1) Brunei Darussalam 2) COVID-19 3) Lessons

Abstract (maximum 1,000 characters)

Responding to COVID-19 in Brunei Darussalam: Lessons for small countries

Small countries face different and specific challenges and opportunities in responding to COVID-19. This includes Brunei Darussalam, a country with a population of 459400, that recorded its first imported case on March 9, and as of April 20 has detected 138 cases. Assessed against several parameters including a slowing trajectory since the 100th confirmed case, Brunei compares favorably with other countries considered to have implemented a successful response operation, with limited local transmission, and the absence of cases with no known epidemiological links.

This article reviews Brunei’s response across three thematic areas, including challenges faced and propose lessons for other small countries. Brunei has leveraged on its small population to operationalize **effective incident management, planning and multi-sectoral coordination, surveillance and laboratory testing**, and **risk communication** strategies. While the country has advantages including its relative wealth, a very high human development index, and universal health coverage, there are specific set of challenges for small countries like Brunei (see Table 1).

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【Attachment】

Good Practice Documentation Form

This form aims to collect "Good practice" on medical response against COVID-19 outbreak in order to share knowledge and experience among AMSs through ARCH Project.

Kindly complete the below reporting template and submit to ARCH Project Team no later than 31 July 2020.

To: ARCH/ JICA Project Office

E-mail: archpro1@outlook.com

National focal point for Questionnaire on COVID-19 response	
Country	Indonesia.
Name	dr. Corona Rintawan
Position	International EMT Muhammadiyah Coordinator
Email	corona.rintawan@gmail.com

Good practice report (No.1)			
Title	Dead Bodies Management of Covid-19: " Stigma vs Proper Procedure"		
Category	Others		
	Dead Bodies Management of Covid-19		
Section level	<input type="checkbox"/> National <input type="checkbox"/> Provincial/ District		
	<input type="checkbox"/> Facility <input type="checkbox"/> Field/ Prehospital		
Period	From	March	To October
Reported by	Name	Corona Rintawan	
	Position	Lamongan Muhammadiyah Hospital Covid-19 Task Force	
	Email	corona.rintawan@gmail.com	
Key word	1) Stigma	2) Dead Bodies	3) Covid-19
Abstract (maximum 1,000 characters)			

The Covid-19 outbreak over the past 6 months has taken a toll. High levels of transmission cause many procedures to be changed and improved. This level of transmission can also be caused by incorrect treatment of dead patients. The negative stigma of the funeral process of the corpse and the process of bathing the body becomes one of the obstacles especially when communicated to the community and the patient's family. Cases of violent rejection emerged in a number of areas. Good experience at Muhammadiyah Lamongan Hospital in terms of handling corpses is proven to reduce rejection from the community and families of patients.

Understanding the reasons for rejection is important in changing covid-19 body handling procedures. Most people refuse funerals with the procedure of covid-19 on the grounds that the body is not bathed, even if it is bathed but the family cannot come to see it, the family cannot be buried in the burial site, and the family cannot have the body buried. Understanding these reasons, Muhammadiyah Lamongan Hospital performs procedures such as:

1. all bodies are bathed after decontamination and then continued the next procedure,
2. families are allowed to follow bathing procedures with PPE level 3, after the decontamination and bathing process is complete,
3. families are allowed to transport the remains with health protocols, and
4. permitted to attend the funeral service at the burial site under certain conditions.

During the handling of covid-19 bodies in the past 4 months showed a decrease in rejection cases with regular medical supervision of the funeral team. And the results of the funeral team's health monitoring showed no cases of exposure to Covid-19 due to bathing and burial procedures carried out by the team. The funding spent is regular examination of the burial team, while the funeral costs of the corpse are free.

【Attachment】

Good Practice Documentation Form

This form aims to collect “Good practice” on medical response against COVID-19 outbreak in order to share knowledge and experience among AMSs through ARCH Project.

Kindly complete the below reporting template and submit to ARCH Project Team no later than 31 July 2020.

To: ARCH/ JICA Project Office

E-mail: archpro1@outlook.com

National focal point for Questionnaire on COVID-19 response	
Country	Indonesia
Name	Belladona, MD, MPH; Gde Yulian Yogadhita, Madelina Ariani, MPH
Position	Researcher at Center for Health Policy and Management, Faculty of Medicine Public Health and Nursing, Gadjah Mada University
Email	bell4.dh@gmail.com

Good practice report (No.1)			
Title	Impact of Large-Scale Social Restrictions in Communities on COVID-19 Patients Visits in Hospital		
Category	① Infection control (Zoning, Isolation, Disinfection)		
	Specify if you select “others” in the above.		
Section level	<input type="checkbox"/> National	<input checked="" type="checkbox"/> Provincial/ District	
	<input type="checkbox"/> Facility	<input type="checkbox"/> Field/ Prehospital	
Period	From	3/25/2020	To 7/5/2020
Reported by	Name	Belladona, MD, MPH; Gde Yulian Yogadhita, Madelina Ariani, MPH	
	Position	Researcher at Center for Health Policy and Management, Faculty of Medicine Public Health and Nursing, Gadjah Mada University	
	Email	bell4.dh@gmail.com	
Key word	1) Large-Scale Social Restrictions	2) patient visits	3) Covid-19

Abstract (maximum 1,000 characters)

Covid-19 pandemic has been going on for more than six months, and new cases emerge in various regions. In Indonesia, the number of positive case patients continues to increase, and there is no sign of epidemic curve to be flattened. There have been many public health intervention policies applied by the central government and local governments to prevent the transmission. In areas that are categorized as red zones, Large-Scale Social Restrictions considered to be a major intervention strategy to reduce the transmission of COVID-19. The government's policy in implementing the Large-Scale Social Restrictions give hope for health facilities on reduction of the number Covid-19 increasing cases in hospitals.

Objective: to document the impact of large-scale social restrictions related policies on COVID-19 cases admission in the Special Province of Yogyakarta and Special Capital Province Jakarta areas.

Methods: This study uses a quantitative research approach with descriptive research analysis. The sampling technique is non-probability sampling using the snowball method.

Result:

From January to August 2020, there were 241 regulations at the national and regional levels, of which 100 policies on Large-Scale Social Restrictions. During the implementation of this policy, on 25 March – 5 July 2020, the number of COVID-19 cases in health facilities fluctuated. Government and local government policies are not sufficient communicated by the lowest levels of government, such as the head of neighbourhood level or sub-village level and health cadres to the community, so that the community has not fully understood and involved in implementing these policies.

Conclusion:

During March to July the government and local governments of Special Province of Yogyakarta and Special Capital Province Jakarta have attempted to implement various social restriction intervention policies, while

on the other hand COVID-19 cases and patients under surveillance visit to health facilities have not shown a significant decrease. However, it appears that there has been no extreme surge in number of patients who have exceeded local health capacities. This means that this social restriction policy is able to reduce the level of patient visits to health facilities, and this public health intervention policy able to provide enough time for local governments to prepare surge capacity by improving the capacity of health local services.

* If you are willing to share two or more cases of “Good practice”, please copy the template above.

CHAPTER IV

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

- **Integration of SOP to SASOP**
 - Development/ Integration of SOP into SASOP presentation
 - SOP
- **Sub-Working Group for ASEAN Collective Measure**
 - Meeting Agenda
 - Participant list
 - ACM Presentation



Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management

SOP for Coordination of Emergency Medical Teams in ASEAN – EMT SOP

Development/ Integration into SASOP

Taro KITA, ARCH Project



Development/ Integration Process EMT SOP into ASEAN SASOP

Process and Achievements
Endorsement by ASEAN Health Cluster 2 Country Coordinators (AHC2CC) , March 2019
Tabletop Exercise by AHC2CC & ACDM Working Group on Preparedness and Response (WG P-R), November 2019
The draft EMT SOP was revised based on results from the TTX and recommendations from SWG-ASEAN Collective Measures
The revised EMT SOP was endorsed by PWG1 via ad-referendum consultation in Nov-Dec 2020
Consultation with RCC-DHM on December 2020
Ad-referendum in Jan-Feb 2021→ Comments from AMS

Comments of AMS (RCC-DHM)

Comments of AMS

Additional Article

- The EMT should have approval or certificate of practice from the affected country for them to practice in the affected country to avoid litigation.
- Self sufficient
- The EMT also need to have insurance that can be used in the affected country.

Additional item in the Annex

Annex2 :List of Essential Information for Mobilisation

- Health status (as the 1. Registration requirements)
- Short CV or biography
- Medical declaration for COVID-19 prevention

Annex4: List of Essential Information for On-site Operations

- Reporting mechanism/ information management system for EMT

Response from ARCH Project (Thailand / Japan)

Response – General Concept

- Contents of the SASOP shall be as common and relevant to all AMS and other sectoral bodies as possible.

"Country specific" or "Health / Medical specific" items **do not have to be stated in the SASOP.**

- Health / Medical specific issues can be discussed/ agreed within ASEAN health sector instead of involving other sectors by adding into SASOP.

Response from ARCH Project (Thailand / Japan)

Comments of AMS

Additional Article

- The EMT should have approval or certificate of practice from the affected country for them to practice in the affected country to avoid litigation. (License)
- Self sufficient

Additional item in the Annex

Annex2 :List of Essential Information for Mobilisation

- Health status (as the 1. Registration requirements)

Response

- AMS shall develop I-EMT in accordance with WHO EMT minimum standards as emphasized in the Art 15, therefore, specific conditions or requirements **do not have to be stated in the EMT SOP.** (Reference)
- Art 15) *The MOH shall ensure that the EMTs achieve and maintain the EMT minimum standards as set out in the Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters (WHO, 2013) and other relevant existing national and regional standards and requirements.*

Response from ARCH Project (Thailand / Japan)

Comments of AMS

Additional Article

- The EMT should have approval or certificate of practice from the affected country for them to practice in the affected country to avoid litigation. (License) -> Stated in the Art 29
- Self sufficient -> Stated in the Art 22

Additional item in the Annex

Annex2 :List of Essential Information for Mobilisation

- Health status (as the 1. Registration requirements) -> Sole responsibility of EMT deploying entity

Response

- AMS shall develop I-EMT in accordance with WHO EMT minimum standards as emphasized in the Art 15, therefore, specific conditions or requirements **do not have to be stated in the EMT SOP.** (Reference)
- Art 15) *The MOH shall ensure that the EMTs achieve and maintain the EMT minimum standards as set out in the Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters (WHO, 2013) and other relevant existing national and regional standards and requirements.*

Response from ARCH Project (Thailand / Japan)

Comments of AMS

Additional Article

- The EMT also need to have insurance that can be used in the affected country.

Response

- Considered a Health/ Medical Specific Issue, therefore **does not have to be stated in the SASOP.**
- Application of Medical malpractice insurance for I-EMT operation seems to be challenging
- Recommendation is under development to reduce the risk of/ respond properly to medical malpractice during EMT operation.

Response from ARCH Project (Thailand / Japan)

Comments of AMS

Additional item in the Annex

Annex4: List of Essential Information for On-site Operations

- Reporting mechanism/ information management system for EMT

Response

- While the reporting mechanism is described in the main body of the EMT SOP, it is also important for EMTCC to remind EMTs by providing such information.
- **Agreed.**

Response from ARCH Project (Thailand / Japan)

Comments of AMS

Additional item in the Annex

Annex2 :List of Essential Information for Mobilisation

- Short CV or biography
- Medical declaration for COVID-19 prevention

Response

- Considered a country specific requirements, therefore, **do not have to be stated in the SASOP.**
- "Database (DB) of AMS for receiving I-EMT" is under development.
- The DB intends to contain information for receiving international assistance including the "Procedure of accreditation to practice for foreign medical professionals" and "Quarantine procedure".

Conclusion (RCC-DHM endorsed)

Comments of AMS

Additional Article

- The EMT should have approval or certificate of practice from the affected country for them to practice in the affected country to avoid litigation. (License) ->Withdrawal
- Self sufficient ->Withdrawal
- The EMT also need to have insurance that can be used in the affected country. ->Withdrawal

Additional item in the Annex

Annex2 :List of Essential Information for Mobilisation

- Health status (as the 1. Registration requirements) ->Withdrawal
- Short CV or biography ->Withdrawal
- Medical declaration for COVID-19 prevention ->Withdrawal

Annex4: List of Essential Information for On-site Operations

- Reporting mechanism/ information management system for EMT -> Reflected

Development/ Integration Process EMT SOP into ASEAN SASOP

Process and Achievements
Endorsement by ASEAN Health Cluster 2 Country Coordinators (AHC2CC) , March 2019
Tabletop Exercise by AHC2CC & ACDM Working Group on Preparedness and Response (WG P-R), November 2019
The draft EMT SOP was revised based on results from the TTX and recommendations from SWG-ASEAN Collective Measures
The revised EMT SOP was endorsed by PWG1 via ad-referendum consultation in Nov-Dec 2020
Consultation with RCC-DHM on December 2020
Ad-referendum in Jan-Feb 2021→ Concluded/ Endorsed by RCC-DHM in March 2021
Consultation with AHC2CC for inputs/feedback and/or endorsement of revised EMT SOP
Inclusion of EMT SOP in ARDEX

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

Ver: **3.1**
Date: **25 March 2021**

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 - C. Emergency Medical Team (EMT) Capacity Building and Strengthening
- IV. Emergency Response**
 - A. Request for Assistance/Offer of Assistance and Registration of EMTs
 - B. Mobilisation of Emergency Medical Teams (EMTs)
 - C. On-Site Operations of Emergency Medical Teams (EMTs)
 - D. (Rapid) Health Needs Assessment
 - E. Direction and Coordination of Assistance
 - F. Periodic Reporting/Daily Report
 - G. Demobilisation of Assistance
 - H. Reporting (Handover and Exit Phase)
 - I. Review of Operations, Experiences and Lessons Learnt (Post-deactivation Phase)
- V. Review**
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List of Acronyms & Abbreviations

AADMER	ASEAN Agreement on Disaster Management and Emergency Response
ACDM	ASEAN Committee on Disaster Management
AHA Centre	ASEAN Coordinating Centre for Humanitarian Assistance on disaster management
AJDRP	ASEAN Joint Disaster Response Plan
AMS	ASEAN Member States
ASEAN-ERAT	ASEAN Emergency Response and Assessment Team
CIQ	Customs, Immigration and Quarantine
DOH	Department of Health
EMTs	Emergency Medical Teams
EMTCC	Emergency Medical Team Coordination Cell
HNA	Health Needs Assessment
I-EMT	International Emergency Medical Team
JOCCA	Joint Operations and Coordination Centre of ASEAN

MDS	Minimum Dataset
MOH	Ministry of Health
MOPH	Ministry of Public Health
N-EMT	National Emergency Medical Team
NDMO	National Disaster Management Organisation
OAOR	One ASEAN One Response
OSOCC	On-Site Operations Coordination Centre
PHEOC	Public Health Emergency Operations Centre
RDC	Reception and Departure Centre
SASOP	Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operation
VOSOCC	Virtual On-Site Operations Coordination Centre

I. Introduction

1. ASEAN Member States (**AMS**) have been committed to provide effective mechanisms to achieve substantial reduction of disaster losses, and to jointly respond to disaster emergencies through concerted national efforts and intensified regional and international cooperation as stipulated in the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) under the vision of “One ASEAN, One Response” (**OAOR**) as adopted in the ASEAN Declaration on One ASEAN, One Response: ASEAN Responding to Disasters as One in The Region and Outside The Region on 6 September 2016.
2. Emergency medical responses provided by Emergency Medical Teams (EMTs) have a critical role to play in saving lives and reducing mortality and morbidity. To ensure that EMT operations are reliable and trustworthy and their operations meet the needs of the affected populations, concerted and explicit coordination and collaboration among both international and national EMTs directed by the Ministry of Health of the affected country is indispensable.
3. This Standard Operating Procedure (SOP) aims to (i) ensure the quality and consistency of EMT operations in the affected country in order to contribute to the vision of **‘One ASEAN One Response’ OAOR** and (ii) complement the operating procedures and protocols developed by the international community and the ASEAN and East Asia regions.
4. As the health sector’s contribution to the vision of **‘One ASEAN, One Response’ OAOR**, this SOP is a component of the ASEAN Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP). **This SOP covers the area shown in the figure below.**
5. This SOP applies specifically to civilian EMTs with no consideration whether civilian EMTs might utilize military assets and capacities to support team operations. The facilitation and utilization of military assets and capacities including military EMTs is set out in Chapter VI of SASOP.

II. Institutions

A. Ministry of Health/Ministry of Public Health/Department of Health

6. The terms Ministry of Health (MOH)/ Ministry of Public Health (MOPH) and Department of Health (DOH) in this SOP will collectively be referred as Ministry of Health (MOH). The MOH shall be the primary entity responsible for the overall coordination of National Emergency

Medical Teams (N-EMTs) and International Emergency Medical Teams (I-EMTs) which are deployed to support N-EMTs.

B. Public Health Emergency Operations Center (PHEOC)

7. A public health emergency operations center (PHEOC) is a central location for coordinating operational information and resources for strategic management of public health emergencies and events. PHEOCs provide communication and information tools and services and a management system during a response to an emergency or event. PHEOCs also provide other essential functions to support decision-making and implementation, coordination, and collaboration¹. PHEOCs can be established and managed by both national and local authorities (which is referred to in this SOP as local PHEOC), depending on the administration of the MOH of the affected country.

C. Emergency Medical Team Coordination Cell (EMTCC)

8. The core purpose of the Emergency Medical Team Coordination Cell (EMTCC) is the overall coordination of the surge of responding EMTs (both National and International) to best meet the excess healthcare needs resulting from increased morbidity due to the emergency, or from damage to existing capacity. The EMTCC should be activated, managed and staffed by trained and experienced personnel.
9. Integration of the EMTCC within the existing national PHEOC is ideal for an effective integration of the I-EMTs with existing national health services. The EMTCC can be established and managed in the local level (which is referred to in this SOP as Sub-EMTCC) if the local PHEOC is activated.

D. Emergency Medical Team (EMT)

10. The Emergency Medical Team (EMT) refers to groups of health professionals and supporting staff aiming to provide direct clinical care **and public health services** to populations affected by disasters or outbreaks and emergencies as surge capacity to support the local health system². In this SOP, EMTs include government civilian and non-governmental EMTs and they can be subclassified as either National (N-EMT) or International (I-EMT) depending on area of response.

E. AHA Centre

11. The AHA Centre shall facilitate cooperation and coordination among the relevant entities including the affected and assisting countries, and with relevant United Nations and international organizations, in promoting regional collaboration.

III. Disaster Preparedness

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

12. The MOH shall identify the first contact point responsible for managing offers and requests for EMT deployments. The national focal units for EMT coordination in times of disaster should be officially designated in MOH/~~MOH~~ structure. The list of contact information is provided in **Annex 1**.

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

13. The inventory of EMT assets and capacities is managed by the AHA Centre as part of ASEAN Standby Arrangements. The AHA Centre requests the ASEAN Committee on Disaster

¹ WHO, A Systematic Review of Public Health Emergency Operations Centre (EOC), 2013.

² Ibid.

Management (ACDM) Focal Units or Heads of National Disaster Management Office (NDMO) to **earmark** all resources for the ASEAN Standby Arrangements including EMT assets and capacities in the form of List of Modules of ASEAN Joint Disaster Response Plan (AJDRP).

14. The MOH shall identify EMT assets and capacities and submit relevant information and data on EMT assets and capacities to respective NDMO in a timely manner when required.

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

15. The MOH shall ensure that the EMTs achieve and maintain the EMT minimum standards as set out in **the** Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters (WHO, 2013) and other relevant existing national and regional standards and requirements.
16. The MOH shall take necessary measures to enhance EMT assets and capacities and to facilitate the EMT organizations to register their EMTs within existing national coordinating structure or on the EMT Global Classification.

IV. Emergency Response

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

17. The MOH shall send the request for assistance or initiate the offer of assistance through the NDMO, following the procedures stipulated in the existing SASOP.
18. Information sharing and coordination with all assisting entities should be initiated as soon as possible.

B. Mobilisation of Emergency Medical Teams (EMTs)

19. When mobilising EMTs, the organizations which deploy EMTs shall ensure that the assets and capacities of EMTs provided to the affected country meet the standards set out in Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters (WHO, 2013) and other relevant existing standards and requirements of the affected country. The organizations shall also ensure that EMTs are self-sufficient with their subsistence requirements so as not to further burden the affected country in the course of operating within its territory.
20. The I-EMTs shall obtain essential information for mobilisation including registration requirements, visa and customs procedures and other information as provided in **Annex 2** or AHA Centre's mechanisms such as ASEAN WebEOC or National Focal Units of the affected country. For information sharing, I-EMTs may also inform their deployment via V-OSOCC.
21. The I-EMTs shall submit the EMT Registration Form to **their respective NDMO. The NDMO of assisting countries will then include the EMT Registration Form in the submission of SASOP Forms: Offer of Assistance and Contractual Arrangement.** The registration and official clearance from the Affected State shall be obtained prior to departure from origin country.
22. To ensure the effective and timely response of assistance upon the confirmation of the request for assistance, the EMTs shall ensure coordinated efforts are made with the MOH for the immediate response.
23. The I-EMTs arriving in the territory of the receiving country via air, land or sea entry checkpoints shall immediately proceed to the Customs, Immigration and Quarantine (CIQ) facility for necessary immigration procedures, customs clearance and quarantine checks. In this regard, the MOH shall coordinate with relevant entities to facilitate the CIQ processes and also ensure that the National focal units or their designated representatives are available on standby during

the clearance process of the medical supplies and equipment brought to the territory of the requesting country.

24. The MOH shall designate official(s) to provide an initial briefing to the I-EMTs at a staging point or Reception and Departure Centre (RDC), where ASEAN-ERAT will support the process, immediately after the completion of the CIQ processes, to ensure seamless on-site coordination. The incoming I-EMTs shall be registered at the staging point or RDC and shall obtain essential information including the EMTCC location and contact details, and coordination meeting locations and times.
25. The I-EMTs shall report to the EMTCC to complete EMT registration and submit required documents including **EMT Registration Form (Annex 3)**, copies of passport of each team member and other registration requirements as referred in Annex 2.
26. Regarding the authorization to practice for medical professionals, I-EMT registration needs an approval from relevant Health Professional Regulatory Authorities through National Focal Points facilitating mechanism. The I-EMTs shall follow the regulation of the receiving country. If the I-EMTs would like to receive the authorization prior to their deployment, the I-EMTs can request the receiving country, through National Focal Units, to facilitate the approval process.
27. The EMTCC shall liaise with the EMTs to match and task them to an identified area based on the EMT type and capabilities and the identified needs or gaps. The EMTCC shall also facilitate in-country movement of I-EMTs to disaster sites.
28. Full registration, authorization to practice for medical professionals, and tasking processes may be conducted at the RDC if the affected country has enough capabilities.

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

29. The I-EMTs shall report to the local PHEOC, if existing and activated, to receive their assignment and essential information for on-site operations.
30. The EMTCC or Sub-EMTCC, if established shall provide the I-EMTs essential information for on-site operations such as situation update to the extent known, secured access to operating grounds and others as provided in **Annex 4**.
31. The EMTCC or Sub-EMTCC, if established, shall support the operations of the I-EMTs such as providing local medical coordinator, language interpreters and others as provided in **Annex 5**.
32. The EMTCC or Sub-EMTCC, if established, shall organize EMT coordination meetings for information sharing and effective and efficient coordination among EMTs and relevant entities.
33. If EMTCC is not established, the I-EMTs shall organize regular meetings with other EMTs to share information and resources and also to collectively plan EMT operations such as setting up Patient Referral System.
34. All the EMTs operated in the affected area shall utilize standard triage system.
35. The EMTs shall maintain adequate patient notes and discharge and referral documents after starting its operations. For the ease of compiling Emergency Medical Team - Minimum Dataset (MDS) Daily Reporting Form (Annex 10), the EMTs shall use the standardized **Medical Record Form (Annex 6)** and **EMT-MDS Tally Sheet (Annex 7)**. Also, in case of patient referral, the EMTs shall use **Patient Referral Form (Annex 8)**. All these forms need to be submitted to EMTCC.

36. The EMTs shall prepare and confirm its Operational Plan and Exit Strategy and inform the EMTCC or Sub-EMTCC of anticipated transition or departure date.

37. If JOCCA is activated, information sharing will be established with EMTCC, and I-EMTs if necessary.

D. Health Needs Assessment

38. The I-EMTs shall provide additional Health Needs Assessment when requested by the EMTCC [Annex 9].

E. Direction and Coordination of Assistance

39. The MOH through the EMTCC or Sub-EMTCC shall conduct the overall direction, coordination and supervision of the EMTs operations within its territory.
40. The EMTCC or Sub-EMTCC shall map in real-time all EMT deployments and keep track of all anticipated EMT transition and departure; establish and maintain regular contacts with EMTs and local authorities; and conduct field quality assurance and support visits to EMTs.

F. Periodic Reporting/Daily Report

41. The EMTs shall submit **Minimum Dataset (MDS) Daily Report Form (Annex 10)** to the EMTCC or Sub-EMTCC to report their activities on daily basis.
42. The EMTCC or Sub-EMTCC shall submit **EMTCC Situation Report (Annex 11)** to the PHEOC of the MOH at the end of the first day and the third day. Thereafter, a reporting frequency shall be determined by context and need. Also, EMTCC shall send feedback form to I-EMTs in timely manner.

G. Demobilisation of Assistance

43. The EMTs shall inform the EMTCC or Sub-EMTCC the anticipated end-of-operation date as early as possible, or at least 1 to 2 weeks prior to that date if different from the one initially communicated at the time of the registration.
44. The EMTs shall implement an exit strategy including plans for handover of all medical documentation, donation of any medical equipment, transfer of care for any residual inpatient and others in accordance to the affected country by liaising with the EMTCC for the withdrawal of the team from the operations.

H. Reporting (Handover and Exit Phase)

45. The EMTs shall submit to the EMTCC or Sub-EMTCC with **Emergency Medical Team Exit Report (Annex 12)** which contains transferred patients at exit list, donated medication list and donated equipment or supply list to specify the details of the handover or re-tasking of duties and record of the operational tasks performed during the deployment before its final withdrawal from the site.
46. The I-EMTs shall also upon final withdrawal prepare their final report using **FORM 7 of SASOP (Annex 13) Annex 'O' of SASOP** as reference and furnish them to the AHA Centre via their MOH and the NDMO for consolidation within two weeks of departure from the affected country.

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

47. I-EMTs shall conduct Operational reviews of EMT response and share the report **(Annex 13)** to all AMS to support learning as well as revision.

V. Review

48. SOP for Coordination of Emergency Medical Teams (EMTs) in ASEAN ~~member states~~ shall be revised and updated concurrent with SASOP and/or as necessary.

VI. ANNEXES

		Note
Annex 1	List of National Focal Units for EMT Coordination and Information on PHEOC	Information will be collected by the Project to complete the list.
Annex 2	List of Essential Information for Mobilisation	
Annex 3	Emergency Medical Team Registration Form	WHO EMTCC Handbook
Annex 4	List of Essential Information for On-site Operation	
Annex 5	List of Supporting Functions of the EMTCC or Sub-EMTCC	
Annex 6	Medical Record Form	
Annex 7	Emergency Medical Team (EMT) - Minimum Dataset (MDS) Tally Sheet	WHO EMT MDS Working Group Report
Annex 8	Patient Referral Form	WHO EMTCC Handbook
Annex 9	Forms for (Rapid) Health Needs Assessment	
Annex 10	Emergency Medical Team - Minimum Dataset (MDS) Daily Reporting Form	WHO EMTCC Handbook
Annex 11	EMTCC Situation Report	WHO EMTCC Handbook
Annex 12	Emergency Medical Team Exit Report	WHO EMTCC Handbook
Annex 13	AMS I-EMT Lessons Learnt Report Template	-

Reference

- Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP) (ASEAN, 2010)
- Emergency Medical Team Coordination Cell (EMTCC) Coordination Handbook (Version 0.12) (WHO, June 2017)

Additional Note

The forms/contents of the Annex, which have been developed under the WHO EMT initiative are subject to change according to its revision process, while the rest shall be revised based on the endorsement by SOMHD through ASEAN Health Cluster2.

ANNEX 2

List of Essential Information for Mobilisation**Topic**

1. Registration requirements
 - EMT Registration Form
 - Copies of passport of each team member
 - Authorization to practice for medical professionals
 - Malpractice insurance
 - etc.
2. Visa and customs procedures
3. Authorization to practice for medical professionals
4. Situation overview to the extent known
5. Identification of health services which assistances might need
6. General information of incident area including geography, weather, language, politics and government, religion, culture and prohibited activities
7. Essential information on the arrival and registration procedures at RDC
8. Airport/port procedures and services
9. EMTCC/OSOCC location
10. National Focal Units and Contact information
11. Primary and secondary risks associated with the event in each location
12. Available communication channels

ANNEX 4

List of Essential Information for On-site Operations

Topic

1. Situation update to the extent known
2. Secured access to operating grounds
3. Status of health facilities in the affected area
4. Details on the coordination with local hospitals for patient referral
5. EMTs in operations
6. Meeting schedule and venue
7. Details on the coordination with EMTCC
8. Medical waste management
9. Management of dead bodies in disaster
10. Provincial medical incident command system and local authorities
11. Maps and information on incident sites, operation sites, law enforcement station, drug store, shops, patrol stations.
12. Contact person/focal units/liaison personnel/interpreter
13. Available channels of communication
14. Sanitation concern including epidemic disease, endemic disease, sporadic disease, tap water purification, excretion and toilet management
15. Security and mobile escort
16. **Reporting mechanism / Information management system for EMT**

ANNEX 5**List of Supporting Functions of the EMTCC or Sub-EMTCC (if existing and capable)****Topic**

1. Provide language interpreters
2. Oversee securities
3. Set up communication channels
4. Facilitate patient referral to local hospitals
5. Provide local medical coordinator
6. Facilitate authorization to practice for foreign medical professional
7. Conduct quality assurance of EMT operations
8. Other functions stipulated in the WHO EMTCC Handbook

Event	Online Consultation of SWG on the ASEAN Collective Measures
Dates	7 August 2020
Platform	Cisco Webex
Participants	SWG members, Thai Taskforce, JAC, KRC, JICA and ARCH Project
Agenda	<ul style="list-style-type: none"> - Background/ Update/ Reschedule - Proposal on ASEAN Collective Measures - Wrap-up and Ways forward
Summary of Discussion	<ul style="list-style-type: none"> - Standard SOP for Waste/ Pharmaceutical disposal Management with specific national information is developed - Revision of AMS I-EMT SOP/ SASOP is proposed for the registration/ disposal of Controlled medicine - AMS I-EMT SOP/ SASOP is revised to formalize the Liaison officer placement - Terms of reference of the Liaison officer is developed - Use of DELSA warehouse - As part of EMT preparedness of receiving country - Identify national procedure to endorse foreign medical license - AMS I-EMT SOP/ SASOP revision is drafted to ensure that signing of the - Revision of AMS I-EMT SOP/ SASOP is proposed to define follow-up procedure for Medical accident - SOP to follow up Medical accident will be proposed for AMS I-EMT - Future strategy of "ASEAN Collective Measures (ACM)" is drafted - AMS I-EMT SOP/ SASOP is revised to formalize "AMS I-EMT Lessons Learnt Report" template as part of ACM framework
Attachments	<ul style="list-style-type: none"> - Tentative Agenda - Presentations and Meeting documents



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



Program
Online Consultation of SWG on the ASEAN Collective Measures

Date: 7 August 2020

Time

GMT+ 6.5 8.30-10.30 (Yangon)
GMT+ 7 9.00-11.00 (Jakarta, Bangkok, Hanoi)
GMT+ 8 10.00-12.00 (Manila)
GMT+ 9 11.00-13.00 (Tokyo)

Tentative Schedule

Time (GMT+7)		Item
from	to	
9:00	9:15	Test Run/ Self-introduction by Ms. Ninuma Dullaphan List of expected participant/ observer <u>(SWG)</u> (○) Indonesia: Dr Rakhmad Ramadhanjaya (×) Myanmar: Dr. Zaw Soe Htike (○) Philippines: Ms. Elmie Joy Villegas (○) Thailand: Mr. Peerapong Tangjitjaroen (△) Viet Nam: Mr. Tran Quang Hung (○) Japan: Dr. Soichiro Kai (○) ASEC: Mr. Jim Catampongan (△) AHA Centre: Ms. Agustina Tnunay (Rina) <u>(Resource person)</u> (○) Dr. Tatsuhiko Kubo (△) Mr. Yosuke Takada (○) Mr. Yoshiki Toyokuni (○) Mr. Tsukasa Katsube (△) Dr. Narumol Sawanpanyalert (△) Dr. Kriangsak Pintham (○) Dr. Prakit <u>(KRC)</u> Ms. Chiaki Kido Ms. Yukari Oshima <u>(JICA)</u> Mr. Sho Amemiya <u>(ARCH Project Team)</u> Mr. Shuichi Ikeda Mr. Taro Kita Ms. Ninuma Dullaphan Mr. Valintorn Chewasuchin



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



9:15	9:45	Background/ Update/ Reschedule Review the activities and progress to date, and to confirm on the reschedule of the activities/events (PPT) Update/ Resumption by Mr. Taro KITA (15min) (PPT) Update Questionnaire etc. by Ms. Chiaki Kido (15min)
9:45	10:45	Proposal on ACM Discuss and confirm the concept of the draft proposal for the ACM (PPT) Draft Recommendation for ACM by Mr. Taro KITA (60min) <ul style="list-style-type: none"> ● Waste Management ● Placement of Liaison Officer ● Preposition of EMT items ● Set of information for AMS I-EMT ● Foreign Medical License ● Medical Accident ● Future strategy of the ASEAN Collective Measures
10:45	11:00	Wrap-up and Ways forward (PPT continued) by Mr. Taro KITA

Participants list			
Online SWG on ASEAN Collective Measure Meeting			
	Group	Name	Email
1	SWG member	Dr Rakhmad Ramadhanjaya	
2	SWG member	Dr. Zaw Soe Htike	
3	SWG member	Ms. Janice Palad Feliciano	
4	SWG member	Mr. Peerapong Tangjitjaroen	
5	SWG member	Dr. Soichiro Kai	
6	SWG member	Mr. Jim Catampongan	
7	ASEC	Mr. Randy Adrian	
8	Resource Person	Dr. Tatsuro Kai	
9	Resource Person	Dr. Koido	
10	Resource Person	Mr. Tsukasa Katsube	
11	Resource Person	Dr. Tatsuhiko Kubo	
12	Resource Person	Mr. Yosuke Takada	
13	Resource Person	Dr. Narumol Sawanpanyalert	
14	Consultant	Ms. Chiaki Kido	
15	Consultant	Ms. Yukari Oshima	
16	JICA	Mr. Sho Amemiya	
17	ARCH Project	Mr. Shuichi Ikeda	
18	ARCH Project	Mr. Taro Kita	
19	ARCH Project	Ms. Ninuma Dullaphan	
20	ARCH Project	Mr. Valintorn Chewasuchin	



Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management

ASEAN Collective Measures

Taro KITA, ARCH Project



Steps and procedures, ASEAN CM

- Framework and TOR of Sub Working Group(SWG) was endorsed by PWG1 meeting in July 2019
- Sub Working Group (Indonesia, Myanmar, Philippines, Thailand, Viet Nam, Japan, AHA Centre, ASEC)
- Information collection by Consultant team and Analysis on related International Guideline/ Initiative
- 1st SWG meeting, 20 Jan 2020 "Expected Outputs/ Products, Questionnaire
- "Questionnaire" distribution (Feb)
- Online consultation of SWG, 7 Aug 2020 -> Recommendations on ACM
- Email-based consultation
- PWG1 meeting, 23 Mar 2021
- SWG-ACM/ PWG1, Q3 2021

Product of ASEAN Collective Measures (To be consulted following the PWG1 in March 2021)

Report on ACM and its recommendations

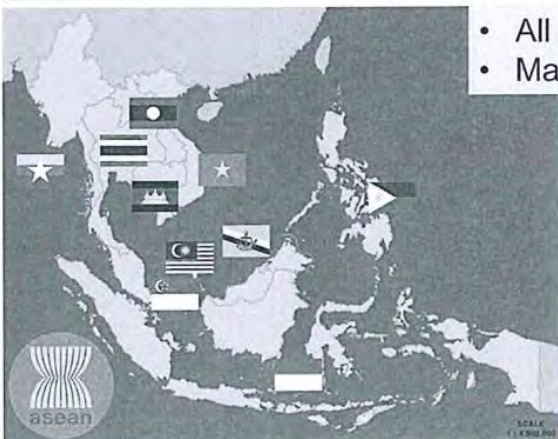
- A. Background and Concept
- B. Recommendations
- C. Future status
- D. Supplementary Document/ Tool

Annex

- 1. Database of Receiving Country for I-EMT deployment
- 2. Guidance on Medical Malpractice
- 3. Guidance on Waste Management

Emergency Medical Teams in ASEAN

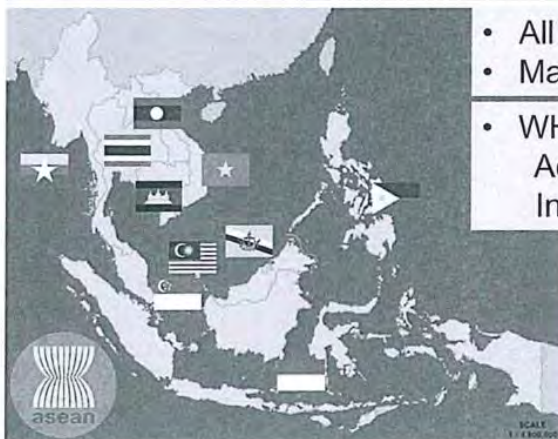
ASEAN - Disaster prone -



- All AMS have Emergency Medical Team
- Many have experienced International Deployment

Emergency Medical Teams in ASEAN

ASEAN - Disaster prone -



- All AMS have Emergency Medical Team
- Many have experienced International Deployment
- WHO EMT initiative
Accredited: Thailand
In progress: Indonesia, Malaysia, Philippines



Emergency Medical Teams in ASEAN

3rd AMS Training (May 2018)



- All AMS have Emergency Medical Team
- Many have experienced International Deployment
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Emergency Medical Teams in ASEAN

3rd AMS Training (May 2018)



Challenges

Logistics issues
Customs clearance
Waste management
Medical malpractice
Medical license

Emergency Medical Teams in ASEAN

3rd AMS Training (May 2018)



Capacity Development
GAP Filling

Challenges

Logistics issues
Customs clearance
Waste management
Medical malpractice
Medical license

Emergency Medical Teams in ASEAN

3rd AMS Training (May 2018)



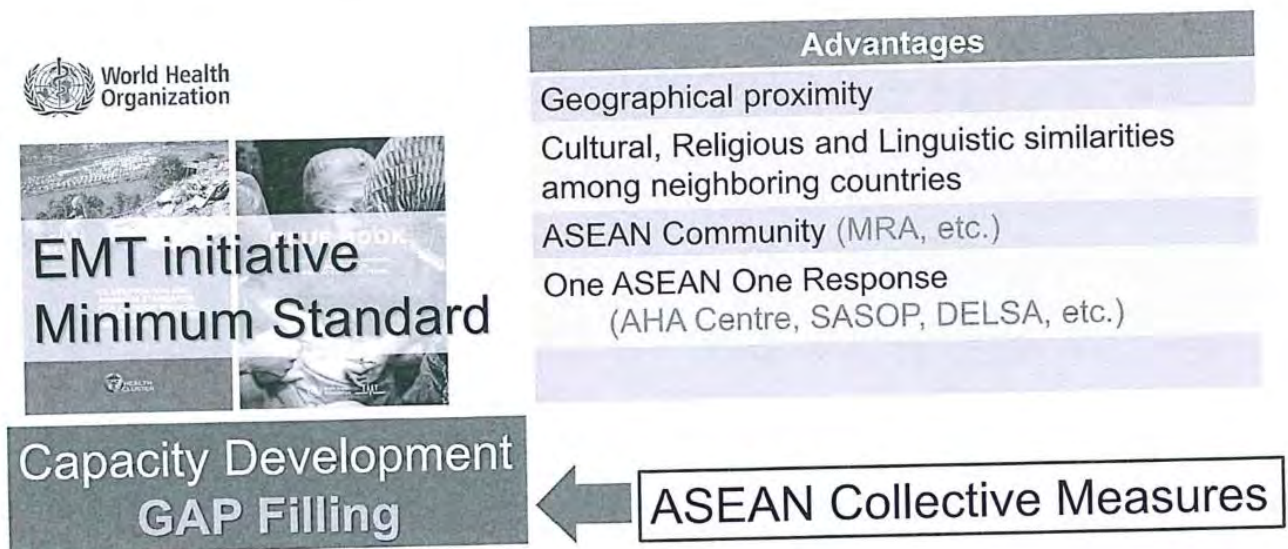
Capacity Development
GAP Filling

Challenges

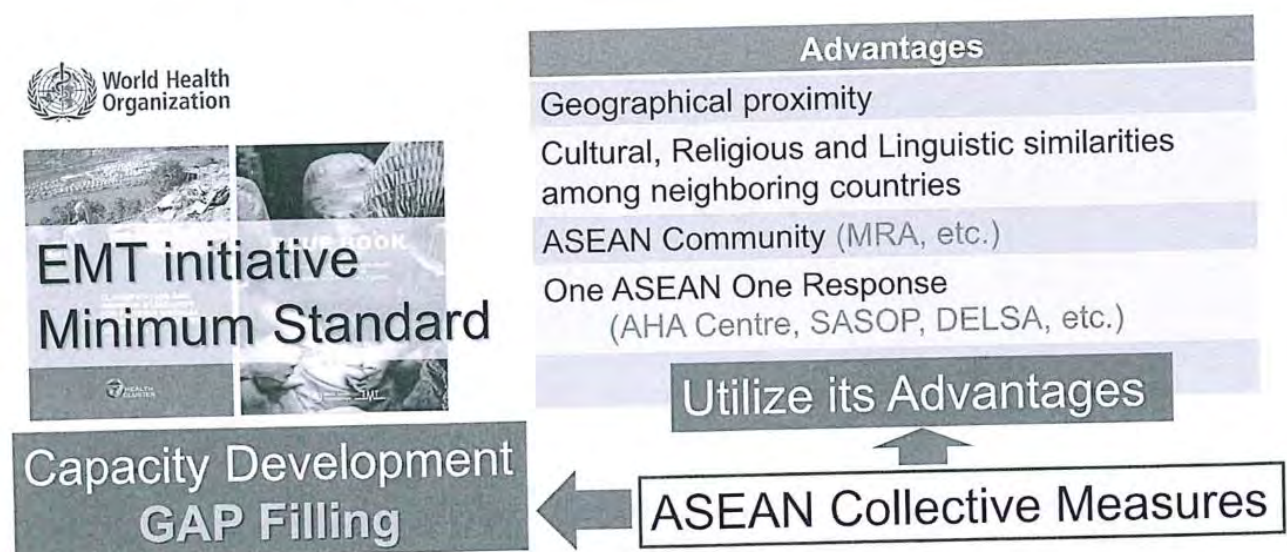
Logistics issues
Customs clearance
Waste management
Medical malpractice
Medical license

← ASEAN Collective Measures

Emergency Medical Teams in ASEAN



Emergency Medical Teams in ASEAN



Emergency Medical Teams in ASEAN

ASEAN - Disaster prone -



Capacity Development
GAP Filling

ASEAN Collective Measures

Emergency Medical Teams in ASEAN

Assisting Country

ASEAN - Disaster prone -

Receiving Country

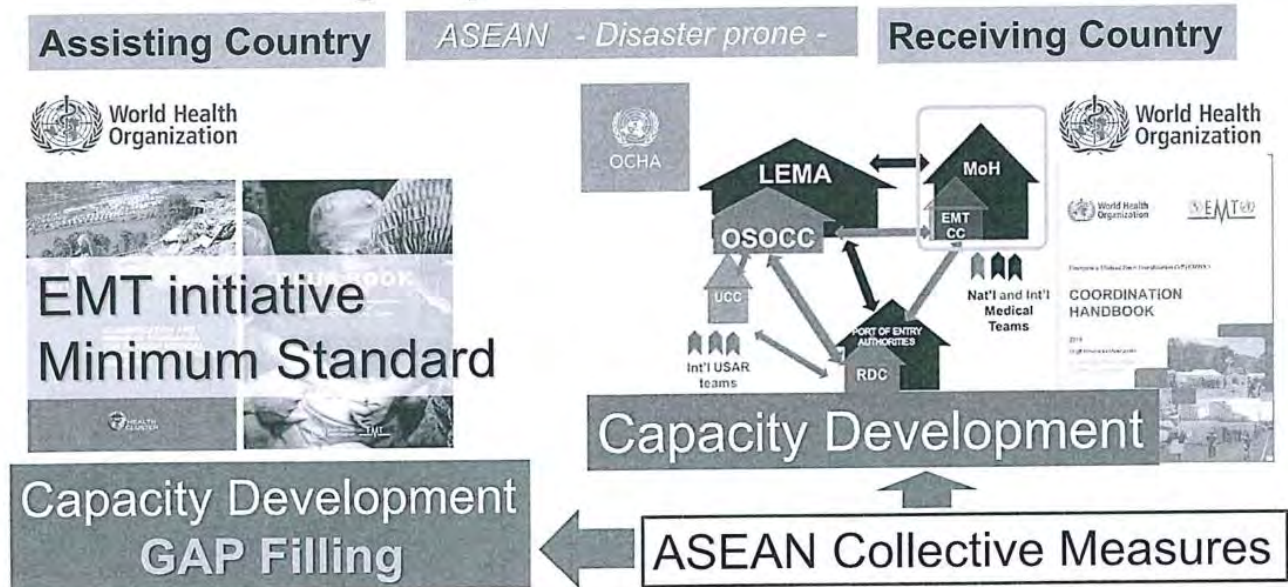


Capacity Development
GAP Filling



ASEAN Collective Measures

Emergency Medical Teams in ASEAN



Emergency Medical Teams in ASEAN



Concept of ASEAN Collective Measures

*ASEAN Collective Measures on AMS EMT deployment aims to pursue the **rapid, effective and quality EMT deployment** under the One ASEAN ONE Response Framework,*

*by supporting AMS's efforts to meet the Classification and Minimum Standards for EMTs (WHO), **[Gap Filling]***

*and taking advantage of the strength of the existing ASEAN regional network, system and structure. **[Regional Advantages]***

Challenges- ASEAN Collective Measures

Common challenges for 5 items

Lack of Information (*)
Coordination/ Collaboration with local stakeholders
Lack of HR capacity for managing EMTCC to support I-EMT

	Specific Challenges	(*)Lacking Information
Logistics issue	Transportation of Dangerous/ Controlled Goods by Air	Domestic Transport, Available Warehouse, Communication, Security
Customs Clearance	National Procedures not applicable to I-EMT deployment	National Procedure/ Required documents on Customs Clearance, Available Logistic Provider
Medical Waste	Meeting WHO minimum standard	Law, Regulation, Guideline on Medical/ Pharmaceutical waste management
Medical Malpractice	Meeting WHO minimum standard	Available Insurance Agent
Medical License issue	National Procedures not applicable to I-EMT deployment	Procedure on Accreditation of foreign medical professionals Regional Agreement on accreditation for foreign medical practitioner

Challenges- ASEAN Collective Measures

Common challenges for 5 items

		Database	
	Lack of Information (*)		
	Coordination/ Collaboration with local stakeholders		
	Lack of HR capacity for managing EMTCC to support I-EMT	Training	
	Specific Challenges		
Logistics issue	Transportation of Dangerous/ Controlled Goods by Air	Preposition of EMT items	
Customs Clearance	National Procedures not applicable to I-EMT deployment	National SOP for receiving I-EMT	
Medical Waste	Meeting WHO minimum standard	Guidance Document	
Medical Malpractice	Meeting WHO minimum standard	Guidance Document	
Medical License issue	National Procedures not applicable to I-EMT deployment	National SOP for receiving I-EMT	

Recommendations (Expected Output) ① - ACM

Recommendation	Specific Activities	(Expected) Output / Project Phase		
		Extension	Re- Extension	ARCH2
Database (DB)		DB Ver1 is developed		DB is updated through Hosting RCD and/ or Training
National SOP for receiving I-EMT		N/A	N/A	Necessary National SOP is developed through Peer Review
Training	Basic Disaster Health Management (BDHM) Course	Standard Curricula are developed		Training courses are implemented
	In-country Coordination Course			Participants' DB is developed
	I-EMT (Advance/ ToT) Course	N/A	N/A	Curriculum is developed/ Course is implemented
	Regional Collaboration Drill (RCD)	N/A	TBC	TBC

Recommendations (Expected Output) ② - ACM

Recommendation	Specific Activities	(Expected) Output / Project Phase		
		Extension	Re- Extension	ARCH2
Other Specific Issues	Preposition of EMT items	N/A	N/A	Feasibility Study/ Development of National SOP
	Guidance Document for EMT	Guidance Document (Waste Management) are developed Guidance Document (Medical Malpractice) are developed		Guidance Document for WASH management is developed

Summary of Recommendations - ACM

	Database	National SOP for receiving I-EMT	Training	Other Specific Issues
Logistics issue	✓	✓	✓	Preposition of EMT medicine/ equipment (Regional/ National)
Customs Clearance	✓	✓	✓	
Medical Waste	✓	N/A	✓	Guidance Document for EMT SOP on Waste Management
Medical Malpractice	✓	N/A	✓	Guidance Document for EMT SOP on Medical Malpractice
Medical License issue	✓	✓	✓	N/A

Recommendation Newly Developed Document for DHM

Supplementary document/ tool on DHM

1. Database of AMS for receiving I-EMT
2. Guidance for EMT SOP on Waste and Pharmaceutical disposal management
3. Guidance for EMT SOP on Medical Malpractice
4.



EMT SOP

Main body (Chapter I~VI)
Annex 1~14

Recommendation Newly Developed Document for DHM

Supplementary document/ tool on DHM

1. Database of AMS for receiving I-EMT
2. Guidance for EMT SOP on Waste and Pharmaceutical disposal management
3. Guidance for EMT SOP on Medical Malpractice
4.



EMT SOP

Main body (Chapter I~VI)
Annex 1~14

Integration

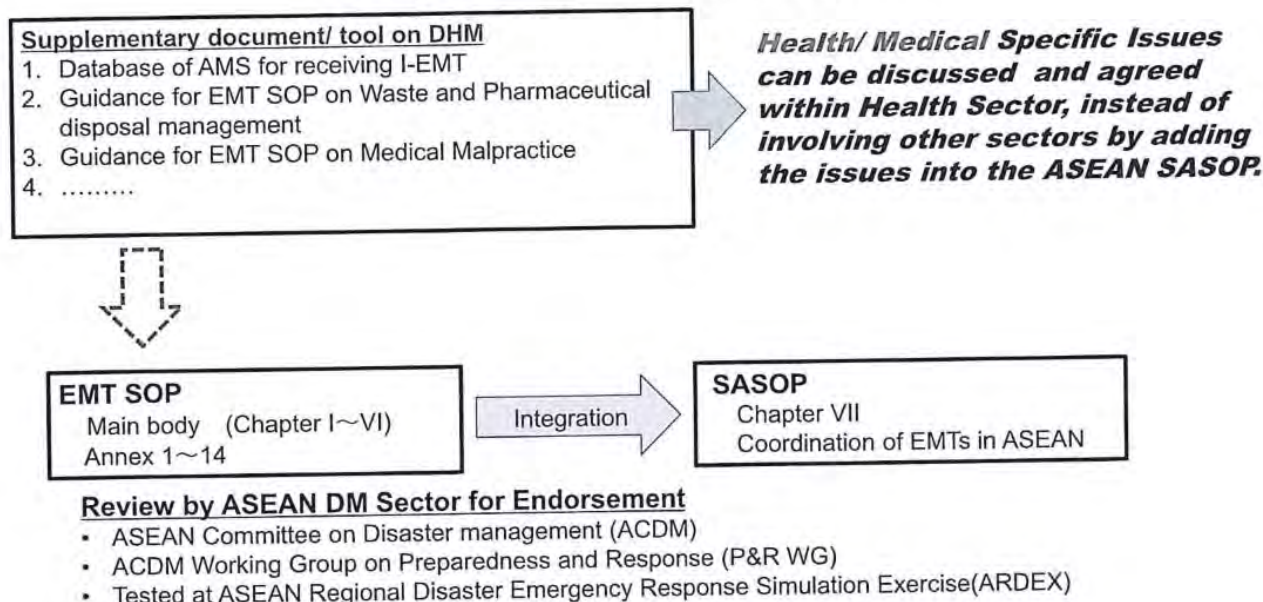
SASOP

Chapter VII
Coordination of EMTs in ASEAN

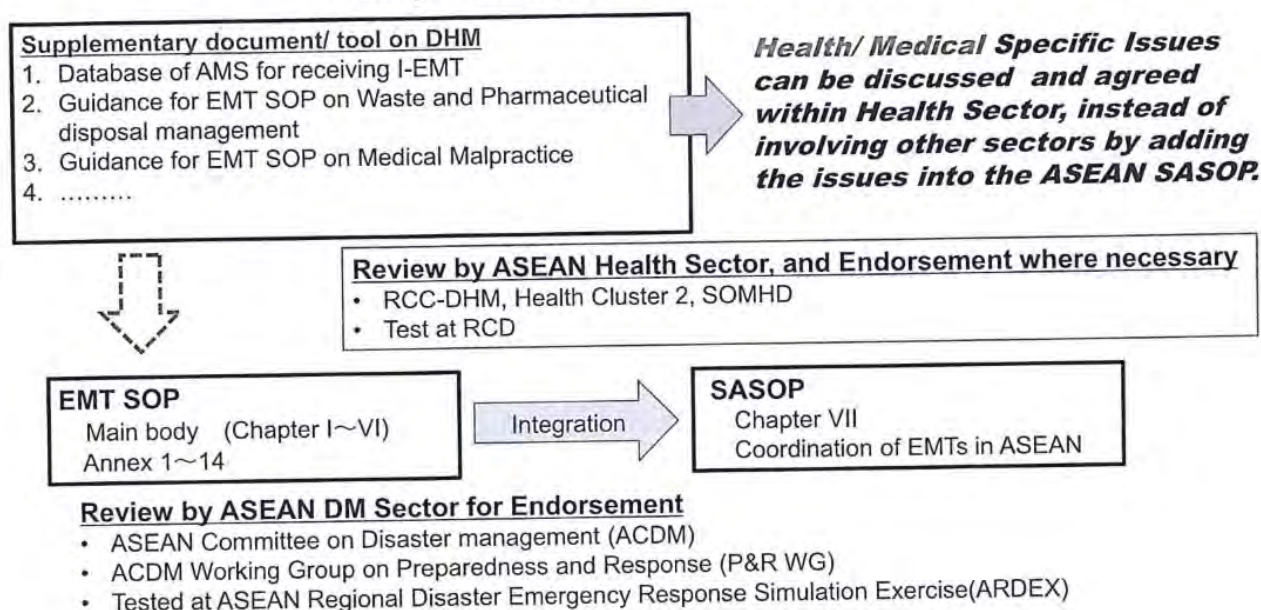
Review by ASEAN DM Sector for Endorsement

- ASEAN Committee on Disaster management (ACDM)
- ACDM Working Group on Preparedness and Response (P&R WG)
- Tested at ASEAN Regional Disaster Emergency Response Simulation Exercise (ARDEX)

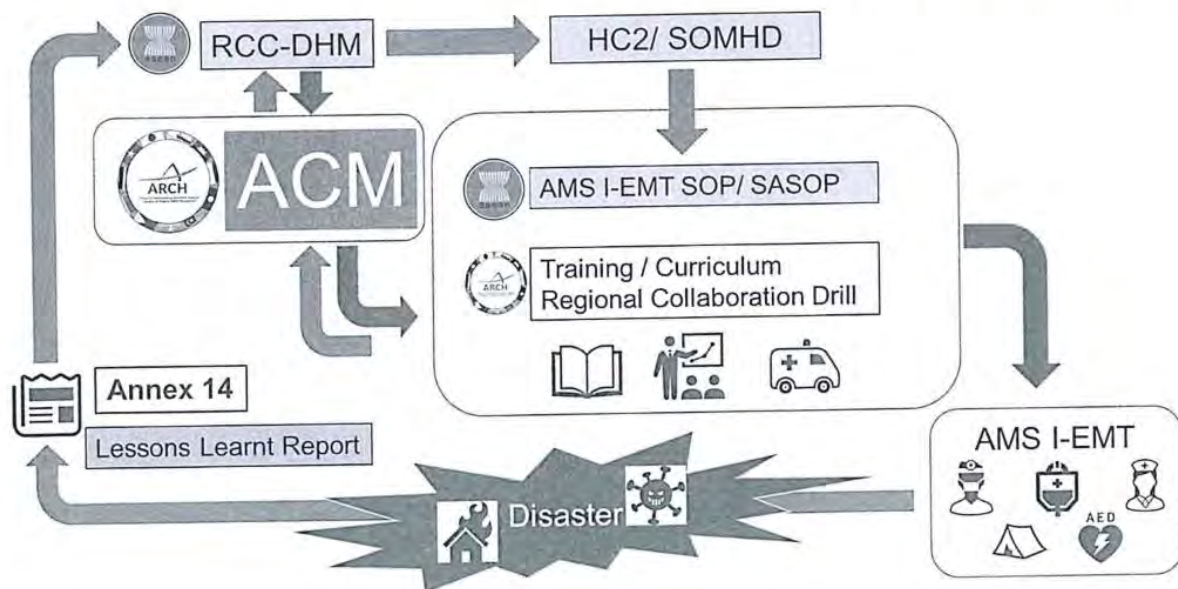
Recommendation Newly Developed Document for DHM



Recommendation Newly Developed Document for DHM



Recommendation- Future status of ASEAN Collective Measures



ACM recommendations

1. Database of Receiving Country for I-EMT deployment
2. Guidance on Medical Malpractice
3. Guidance on Waste Management

Database of Receiving Country for I-EMT deployment

[Customs/ Immigration/ Quarantine]

Immigration, Visas and other necessary registration, Passport expiry, Customs, Required documents, Logistic provider, Tax exemption, Maximum Cash, Quarantine

[Medicine]

Medicine restriction, Medicine expiry timeframe, Medicine labelling requirements, Medicine approval

[Equipment]

Requirements around receiving equipment/ bringing back equipment, Gifting restrictions

[Accreditation of Medical professionals] MP, Nurse, Midwife, Pharmacist, EMT, Paramedic

[Medical malpractice] Laws and regulations, List of insurance company

[National Contingency Plan] Entry point

[Medical/ Pharmaceutical waste management]

Specific Waste category, Waste transport, Emission from Incinerator, Controlled medicine

[Logistic support/ partnership] Warehouse, Transportation, HR, IT, Communication

[Communication] Available Radio Frequency

[Security] Military escort

Database of Receiving Country for I-EMT deployment

Supplementary document/ tool on DHM

"This tool is developed to ensure that AMS shall obtain essential information for mobilization and on-site operations in line with the Article 20 and 30 of the EMT SOP/ SASOP."

Development of the Database

- Database (ver.1) has been developed.
- Initial information was collected through Web-based research and Questionnaire Survey through SWG-ACM.
- Field visit survey was canceled due to COVID-19 pandemic.

Review/ Update of the Database

- Host Country of RCD/ In-country course on coordination for EMTs shall review, further collect, and update the information.

Medical malpractice

➤ **Guidance document** – Complaint/ Medical Accident during EMT deployment

Supplementary document/ tool on DHM

"This document is developed to ensure that the AMS I-EMT achieve and maintain the EMT minimum standards as set out by the WHO EMT initiative in line with the Article 15 of the EMT SOP/ SASOP."

- I. Establishment of Complaints/ Medical Accident Reporting System
 - a. Appointment of Complaint Focal Point (EMT, HQs)
 - b. Dissemination- Poster, Flyer
 - c. Reporting Template (Complaint, Medical Accident)
 - d. Complaints Committee (CFPs, EMTCC, Embassy)
- II. Procedures on receiving/ responding to Complaint
- III. Response to Medical Accident

(Site preservation, Explanation to family, Recording/ Reporting)
- IV. Follow-up Serious Complaint and/ or Medical Accident

Waste management



➤ **Guidance document**– Medical & Pharmaceutical Waste Management

Supplementary document/ tool on DHM

"This document is developed to ensure that the AMS I-EMT achieve and maintain the EMT minimum standards as set out by the WHO EMT initiative in line with the Article 16 of the EMT SOP/ SASOP."

- I. Development of a Waste Management Plan
 - a. Identification of the most appropriate Treatment & Disposal Option
 - b. Set up the Waste Segregation system
 - c. Collection Procedure
 - d. Storage
 - e. Transportation
 - f. Treatment On-site Procedure
 - g. Procedure for use and Maintenance Checks of Waste Treatment Equipment
- II. Health & Safety Procedures
 - a. Personal Hygiene
 - b. Personal Protective Equipment, PPE
 - c. Measures: accidental exposure to infectious patient sample
- III. Disposal of Pharmaceutical waste (Planning, Sorting, Disposal)

Way forward – ASEAN Collective Measures

Tentative Re-Schedule of ASEAN Collective Measure						
Actions	3rd Quarter 2020	4th Quarter 2020	1st Quarter 2021	2nd Quarter 2021	3rd Quarter 2021	4th Quarter 2021
Online SWG meeting	X		(as required)		(as required)	
Questionnaire Survey (continued)/ Online based consultation with SWG						
Online based consultation						
Report of Recommendation/ Output (Interim) to PWG1			X			
Report of Recommendation/ Output (Final) to PWG1					X	

(Request of Review for PWG1 members)

Report on ASEAN Collective Measures and its recommendations

(Background/ Concept, Future status, Supplementary Document/ Tool)

Annex

1. Database for receiving I-EMT (*Contents of the DB will be shared with the concerned AMS only)
2. Guidance documents for Medical Malpractice
3. Guidance documents for Waste Management

CHAPTER V

OUTPUT 4: ACADEMIC NETWORK ON DISASTER HEALTH MANAGEMENT IN AMS IN ENHANCED

- **Publication of the academic articles**
 - **Concept notes for Academic Article**
 - **Advisory-Working Group on Publication of the academic article**
- **Concept Note on ASEAN Academic Conference**
- **TOR for ASEAN Academic Network and ASEAN Institute on DHM**

Concept- Publication of Academic Article

Purpose

Publication of Academic article is proposed to introduce the progress and achievements of the Project for strengthening the ASEAN regional capacity on disaster health management (ARCH Project) and the future status, envisaged in the ASEAN Leaders' Declaration on Disaster Health Management, by publishing articles in renowned international academic journal, thereby influencing the international trend and contributing to development of the disaster health management as well as serving as the foundation for the future publication of the "ASEAN Journal of Disaster Health Management".

Timeframe

ASEAN Academic Seminar, which is scheduled in September 2021, will be an opportunity for ASEAN member states and Japan to share and exchange views on the contents to be published and finalizing activities to compile all edited manuscripts for submission.

Schedule

Timeframe	Activity	
By the end of 2020 (TBC)	Finalizing the concept and structure of the paper Confirming the academic journal to be published	
January 2021	Request for writing manuscript Nomination of the responsible author(s) in each part	
End of June	Deadline of the submission of draft manuscript	
August 2021	Compiling the edited manuscripts	
September 2021	[ASEAN academic seminar] Finalization of compiling manuscript Final confirmation for the submission	

Contents

1. Introduction of the ARCH Project
a. Background and Aim - Why/How was the ARCH Project commenced
b. Structure and contents of the project - Who does what?
c. Ongoing achievements - Overall Progress and Evaluation of ARCH
d. Future Strategy
2. ARCH Project and the Global initiatives of DHM
a. How the ARCH Project has incorporated the WHO EMT Standards
i. Classification and Minimum Standards for EMTs
ii. EMT Coordination Handbook
b. How the ARCH Project has contributed to the WHO EMT Initiative
EMTCC/MDS (including the activation in Mozambique)
3. How the ARCH Project has driven ASEAN regional capacities on DHM
a. Impact and contribution to ASEAN regional policy and strategy (ALD on DHM, and POA, APHDA)
b. Development of ASEAN regional framework – Key activities
i. RCC-DHM
ii. Standard Operating Procedure (SOP) for AMS I-EMT
iii. Development of regional forms for AMS I-EMT
iv. Regional Collaboration Drill
v. ASEAN Collective Measures for AMS I-EMT
c. Academic Approach
i. Development of Standard Curriculum on DHM
ii. ASEAN Academic Network
4. Impact of the ARCH Project on National capacity development on DHM
a. 10AMS
5. (any countries who wish to write separate articles)
e.g., The ARCH project and Japan
a. How Japan Experts contributes to the project
b. What Japan learned from the project

Academic review

“Advisory working group (AWG) for academic publication (AP)” shall be established with academic experts of disaster health management, consisting of members from Japan and Thailand with possible inclusion of expert outside the two countries as appropriate.

[Terms of reference]

- Design the overall structure of the Article with allocation of contents
- Propose appropriate journal to be published
- Provide desirable profile (e.g., country/ organization/ position/ role in ARCH) of author(s) according to the contents
- Review and provide advice on the submitted manuscripts
- Review the complied manuscripts for final submission
- Coordination with the selected journal for publication

[Requirements]

- a. Those with professional ability in writing academic papers and editing (e.g., experience as an editor of international academic journal in English)
- b. Representative of related association (e.g., JADM International Committee)

Consideration

Establishing and strengthening ties with other international/ regional academic networks such as WADEM and Health-EDRM

Involving influential academicians in disaster health management as the member of the AWG to harmonize with International trends

Event	1 st Online AWG
Dates	15 December 2020
Platform	MS Team
Participants	5 members of AWG, JICA, JAC and Project Team
Agenda	<ol style="list-style-type: none">1) Selection of International Journal2) Article Content and Author3) Writing Guideline for Article4) Schedule for Article Publication
Attachments	- Summaries and Way Forward

Minutes- 1st Online Consultation meeting for Advisory Working Group (AWG) on Academic Publication

Date: December 15, 2020

Time: 10.00-11.15

Platform: Microsoft Team

Participants: Member of Advisory Working Group, Japan Advisory Committee, ARCH Project

1. Selection of International Journal

[Conclusion]

- to be discussed on the following 4 options for final conclusion by the next AWG meeting
 - 1) Special issue (set of articles) at IJERPH
 - 2) Special issue (set of articles) at PDM
 - 3) Commentary / Introductory article on ARCH at IJERPH (by the end of March 2021), and publishing special issue (set of articles, with or without introduction, TBC) at PDM
 - 4) Separate article issuance at appropriate journal

2. Article Content and Author/ Writing Guideline for Article

[Conclusion]

3rd Article (Chapter 3):

- Request 3 AMSs, Indonesia/ Philippines/ Viet Nam, to draft article on hosting RCD within 300 words
- The number of words allocated for each author need to be informed
- It is desirable to request each AMS in accordance with the HEDRM contents structure, such as 5.1 POLICIES, STRATEGIES AND LEGISLATION, 5.2 PLANNING AND COORDINATION, 5.3 HUMAN RESOURCES.

4th Article (Chapter 4, Impact in AMSs):

- Request 10 AMSs to respond to Questionnaire (template, to be confirmed) designed to cover the impact of ARCH Project, any changes observed before/ after the project implementation instead of requesting AMSs to write article, as it is expected difficult for all AMSs to write papers in the limited timeframe.
- It is also considered to incorporate the survey result previously carried out by the project consultant team.
- Composition of 4th article and its authorship including appointment or acknowledgement will be discussed separately.

3. Schedule for Article Publication

- The manuscripts from 3 AMSs under the 3rd article, and the relevant information on impact from 10 AMSs under 4th article will be collected by the end of February.
- Authors from Japan/ Thailand will be requested to start writing the article with the submission deadline by the end of February 2021.
- Next AWG meeting is scheduled in February 2020.

Event	2 nd Online AWG
Dates	25 March 2021
Platform	MS Team
Participants	5 members of AWG, JICA, JAC and Project Team
Agenda	<ol style="list-style-type: none"> 1) Progress for collection of Manuscript 2) Communication Method for Editing 3) Proofreading Company 4) Selection of International Journal
Attachments	- Summaries and Way Forward

**SECOND ONLINE CONSULTATION FOR ADVISORY WORKING GROUP (AWG)
ON ACADEMIC PUBLICATION**

PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY
ON DISASTER HEALTH MANAGEMENT
25 MARCH 2021, 9.00 – 10.30 BANGKOK TIME

Platform: Microsoft Teams

Participants: AWG, JAC, JICA, TTF, and ARCH Project Team

AGENDA ITEM	AGREEMENTS AND WAYS FORWARDS
Agenda 1. Progress for Collection of Manuscript	<ul style="list-style-type: none"> The meeting noted the updates from the ARCH Project Team on the collection of manuscript The meeting noted the process of editing by utilizing the google doc as a platform for editing and encouraging members to exchange comments for a preliminary version and subsequently publish as a special issue The meeting noted authors and AWG members will be technically assigned as editor for the platform however authors are expected to revise the drafted manuscripts based on the advice given by AWG The meeting further noted the direction of editing process also depends on the journal policy including the volume, order, and number of authors contributing to the article The meeting also addressed the need for further discussion on the integration of manuscript, particularly the 4th Article
Agenda 2. Proof Reading Company	<ul style="list-style-type: none"> The meeting noted the proof-reading company will be utilized by professional company in Thailand. The candidate of the proofreading expert will be advised by Dr. Prasit
Agenda 3. Selection of International Journal	<ul style="list-style-type: none"> The meeting noted the exchanges of views over the selection of international journal including Prehospital and Disaster Medicine (PDM), International Journal of Environmental Research and Public Health (IJERPH), and Risk Management and Healthcare Policy – Dove Press, and agreed to request PDM for ARCH Articles due to its highly impacted international journal and broader audience for EMT. Dr. Egawa will subsequently proceed to communicate with PDM and update for the developments

	<ul style="list-style-type: none"> The meeting also suggested if additional article can also be developed after ASEAN Academic Conference and be submitted to other international journals
Agenda 4. Ways Forward	<p>The meeting noted the tentative schedule for the publication as follows;</p> <ul style="list-style-type: none"> encouraged the members to contribute to the remaining parts of the ARCH Articles and also to edit and exchange comments (April - May 2021) noted the finalization of manuscripts and contributed the compiled and edited manuscripts to international journal by the end of June 2021 noted the updates on the planned ASEAN Academic Conference will tentatively be scheduled in September 2021; however, face-to-face and/ or virtual event will later be discussed depending on the ease of travel restrictions agreed the next Third Online Consultation for Advisory Working Group (AWG) on Academic Publication will be scheduled on 21 April 2021, at 19.00 – 20.00 (Bangkok Time). By the next meeting, members will start to exchange the comments directly on google doc

Oct. 2020

ARCH

Concept Note on ASEAN Academic Conference

1. Purpose

- To share knowledge such as methodologies on DHM or lessons learnt from ARCH activities and actual medical responses for disasters and health emergencies among researchers and medical practitioners in the ASEAN region and beyond, on the basis of scientific thinking and perspectives.
- To provide feedback for presentations and to finalize articles for contribution to an international Journal, possibly aiming to publish a special edition for the compiled articles of ARCH.

2. Main Themes

- ✧ “How can ARCH 2 contribute to realize “One ASEAN One Response for DHM in the ASEAN?”

3. Sessions Agenda

- 1) Session 1 “ARCH, ASEAN regional mechanism and Global Initiatives for EMT”
- 2) Session 2 “Experiences on DHM and Lessons Learnt from actual disasters in AMS and Japan”
- 3) Session 3 “Impact of ARCH for national capacities and policies on DHM in AMS and Japan”
- 4) Panel Discussion :
 “How can ARCH 2 contribute to realize “One ASEAN One Response for DHM in the ASEAN?”
 Main Questions
 1. “How shall ARCH 2 contribute to Capacity development on DHM in each AMS.”
 2. “How can ARCH 2 work for Health emergencies including outbreak of COVID19?”

4. Date of the event;

Beginning of Sep. 2021 (3 days)

5. Venue; Bangkok

6. Participant

Keynote Lecture Speakers; 1~2

Presenters; 3 from each AMS 3x10=30

Oct. 2020

ARCH

3~5 from Japan and ASEC

Members of steering committee; 10

Audience; Thailand; 50

Guests; from JICA, ASEC, AHA center, WHO or other international partners; 10

Total 105

7. Tentative Program

Day0 (Mon)	PM	Steering Committee of representatives of AMS Focal Institutes
Day1(Tue)	AM	Opening Remarks Keynote Lecture1; (ex. WHO; Global I-EMT initiative)
	PM	Session1 "ARCH, ASEAN regional mechanism and Global Initiatives for EMT"
Day2(Wed)	AM	Session2 "Experiences on DHM and Lessons Learnt from actual disasters in AMS and Japan"
	PM	Session3 "Impact of ARCH for national capacities and policies on DHM in AMS and Japan"
Day3(Thr)	AM	Panel Discussion "How can ARCH 2 contribute to realize "One ASEAN One Response for DHM in the ASEAN?"
	PM	City Tour (NIEM & MOPH)

TERM OF REFERENCE (TOR) OF THE ASEAN ACADEMIC NETWORK ON DISASTER HEALTH MANAGEMENT

The ASEAN Academic Network on Disaster Health Management is established with the objective to promote and support academic activities related to disaster health management in ASEAN and also in each member states. The ASEAN Academic Network on Disaster Health Management is not an independent legal entity but a collaborative mechanism between academic institutions. The operations of the ASEAN Academic Network on Disaster Health Management shall be in respect of the principles of the ASEAN, including the respect over the sovereignty of all AMS.

I. MANDATE AND FUNCTIONS

The ASEAN Academic Network on Disaster Health Management shall support academic perspective of capacity building efforts on disaster health management, while working with network of academic institutions. The mandates and functions of The ASEAN Academic Network on Disaster Health Management can be clarified as follow;

1. Promote and support educational and training activities by mobilizing resource persons or provision of curriculums and/or learning materials as requested by member states;
2. Organize regional conferences on Disaster Health Management every TWO years;
3. Establish ASEAN Journal/E-Bulletin on Disaster Health Management and published the aforementioned publications twice a year; and,
4. Conduct joint research among the network of member institutes.

II. STRUCTURE AND MEMBERSHIP

The ASEAN Academic Network on Disaster Health Management shall organize its structure in accordance to the following statement;

1. Each member state shall assign at least ONE institute to be national focal point member of the ASEAN Academic Network on Disaster Health Management;
(Refer to IV. ESTABLISHMENT OF THE ASEAN ACADEMIC NETWORK ON DISASTER HEALTH MANAGEMENT for further guidance);
2. The national focal point institutes will be coordinated and facilitated by the ASEAN Institute for Disaster Health Management (AIDHM) who will act as the network's secretariat; and,
3. Members of the ASEAN Academic Network on Disaster Health Management are not limit to only ONE institute from each AMS but rather open for non-ASEAN institute.
4. The Regional Disaster Health Training Centers shall be members of the ASEAN Academic Network on Disaster Health Management.

III. SELECTION CRITERIA FOR NATIONAL FOCAL POINT MEMBER

The institutes that which to apply to be national focal point of the ASEAN Academic Network on Disaster Health Management shall have capabilities to take roles and responsibilities as follows;

1. Collaborate with other institutions in the ASEAN Academic Network on Disaster Health Management, the ASEAN Institute for Disaster Health Management (AIDHM) and local institutes in each member state;
2. Facilitate or organize training activities at national level;

3. Participate and promote regional conference on Disaster Health Management among the related local institutes;
4. Participate in joint research as appropriate;
5. Participate in establishment ASEAN Journal/E-Bulletin on Disaster Health Management as appropriate; and,
6. Support in the translation of regional collaboration tools or learning materials to local language if being requested.

IV. ESTABLISHMENT OF THE ASEAN ACADEMIC NETWORK ON DISASTER HEALTH MANAGEMENT

In order to establish the ASEAN Academic Network on Disaster Health Management, the following statement shall be in concern;

1. The Regional Coordination Committee on Disaster Health Management (RCCDHM) shall agree on the TOR of the ASEAN Academic Network on Disaster Health Management;
2. Members of RCCDHM shall nominate the institute to become national focal points and registered with AIDHM or Secretariat of RCCDHM in case of delayed establishment of AIDHM.
3. Other local institute shall register with their national focal point if interested, and the national focal point will send all information to the secretariat; and,
4. The regional conference on Disaster Health Management will be organized in 2021 as first activity of the network.

***Remark**

The establishment of the ASEAN Academic Network on Disaster Health Management is one of the 21 targets described in Plan of action to implement the ASEAN Leaders' Declaration on Disaster Health Management and It is main mechanism to support achievement of regional and national targets 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.

TERMS OF REFERENCE (TOR) OF THE ASEAN INSTITUTE FOR DISASTER HEALTH MANAGEMENT (AIDHM)

The ASEAN Institute for Disaster Health Management, hereinafter referred to as “AIDHM”, has been established to support Regional Coordination Committee on Disaster Health Management (RCC-DHM) in order to operationalize the Plan of Action (POA) to Implement the ASEAN Leaders’ Declaration on Disaster Health Management. AIDHM shall execute mandates and functions of RCC-DHM which are related to academic and capacity building on disaster health management of ASEAN activities.

1. LOCATION

AIDHM shall be established in ...(country)..., hereinafter referred to as “the Host Country”.

2. LEGAL PERSONALITY

The legal personality of AIDHM shall be granted under a Memorandum of Understanding (MOU) between the Host Country and AIDHM.

3. PRINCIPLES

AIDHM shall adhere to the principles of the ASEAN, including the respect over the sovereignty of all AMS. The AIDHM shall recognize the national authority over contributed assets and personnel to the AIDHM.

4. STRUCTURE

AIDHM shall be composed of Board of Directors and Secretariat Office. Details of its structure, mandates and functions are as follows;

a) Board of Directors

The Regional Coordination Committee on Disaster Health Management (RCC-DHM) shall serve as the Board of Directors of AIDHM who identify operational policies; approve operational and financial plan, and monitor progress of operation.

b) Secretariat Office

The Secretariat Office, as an executing body of AIDHM, shall be located in the Host Country. The Secretariat Office shall carry out mandates and functions of the AIDHM as stipulated,

- 1) Manage internal affairs of the institution
- 2) Propose operational and financial plan
- 3) Manage operational and financial plan
- 4) Report progress to Health Cluster 2

5.MANDATE AND FUNCTION

AIDHM shall contribute to the national and regional capacity development on Disaster Health Management of the AMS through strengthening academic network in ASEAN region and beyond, while work with relevant agencies, including international organizations and regional organizations, to support development of Disaster Health Management of ASEAN. The mandates and functions of the AIDHM can be clarified as follow:

1. Facilitate and support the academic network in order to promote and support educational and training activities in each member states and also organize regional academic activities such as regional academic seminars, ASEAN journal/E-bulletin of disaster health management, co-conducting research and extracting lessons learned from disaster health management in multiple events and countries, in support of the development of new solutions and innovation, as Secretariat.
2. Organize academic activities to strengthen capacities of disaster health-related personnel such as curriculum development, trainings, simulation exercises and drills.
3. Conduct consultation in supporting and assisting in the development and implementation of disaster health management activities.
4. Facilitate and support the organizing of regional collaboration drills on disaster health management in AMS.
5. Coordinate and support the establishment of the regional disaster health training centers.

6.DECISION-MAKING

Decision-making in the AIDHM shall be based on consultation and consensus of the Board of Directors.

7.BUDGET AND FINANCING

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

1. Host Country shall be responsible for expenses of the establishment of the AIDHM.
2. Host Country shall be responsible for expenses in executing internal affairs of the AIDHM.
3. AMS shall share expenses in organizing trainings and other collaboration activities, based on agreement made in each case.
4. Additional funding and resources may also be obtained from external funding sources; including international organization and regional organizations, and other institutions as deemed appropriate to support AIDHM, subjected to approval by the Board of Directors.

8. REPORTING MECHANISM

The Secretariat Office shall make annual reports on the progress of AIDHM including the financial reports to the Board of Directors. The Board of Directors will submit the reports to the Health Cluster 2.

9.AMENDMENT

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

CHAPTER VI

OUTPUT 5: CAPACITY DEVELOPMENT ACTIVITIES FOR EACH AMS ARE IMPLEMENTED

- **Sub-Working Group on Standard Curriculum Development**
 - Participant List
 - Minute of Meeting
 - Presentation for Curriculum Development (Coordination Course and Basic Course)
- **Online Study on Capacity Development on DHM**
 - Participant List
 - Questionnaire
 - CD Study Final Report

Event	Online Consultation of SWG on the ASEAN Curriculum Development
Dates	22 nd September 2020
Platform	Microsoft Team
Participants	SWG Member, ASEC, AHA Centre, JAC, JICA and ARCH Project
Agenda	<ul style="list-style-type: none"> - Review of the 1st Sub-working Group on Basic Course on Disaster Health Management - Draft contents on Basic Course on Disaster Health Management - Next Step for Basic Course on Disaster Health Management In-Country Coordination Course
Summary of Discussion	<ul style="list-style-type: none"> - The curriculum needs the content of each module – ppt and textbook. Thailand asked AMS if they have time or volunteer to be responsible for some modules because some countries may have the same content already because it will save time no need to generate new things again. <p>Module 1: Brunei Darussalam Module 2: Indonesia Module 3: All AMS should create it by their own Module 4: Malaysia (Can use WHO minimum dataset if no reporting system available in the country) Module 5: Singapore Module 6: The Philippines Module 8: Thailand Module 11a: Vietnam</p>
Attachments	<ul style="list-style-type: none"> - Summary and Way forward - Presentation and Meeting Documents

	Country	Academic personnel
1	Brunei	1) Dr.Norazlina Suryani binti Hj Abd Rahman Chief, Pre-Hospital Service and Disaster Preparedness, Ministry of Health Email: norazlina.suryani@moh.gov.bn
		2) DR HAJAH RAFIDAH HAJI GHARIF ACTING DIRECTOR OF HEALTH SERVICES MINISTRY OF HEALTH
		3) DR ADY ADILLAH AHMAD SPECIALIST GENERAL SURGEON MINISTRY OF HEALTH
2	Cambodia	1. DR. PHOM SAMSONG Position: Deputy Director of Human Resources Development Department, Ministry of Health
3	Indonesia	1. Dr Leny Juniarta Center for Health Crisis Unit, MoH

4	LaoPDR	1. Somphone Soulaphy Department of Communicable Disease Control Tel: 095 29 555555	2
5	Malaysia	1. Dr. Fatahul Laham bin Mohamed Emergency and Trauma Physician Sultanah Bahiyah Alor Setar Hospital	
6	Myanmar	1. Myo Hein Assistance Lecturer, Department of Emergency Medicine, University of Medicine (1), Yangon Email:	
7	The Philippines	1. BERNADETT P. VELASCO, MD Medical Specialist II Department of Health - East Avenue Medical Center Mobile:	

8	Singapore	<ol style="list-style-type: none"> 1. Lim Ghee Hian Senior Consultant (Emergency Department) Director, Clinical Risk Management (NTFGH) Ng Teng Fong General Hospital, Singapore
9	Thailand	<ol style="list-style-type: none"> 1. Dr. Phummarin Saelim
10	Viet Nam	<ol style="list-style-type: none"> 1. Assoc. Prof Nguyen Nhu Lam, M.D, PhD. - Deputy Director of National Burn Hospital - Head, Department of Disaster Medicine 2. Assoc.Prof. Nruyen Duc Chinh Viet Duc University Hospital/ Ministry of Health

**Summary Report of the
Second Meeting of the Sub-Working Group (SWG) on Curriculum Development
22 September 2020**

[For the Project for the Strengthening ASEAN Regional Capacity in Disaster Health Management]

INTRODUCTION

1. The Second Meeting of the Sub-Working Group (SWG) on Curriculum Development was convened on September 22nd 2020 via teleconference (Microsoft Team Program) and face-to-face interaction at Meeting Room 602, National Institute for Emergency Medicine (NIEM), Thailand, from 9.00 to 16.00 Bangkok Time. The Meeting was attended by SWG-CD members from Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Singapore, Thailand and Viet Nam, representatives from the ARCH Project Team, Japanese Advisory Committee and ASEAN Secretariat. The List of Participants appears as **Annex 1.**
2. The Meeting was convened to discuss the draft content of the proposed trainings courses on disaster health management, and on coordination, to encourage AMS representatives to participate in the drafting of the curriculum content, and to generate a plan of action for curriculum development for 2021.

WELCOME

3. Chairperson of the Meeting, Dr. Jiroth Sindhavananda, from Thailand delivered his opening remarks and allowed the representatives from each ASEAN Member States to introduce delegates from their states.

MINUTES FROM THE FIRST MEETING OF SUB-WORKING GROUP ON CURRICULUM DEVELOPMENT

4. The Meeting noted the presentation from ASEAN Secretariat on recent ASEAN Health Sector and ARCH Project Developments that are relevant to the Meeting, including the decision made during the ASEAN 15th SOMHD Meeting where ASEAN SOMHD noted the progress on the endorsement and operationalization of the Plan of Action to Implement the ASEAN Leaders Declaration on Disaster Health Management and also noted the progress made by the ARCH Project and its re-extension. The ASEAN Secretariat updated the participants on relevant upcoming events;
 - Project Working Group 1 Meeting: 1 October 2020
 - Project Working Group 2 Meeting: 20 October 2020
 - Sixth Meeting of ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats: 21-23 October 2020
5. The Meeting further noted the review of key agenda items, discussion, agreements and ways forward from the First Meeting of SWG-CD. The presentation appears as **Annex 2.**

REVIEW OF THE DRAFT CONTENT OF BASIC DISASTER HEALTH MANAGEMENT TRAINING COURSE

6. The Meeting noted the information from the Course Development Team from Thailand, on the progress made regarding development of the draft Basic Course on Disaster Health Management which was proposed during the 1st SWG Meeting. Thailand reminded the meeting of the general overview of this course as the following:
 - a. Objective of the course: to create healthcare team for domestic disaster-related response;
 - o The team will be a small team with rapid response and should focus on healthcare delivery. The team will cover all kinds of hazard.
 - b. Core competencies;
 - o Describe disaster health management and disaster risk reduction framework
 - o Recognize identity/entities and mechanism of disaster health management
 - o Demonstrate communication and information management

- Demonstrate self-sufficiency in the disaster area
- Demonstrate Critical resource management
- Demonstrate specific a.) medical care and b.) logistic support

c. Sub-competencies for each competency are as the following table;

Core competencies	Sub-Competencies/topics
1. Describe disaster health management and disaster risk reduction framework	1.1 Introduction on concepts of disaster health management
	1.2 Other public health issues i.e. sanitation, rehabilitation, disease outbreak, public health surveillance
	1.3 Health Needs Assessment
	1.4 Infection prevention and control i.e. PPE, quarantine, etc.
	1.5 Hazard vulnerability analysis (HVA)
	1.6 Disaster Risk Reduction
2. Recognize identity/entities and mechanism of disaster health management	2.1 Composition of EMTs (number/qualification)
	2.2 Regulations, legislations and laws on disaster management in affected countries
	2.3 Minimum standard for humanitarian response
	2.4 Emergency Operation Center (EOC) (Team coordination)
	2.5 Incident command system (ICS)
	2.6 Ethical issues
3. Demonstrate communication and information management	3.1 Communication theories (information >> Tool >> Reception)
	3.2 Risk Communication
	3.3 Information management (Minimum Data set)
IV. Demonstrate self-sufficiency in the disaster area	4.1 Self-sufficiency skill/survival skill
	4.2 Introduction to working in hostile environment
	4.3 GPS and map reading, navigation
	4.4 Safety and security of team and facility
V. Demonstrate Critical resource management	5.1 Leadership management during disaster
	5.2 Intersectionality
	5.3 Demobilization plan
	5.4 Business continuity plan and Contingency Plan
	5.5 (SOPs) Standardized color coding and categorization for equipment
	5.6 (SOPs) Waste management
VI. Demonstrate specific medical care and Logistic support	5.7 (SOPs) Dead bodies management (Certificates of death)
	6.1a Pre-hospital/in-hospital setting
	6.2a Triage system (Physical and Psychological)
	6.3a Psychological issues for EMT, volunteer, victims (first aid)
	6.1b Basic radio communication, installations, etc.
	6.2b Logistics management (Principles of logistics)
	6.3b Finance and administration skill

- d. Plan of Action: For the 2nd SWG, the team would like to discuss on course contents, objectives of each module, templates and materials and contents production.
- e. Comments: there were no comment from this session.

7. The presentation appears as **Annex 3**.

DISCUSSION ON CONTENT – ARTICLES AND SLIDES, AND DEMARCATION OF WORK

8. The Meeting noted that the session sought to seek approval on the modules and their objectives. Thailand further informed the Meeting on the basic concept for the learning methods of this course. The course uses a learning pyramid to project the understanding of learners, so to provide the knowledge, they will understand the theories as the baseline and they will have face-to-face workshop to apply theories and integrate all the skills. As the core competencies can be divided into three domains; 1) Cognitive Domain; 2) Psychomotor Domain and 3) Affective Domain, some domain can be carried out before the workshop (Cognitive Domain) with e-learning method for 10-15 hours with nine modules then followed with another three modules spending which type of participants they are (Medical or Logistics). Face-to-face workshop will be completed within 40-45 hours through discussion, lesson learn, table-top exercises and field exercise. The presentation appears as [Annex 4](#), and the templates for the content of this course appears as [Annex 5](#).
9. The Meeting subsequently exchanged views which are summarized below:
 - a. Singapore asked the question regarding to expectation of the course, whether it is a just-in-time training, or one that is organized to populate a register of deployable health workers. The Thailand clarified that BDHM is not a just-in-time training, and it is for identified potential responders. These responders can be registered in the system, and when disaster occurs, they can be deployed rapidly since some countries don't have specific team that will always standby for disasters.
 - b. The ASEAN Secretariat inquired on how to ensure that identified participants will go through pre-learning materials, such as through an assessment. With limited time for each module, a query on ensuring that course objectives are achieved was further raised. The Thailand clarified that the course is a basic one; therefore, it is intended to be concise and easy to learn. In regards to the assessment, it was suggested that a pre-test can be done. ASEAN Secretariat further suggested that certificates can be issued for the participants who complete the e-learning component, and explored that there be an assessment, such as asking participants to reflect or comment on the e-learning based on guide questions.
 - c. For module 11b, Viet Nam proposed that health personnel should also be allowed to join the logistics management module (principles of logistics). Thailand responded to that the module is open for healthcare professionals, as the module also part of the e-learning component.
 - d. Viet Nam also indicated that key issues on financial management may also need to be included in the content. Thailand informed the meeting that financial management has been included in Module 3 on Administration in Disasters.
 - e. JICA expressed opinion on the importance of including infectious diseases prevention in the content. Thailand informed the meeting that this lecture topic is included in Module 12a.
 - f. Indonesia proposed that issues on Health Needs Assessment (HNA) and Personal Protective Equipment (PPE) should be included. Thailand responded that the theoretical components on the topics can be learned through lectures, while workshops and exercises need to be done to support practical skill development.
 - g. For module 9, Viet Nam also proposed that malpractice and professional insurance be included as part of discussion on ethical issues. These are noted to be domestic-specific issues, on the other hand, the Meeting agreed that the topic can be included in content development and delivered by AMS depending on their national context.
 - h. Based on experience in managing the COVID19 pandemic, Malaysia shared that they have embraced digital technology from meetings, planning, surveillance and outbreak management, and inquired if these can be introduced in the modules. Thailand indicated that they are not sure if the issue should be ruled as basic topic and included for this course. Thailand hinted it can be included in the session on lessons learned (learning from past experiences) that they would like to discuss, and depending on each member states to select (which experiences or innovation) guided by their context.

- i. JICA also suggested that a topic on sexual abuse, gender discrimination or other vulnerable groups i.e. disabilities should be included. JICA referred to the Security General Assembly Resolution 1325 that these differences should not prevent these people from getting humanitarian assistance. Thailand, referring to the new Blue Book produced by the WHO EMT Initiative, agreed that quality of care has to be reached as well.
10. The Meeting concluded that, to further develop the curriculum, the contents of each module will now need to be written and produced through the preparation of articles which can be referred to as the textbook, and presentation materials. Thailand asked SWG-CD members if they can volunteer to be responsible for some modules, as they may already have available materials which can just be adjusted to the course, thereby saving time and effort from producing new ones. The exchange of views resulted to the articles and presentations for the following modules be produced by the following AMS:
 - a. Module 1: Brunei Darussalam
 - b. Module 2: Indonesia
 - c. Module 3: All AMS should create it by their own
 - d. Module 4: Malaysia (Can use WHO minimum dataset if no reporting system available in the country)
 - e. Module 5: Singapore
 - f. Module 6: The Philippines
 - g. Module 8: Thailand
 - h. Module 11a: Vietnam
11. The Meeting further agreed that the proposed articles will serve as pre-reading materials. The Meeting also noted that the guides for facilitators and trainers will be decided after the development of content and materials.
12. The Meeting also agreed on the next steps for the development of the Basic Course on Disaster Health Management:
 - a. The timeframe to send the content to Thailand through the ASEAN Secretariat will be the second week of December 2020, and which will be circulated to SWG-CD members for their review and feedback.
 - b. The next SWG-CD meeting is planned around January 2021 to discuss on the following points:
 - b.1. Contents of knowledge - The draft of all articles and slides should be distributed and discussed, and approval of the articles and slides.
 - b.2. Course workshop and objectives - Style of instruction, materials, scenarios and exercises

REVIEW DRAFT CONTENT OF EMT COORDINATION COURSE

13. The Meeting noted the update on the draft In-Country Course for Coordination on EMTs, the revised title of the course, that was presented by Course Development Team, which focused on the following issues:
 - a. Course Objective: to create the personnel who have the abilities to 1) coordinate and integrate with local disaster authorities and health system; 2) facilitate and give suggestion in managing disaster health management team; 3) evaluate and analyze specific health needs; and 4) manage and share information during disaster.
 - b. Course Aim (Focus): Dr. Kriangsak tried to mention that the course aims to improve domestic coordination capacity of coordination staffs in each AMS country to be able to manage incidents occurred in the country including the context where international/Regional EMTs are arriving in the country.
 - c. Utilization of the course: The users of the course can choose how to utilize this course. It can be 1) Stand-alone course (it will be conducted when a host organization/country request to convene the course) or 2) Course in RCD Process (This will be conducted when a host organization/country has already decided to host RCD).
 - d. Targets: A total of 20 participants (Coordination Staffs and Decision Makers of HEOC Strategy). Coordination staffs from neighboring AMS and observers can join if applicable.

d.1. Minimum Requirement:

- A person who is currently, or in the future, working as a practitioner in Medical and Public Health domain.
- A person who is expected to operate in HEOC in times of Medical and Public Health Emergency in the country.

A participant has to meet the following conditions as prerequisite:

d.2. Compulsory:

- General understanding regarding Medical and Public Health practice.
- Understanding about policy/regulation/organization and so on in Medical and Public Health in the host country.
- Understanding about response coordination mechanism of the host country in times of emergency.
- Good Level of English ability.

d.3. Preferable *Items in the “Preferable” will be attained through the course work.

- Understanding of methodology for assessment and analysis about disaster impact.
- Understanding of decision/policy making process based on assessed info with regard to emergency response.
- General understanding about internationally acknowledged methodology of EMTs practice and its coordination methodology.
- Knowledge about regional coordination methodology established by ARCH projects.
- Remarks: Selection of the participants will be completed by the host organization.

- e. Conducting the course: The course is consisted of 3 big group of modules (A. Preparation for Receiving EMTs, B. Coordination Skills and C. Dealing with Issues) and more than 28 sub-modules. But participants will go through pre-course learning similar to BDHM.

Preparation for Receiving EMTs		Coordination Skills		Dealing with Issues	
Course Contents	Duration	Course Contents	Duration	Course Contents	Duration
Course Introduction	0.5	SASOP and ASEAN Mechanism in D. Response	1.5	Ethical/Legal Issues	0.5
Coordination Function /Incident Management	1.0	RDC and Facilitation Process for Registration	1.0	Special Issues	0.5
Standard Facility Installation	0.5	Public Information Management	0.5	Team Briefing /Local Logistics Issues	0.5
Different coordination system in different country	0.5	Health Needs Assessment	1.0	Non-Compliant Teams	0.5
Initial Assessment and Strategic Decision Making	1.0	Data Management	1.0	Total	2.0
Pre-deployment Process and Application of Coordination Methodology	1.0	Data Management (Exercise)	1.5		
Communication Setup (Internal and External)	0.5	Updating Response Plan, Tasking and Resource Allocation	1.5		
		Tasking and Resource Allocation (sim)	1.5	Pretest	0.5
		Multi-Agency Coordination	1.0	Post-Course Test	0.5
		Coordination of Disaster Medical Operations Team	3.0	Course Evaluation	1.0
		Quality Assurance	1.0	Total	2.0
		Demobilization /Deactivation	1.0		
		Experience Sharing Session	1.0		
Total	5.0	Total	16.5	Total	25.5

Picture 1. All modules of In-Country Course for Coordination on EMTs

e.1. Pre-course Learning:

- There is no standard modules nor materials for the Pre-course learning because coordination mechanism of host country varies from country to country so it cannot be prepared as standard materials.
- However, the following knowledge should be included in the pre-course learning:

- Information gathering and decision-making process
 - Detailed how-to of situational assessment
 - Criteria for mobilization of N-EMTs or local partners
 - Criteria for mobilization of I-EMT as well as EMTs from AMS
 - Pre-course Learning Assessment
- f. Expected Roles and Responsibility of the Course Participants After Completion of the Course: The participants are expected to be utilized in the coordination mechanism in the host country. Primary purpose of this course is to improve the national coordination capacity of the host country. It is not an intention of this course to directly train a regional or international coordination staff to be deployed and served for EMTCC of overseas countries.
- g. Facilitators: It is ideal that majority of the facilitators come from the host country. Regional resource persons will be mobilized as support only when in the event that there is no available resource person to deliver specific contents in the course. One of the facilitators from the host country plays the role as Chief Organizer of the course. The minimum number of facilitators shall be 4-5 persons.
- g.1. For stand-alone courses, the selection of facilitators will be decided by the host country, and if needed, in consultation with the ARCH Project Team
 - g.2. For courses as part of the RCD preparation process, besides the procedure above, the mentors of RCD may also be utilized.
- h. Other issues:
- The language used in the delivery of the course will be both the local language and English. If the modules are delivered by a national facilitator, the local language may be used.
 - The number of courses delivered in a year will depend on the requests from AMS. Depends on the request, the course may be multiple times of course delivery in a year.
- i. The Meeting noted that the preparation and finalization of the coordination course has been aligned with the RCD preparation in Myanmar in 2021, when a course is planned to be conducted for Myanmar team. Thailand presented the excel sheet having information on each module, its objectives and expectation. The presentation appears as Annex 6.

DISCUSSION ON CONTENT – ARTICLES AND SLIDES, AND DEMARCATION OF WORK

13. The Meeting exchanged views which are summarized below:

- a. The ASEAN Secretariat suggested that the course documents may need to clearly clarify the differences between this course and WHO EMTCC. It was also mentioned that with regards to the topic on coordination system, there are training materials on frameworks on coordination in humanitarian action which are already available, and which can be used as pre-course learning material. The time allocated for each module has been noted to be short, and course developers may be putting too many things within limited timeframe. Thailand also expressed the opinion that concentration/attention span adult learners is short and has been the consideration in deciding the module timeframes.

Thailand further informed the meeting that the duration of the course depends on each country. Ideally, 6 hours per day for four days should be appropriate. Lao PDR approved for 4-day curriculum with 6 hours learning per day.

- c. As part of the next steps, the course development team will circulate the revised curriculum in the next two months (around first week of December) but it will not include pre-reading materials.

WAYS FORWARD AND CONCLUSION

14. The Meeting noted and agreed on the summary of ways forward as presented by the ASEAN Secretariat:
- a. On the development of the Basic DHM Training Course:

Update from 2nd SWG on curriculum development



Phummarin Saelim MD.
Emergency Physician,
Chief of Emergency department
Hatyai Hospital, Songkhla, Thailand

BDHM
Basic
Disaster
Health
Management

Agenda

- Basic disaster health management course
 - Plan of action
 - Way forward
- In-Country Course for Coordination on EMTs
 - Updated curriculum
 - Changes of the Contents



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Meeting

- The ONLINE 2nd SWG meeting was conducted on Sep 22nd, 2020
- Participation of all 10 AMS.
- The committee agreed with
 - Conceptual framework of the course
 - Modules and learning objectives
 - Templates



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3

Competencies

- Cognitive domain
- Psychomotor domain
- Affective domain

• Course competencies

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



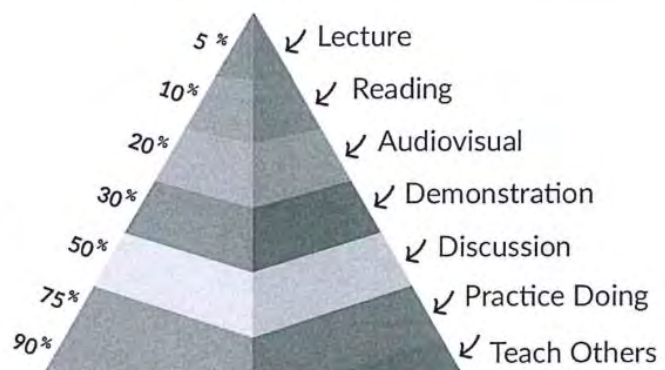
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4

Concept proposal

- Knowledge provide
 - Theory/Baseline
 - Pre-requisite
- Face-to-face workshop
 - Applied/Discuss
 - Hands-on Skills
 - Integration

THE LEARNING PYRAMID



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Blended learning

5

9 + 3 Modules

• General

1. General knowledge in disaster
2. Disaster and disaster health management
3. Laws, regulations and administrations in disaster management
4. communication and coordination mechanism in disaster management
5. Role and capability of Basic disaster management team
6. Survival theories
7. Obligation to the affected area
8. Critical resource management theory
9. Ethic and humanitarian issues

Medical

1. Basic disaster emergency response
2. Specific hazard 1 - abrupt onset disaster.
3. Specific hazard 2 - long-standing disaster.

Logistic

1. Communication devices installment and operation
2. Transportation and control
3. Facility installment



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6



Outcomes

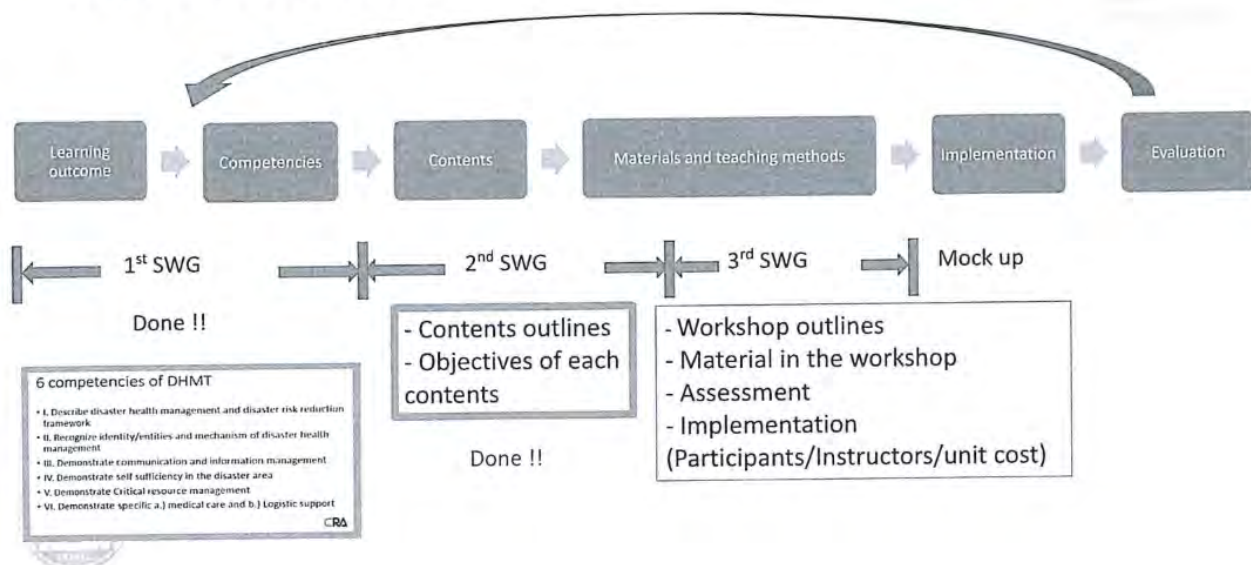
- Module 1: Brunei Darussalam
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 - Module 3: All AMS should create it by their own
 - Module 4: Malaysia (Can use WHO minimum dataset if no reporting system available in the country)
 - Module 5: Singapore
 - Module 6: The Philippines
 - Module 8: Thailand
 - Module 11a: Vietnam
-
- The rest of the modules are created by Thai participants
 - 14 / 16 modules have been submitted and waiting for review



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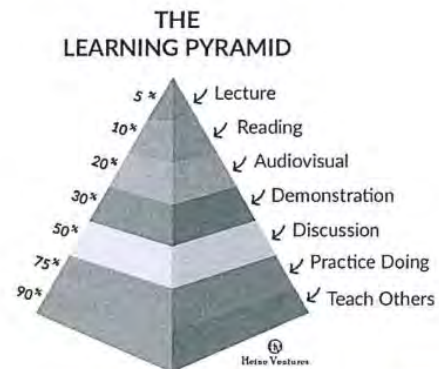
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Plan of action



Way forward : 3rd SWG meeting

- Supported by NIEMS and Chulabhorn royal academy, Thailand
 - Online
 - Late April to early May 2021
- Contents of knowledge
 - Approval of the articles and slides
- Course workshop and objectives
 - Style of instruction
 - Materials
 - Scenarios
 - Exercise



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9



Update on In-Country Course for Coordination on EMTs

in accordance with
the comments by the 2nd Meeting of the SWG of Curriculum Development (22 Sept, 2020)

Submitted on
18 December 2020



Reported at PWG2 in SEPT

Preparation for Receiving EMTs		Coordination Skills		Dealing with Issues	
Course Contents	Duration	Course Contents	Duration	Course Contents	Duration
Course Introduction	0.5	SASOP and ASEAN Mechanism in D. Response	1.5	Ethical/Legal Issues	0.5
Coordination Function /Incident Management	1.0	RDC and Facilitation Process for Registration	1.0	Special Issues	0.5
Standard Facility Installation	0.5	Public Information Management	0.5	Team Briefing /Local Logistics Issues	0.5
Different coordination system in different country	0.5	Health Needs Assessment	1.0	Non-Compliant Teams	0.5
Initial Assessment and Strategic Decision Making	1.0	Data Management	1.0	Total	2.0
Pre-deployment Process and Application of Coordination Methodology	1.0	Data Management (Exercise)	1.5		
Communication Setup (internal and External)	0.5	Updating Response Plan, Tasking and Resource Allocation	1.5		
		Tasking and Resource Allocation (sim)	1.5	Pretest	0.5
		Multi-Agency Coordination	1.0	Post-Course Test	0.5
		Coordination of Disaster Medical Operations Team	3.0	Course Evaluation	1.0
		Quality Assurance	1.0	Total	2.0
		Demobilization /Deactivation	1.0		
		Experience Sharing Session	1.0		
Total	5.0	Total	10.5	Total	25.5

UPDATED CURRICULUM

■ Course Contents : 22.0 hrs
 ■ Supporting Sessions : 3.5 hrs

Pre-Course Assignment											
DAY 1			DAY 2			DAY 3			DAY 4		
#	Contents	hrs	#	Contents	hrs	#	Contents	hrs	#	Contents	hrs
1	Course Introduction	0.5	9	Re-Cap of the Previous day	0.5	17	Re-Cap of the Previous day	0.5	24	Re-Cap of the Previous day	0.5
2	Orientation of the Course	0.5	10	Health Needs Assessment	1.0	18	Quality Assurance	1.0	25	Use of Regional/Intl Coordination Tools	1.0
3	SASOP and ASEAN Mechanism in D. Response	1.0	11	Data Management	1.0	19	Exit Strategy and Demobilisation	1.0	26	Gap Analysis between Intl and Local Coordination System	1.0
4	Basic Framework of Disaster Response System	1.0	12	Data Management (ex)	1.0	20	Considerations in Transition	1.0	27	Application of Intl Coordination into Local Context	2.0
5	Initial Assessment and Strategic Decision Making	1.0	13	Tasking and Resource Allocation	1.0	21	Dealing with Issues	1.0	28	Course Wrap Up	1.0
6	Pre-deployment Process and Application of Coordination Methodology	1.0	14	Multi-Agency Coordination	1.0	22	Experience Sharing with Other Countries	2.0	29	Course Closing	0.5
7	Facilitation Process for Registration	1.0	15	Coordination of Emergency Medical Teams (with ACMs)	1.0	23	Wrap Up of the Day	0.5			
8	Wrap Up of the Day	0.5	16	Wrap Up of the Day	0.5						
5.5hrs of Lecture as a Starter incld. Course orientation			6.0 hrs of Lecture			6.0 hrs of Lecture with practical session			4.0hrs of practical session for bridging to the future		

Advices from the Previous PWG2 (SEP2020)

- (1) Further clarification is necessary to differentiate the contents from EMTCC Course by WHO.
- (2) There are already relevant training materials existing for coordination training; utilize them.
- (3) Too much contents are put in the limited timeframe; optimize the content to fit the frame.
- (4) Ideal curriculum: 4 days of the course duration with 6 hours per day should be appropriate.

• *Ref: Summary of the 2nd SWG on CD ver.1*



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13



Changes of the Contents

- The course framework is now constructed as 4-day curriculum.
- Time spent for the course contents is reduced from 25.5hrs to 22.0hrs.
- Updated curriculum has supporting sessions in each day for participants to maximize learning curve.
- Course contents that can be replaced by the Pre-course learning are extracted from the curriculum.
- (...such as, *Standard Facilitation Installation, Communication Setup and Public Information Management.*)



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Changes of the Contents

- Post Course Test is excluded as the value and the use of the test result is not necessarily clear.
- Pre Course Test is now replaced as Pre Course Assignment, as this is more productive and add value for the curriculum.
- Also realistically, once course candidate is selected, it will be difficult to be replaced only because of the test result.
- Simulation type of delivery is excluded as workshop delivery is, instead, more hands-on and fit for the purpose.
- The 4th day is designed to bridge the participants knowledge to the next step; local application of the methodology.



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Variable factors in Implementation

- In case the course is accompanied with Mentor visit for RCD preparation, there may be an occasion that the course is requested to shrink in 3-day format; even in which there will be the same contents will be completed.
- Implementation and its delivery method of Pre-course/Post course test are subject to change in future planning.



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Thank you



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Update on
In-Country Course for Coordination on EMTs

in accordance with
the comments by the 2nd Meeting of the SWG of Curriculum Development (22 Sept, 2020)

Submitted on
18 December 2020

Reported at PWG2 in SEPT

Preparation for Receiving EMTs		Coordination Skills		Dealing with Issues	
Course Contents	Duration	Course Contents	Duration	Course Contents	Duration
Course Introduction	0.5	SASOP and ASEAN Mechanism in D. Response	1.5	Ethical/Legal Issues	0.5
Coordination Function /Incident Management	1.0	RDC and Facilitation Process for Registration	1.0	Special Issues	0.5
Standard Facility Installation	0.5	Public Information Management	0.5	Team Briefing /Local Logistics Issues	0.5
Different coordination system in different country	0.5	Health Needs Assessment	1.0	Non-Compliant Teams	0.5
Initial Assessment and Strategic Decision Making	1.0	Data Management	1.0	Total	2.0
Pre-deployment Process and Application of Coordination Methodology	1.0	Data Management (Exercise)	1.5		
Communication Setup (internal and External)	0.5	Updating Response Plan, Tasking and Resource Allocation	1.5		
		Tasking and Resource Allocation (sim)	1.5	Pretest	0.5
		Multi-Agency Coordination	1.0	Post-Course Test	0.5
		Coordination of Disaster Medical Operations Team	3.0	Course Evaluation	1.0
		Quality Assurance	1.0	Total	2.0
		Demobilization /Deactivation	1.0		
		Experience Sharing Session	1.0		
Total	5.0	Total	16.5	Total	25.5

UPDATED CURRICULUM

Course Contents : 22.0 hrs

Supporting Sessions : 3.5 hrs

Pre-Course Assignment											
DAY 1			DAY 2			DAY 3			DAY 4		
#	Contents	hrs	#	Contents	hrs	#	Contents	hrs	#	Contents	hrs
1	Course Introduction	0.5	9	Re-Cap of the Previous day	0.5	17	Re-Cap of the Previous day	0.5	24	Re-Cap of the Previous day	0.5
2	Orientation of the Course	0.5	10	Health Needs Assessment	1.0	18	Quality Assurance	1.0	25	Use of Regional/Intl Coordination Tools	1.0
3	SASOP and ASEAN Mechanism in D. Response	1.0	11	Data Management	1.0	19	Exit Strategy and Demobilisation	1.0	26	Gap Analysis between Intl and Local Coordination System	1.0
4	Basic Framework of Disaster Response System	1.0	12	Data Management (ex)	1.0	20	Considerations in Transition	1.0	27	Application of Intl Coordination into Local Context	2.0
5	Initial Assessment and Strategic Decision Making	1.0	13	Tasking and Resource Allocation	1.0	21	Dealing with Issues	1.0	28	Course Wrap Up	1.0
6	Pre-deployment Process and Application of Coordination Methodology	1.0	14	Multi-Agency Coordination	1.0	22	Experience Sharing with Other Countries	2.0	29	Course Closing	0.5
7	Facilitation Process for Registration	1.0	15	Coordination of Emergency Medical Teams (with ACMs)	1.0	23	Wrap Up of the Day	0.5			
8	Wrap Up of the Day	0.5	16	Wrap Up of the Day	0.5						
5.5hrs of Lecture as a Starter incld. Course orientation			6.0 hrs of Lecture			6.0 hrs of Lecture with practical session			4.0hrs of practical session for bridging to the future		

Advices from the Previous PWG2 (SEP2020)

- (1) Further clarification is necessary to differentiate the contents from EMTCC Course by WHO.
- (2) There are already relevant training materials existing for coordination training; utilize them.
- (3) Too much contents are put in the limited timeframe; optimize the content to fit the frame.
- (4) Ideal curriculum: 4 days of the course duration with 6 hours per day should be appropriate.

Changes of the Contents

Ref: Summary of the 2nd SWG on CD ver.1

- The course framework is now constructed as 4-day curriculum.
- Time spent for the course contents is reduced from 25.5hrs to 22.0hrs.
- Updated curriculum has supporting sessions in each day for participants to maximize learning curve.
- Course contents that can be replaced by the Pre-course learning are extracted from the curriculum. (...such as, *Standard Facilitation Installation, Communication Setup and Public Information Management.*)
- Post Course Test is excluded as the value and the use of the test result is not necessarily clear.
- Pre Course Test is now replaced as Pre Course Assignment, as this is more productive and add value for the curriculum. Also realistically, once course candidate is selected, it will be difficult to be replaced only because of the test result.
- Simulation type of delivery is excluded as workshop delivery is, in stead, more hands-on and fit for the purpose.
- The 4th day is designed to bridge the participants knowledge to the next step; local application of the methodology.

Variable factors in Implementation

- In case the course is accompanied with Mentor visit for RCD preparation, there may be an occasion that the course is requested to shrink in 3-day format; even in which there will be the same contents will be completed.
- Implementation and its delivery method of Pre-course/Post course test are subject to change in future planning.

Next Steps

- Course materials and contents → we will discuss on next SWG meeting
- Implementation plan → According to Covid – 19 pandemic situation, date of 1st course that we will organize in Myanmar will be postponed. When?



Event	Online Interviews for Study on Capacity Development on Disaster Health Management (Viet Nam)
Dates	1 March 2021
Platform	Microsoft TEAM
Participants	Project Team, Viet Nam Thai TF and JAC
Attachments	<ul style="list-style-type: none">- List of Viet Nam Participants- Meeting Document

Attachment 3

PARTICIPANTS FORM
Online Interviews for Study on Capacity Development on
Disaster Health Management, ARCH Project
Via Microsoft Teams

Participant: 1 March 2021

Name	Dr. NGUYEN CONG SINH
Business Title	Deputy Director
Organization/ Agency	Department of Planning and Finance
Contact Detail	

Name	Dr. NGUYEN DUC CHINH
Business Title	Ass.Prof. Chief of Department
Organization/ Agency	Viet Duc University Hospital/Ministry of Health
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Name	Dr. NGUYEN NHU LAM
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Name	Dr. DO THI HANH TRANG
Business Title	PhD
Organization/ Agency	Hanoi University of Public Health
Contact Detail	

Name	Dr. NGUYEN TIEN DUNG
Business Title	PhD
Organization/ Agency	National Burn Hospital
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Name	Mr. TRAN QUANG HUNG
Business Title	Official
Organization/ Agency	Department of International Cooperation
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Name	Mr. NGUYEN HUY MINH
Business Title	Official
Organization/ Agency	Department of Planning and Finance
Contact Detail	

To: ARCH Project Team

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
Nguyen Nhu Lam	Vietnam MOH	lamnguyenau@yahoo.com
Tran Quang Hung	Vietnam MOH	Heritran@heritran.vn

Instruction

Please write or select the most suitable answer.

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

1. Current medical education system in each AMS

1.1 Please explain the steps to become doctor/nurse*

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

Remarks	
---------	--

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

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

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

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

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

- Physician
- Nurses
- Driver

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

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

1.4 Number of educational institutes

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

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

1.6 License

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

2. Educational institutes providing emergency medicine program

2.1 Is training curriculum available for doctors and	1. Yes
--	--------

nurses working for ER?	
2.2 If yes, which institute has the training curriculum?	
<ul style="list-style-type: none"> - All medical universities - some nursing schools 	
2.3 How long is the training period?	2 - 3 years for specialized doctor 6 months for specialized nurses
2.4 Do they obtain certification?	1. Yes
2.5 What are the main challenges in ensuring the quality of emergency medicine education in your country?	
<ul style="list-style-type: none"> - Curriculum is not standardized (material, ..) nationally - Shortage of education centers as well as lecturers - Training course is mainly focused on professional practice, however, the organization such as the coordination mechanism, EMTCC, forms ... is not always mentioned during the training course, - The participants are not really interested in the emergency medicine and pre-hospital care. - Infrastructure and training facilities such as mannequins are not qualified !! 	
2.6 Please specify other educational qualifications for building competency on Disaster Health Management in your country. (e.g. Masters in Public Health)	
<ul style="list-style-type: none"> - Masters in Public Health 	
Remarks	

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

3.1 Please click the check boxes to the followings if the training is available in your country.	3.2 If it is available, please specify which organization provide the training for each topic.	
<input type="checkbox"/> mass casualty incident (MCI), <input type="checkbox"/> chemical, biological, radiological, nuclear, explosive (CBRNE) <input type="checkbox"/> Psychological care <input type="checkbox"/> water, sanitation and hygiene (WASH) <input type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) ()	some NGO (some NGO) () (some NGO) () (some NGO) () () () () ()	
3.3 If it is available, how long is the training course?		
3.4 And how often is it conducted? (e.g. twice a year)		
<input type="checkbox"/> mass casualty incident (MCI), <input type="checkbox"/> chemical, biological,	Duration of the course (< 1 weeks)	Frequency (Occational)

radiological, nuclear, explosive (CBRNE) <input type="checkbox"/> Psychological care <input type="checkbox"/> WASH <input type="checkbox"/> Public health <input type="checkbox"/> Logistics <input type="checkbox"/> business continuity plan (BCP) <input type="checkbox"/> safety and security <input type="checkbox"/> Others (pls. specify) ()	() () () () () () () ()	() () () () () () () ()
Remarks		
3.5 Please click the check boxes to the following if any external training course is available in your country.		3.6 If it is available, please specify which organization provide the training for each topic
<input type="checkbox"/> Basic disaster life support (BDLS) <input type="checkbox"/> Advanced disaster life support (ADLS) Major Incident Medical Management and Support (MIMMIS) <input type="checkbox"/> Field MIMMIS <input type="checkbox"/> Hospital MIMMIS <input type="checkbox"/> advanced trauma life support (ATLS) <input type="checkbox"/> International Trauma Life Support (ITLS) <input type="checkbox"/> Incident Command System (ICS) <input type="checkbox"/> Psychological First Aid (PFA) <input type="checkbox"/> Others (pls.specify)	Name of organization () () () () () () () () ()	
Remarks		

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

- 4.1 What kind of training programme does your country need most?
- Undergraduate curriculum and training program
 - MIMMISChemical, biological, radiological, nuclear, explosive (CBRNE)
 - MCI
 - ICS
 - ATLS

<ul style="list-style-type: none"> - ITLS - Psychological care - PFA - Logistic
<p>4.2 What type of support needed from curriculum committee* in carrying out DHM training in your country? Please specify.</p> <p>- Standard curriculum in AMS</p>

*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

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

6. Others

<p>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?</p>	<p>No (go to 6.3)</p>
<p>6.2 If yes, please give an example</p>	
<p>6.3 If no, what should be included in DHM education in order to work in a multicultural environment?</p> <ul style="list-style-type: none"> - Gender - Elderly - Minor ethnic groups 	
<p>6.4 What are the challenges in providing training programs for DHM?</p> <ul style="list-style-type: none"> - Shortage of resource - No standard of curriculum, training materials - Not interesting aspects 	

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

END

Thank you very much for your cooperation.

Organization	Survey Items
Ministry of Health	<ul style="list-style-type: none"> National policy/strategy on Disaster Health Management (DHM) Emergency Response System <ul style="list-style-type: none"> Organization for emergency/disaster response (e.g. National Disaster Preparedness Central Committee: NDPCC) EOC Emergency Response at the site/Operation Flow Any change in emergency or disaster response/manual after COVID-19? Ambulance Service System/Service Provider/Ambulance crew training Progress on DHM since ARCH started Human resource development plan for DHM Training program for EMT The most needed education and training program in DHM Education/training institutes, which play a core role in DHM education in the country and in a network building with major educational institutes in other ASEAN member states (AMS). Support from donors: current support in emergency medicine and DHM & Support needed
Hospital <ul style="list-style-type: none"> Dept. of Emergency medicine Dept. of Disaster Medicine 	<ul style="list-style-type: none"> Emergency medicine and DHM Training <ul style="list-style-type: none"> Curriculum, module The most difficult medical requirements/needs to respond in the past disasters Most needed skills/knowledge for EMTs in the country The most needed resources to meet the training needs/requirement Partnership with other/international institutes to provide DHM training Relevant Academic Society/Professional Organization
Medical Univ./Training Institute National center for Emergency and Disaster Medicine (under National Burn Hospital)	<ul style="list-style-type: none"> Basic information (e.g. Vision, faculty members & students) Emergency medicine and DHM Training <ul style="list-style-type: none"> Curriculum, module Curriculum development (e.g. curriculum committee, process for development) Training needs/Challenges in training DHM Training capacity (faculty/facilities/equipment) Support from other donors Partnership with other/international institutes to provide DHM training
Ex-participants who completed JICA training course on Disaster Medicine and Emergency Medicine in ASEAN Countries	<ul style="list-style-type: none"> Useful knowledge/skills gained from the training, which can help strengthen capacity for disaster health management (DHM) in your country Most urgent needs for strengthening EMS and disaster health management in your country

Ministry of Public Health
National Institute for
Emergency Medicine
Kingdom of Thailand

Official Project of
Association of
Southeast Asian
Nations (ASEAN)

Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management

Needs and Potential Survey for Capacity Development of Disaster Health Management in ASEAN Member States

Final Report

March 2021

**Japan International Cooperation Agency
(JICA)**

Koei Research & Consulting Inc.

EXCHANGE RATE

USD 1 = JPY 105.743

THB 1 = JPY 3.524

(March 2021, JICA)

USD 1 = THB 30.55

Abbreviations and Acronyms

Abbreviation	Description	Country
ACLS	Advanced Cardiac Life Support	
ADLS	Advanced Disaster Life Support	
ADPC	Asian Disaster Preparedness Center	
AED	Automated External Defibrillator	
AHA Centre	ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management	
ALD	ASEAN Leaders' Declaration on Disaster Health Management	
ALS	Advanced Life Support	
AMS	ASEAN Member States	
APCDM	Asia Pacific Conference on Disaster Medicine	
ASEAN	Association of South-East Asian Nations	
ATLS	Advanced Trauma Life support	
BCP	Business Continuity Plan	
BDHM	Basic Disaster Health Management	
BDLS	Basic Disaster Life Support	
CBDRM	Community Based Disaster Risk Management	
CBRNE	Chemical, biological, radiological, nuclear, explosive	
CCDPC/SR	Commanding Committee for Natural Disaster Prevention and Control, Search and Rescue	Viet Nam
CCFSC	Central Committee for Flood and Storm Control	Viet Nam
CCN	Cambodia Council of Nurses	Cambodia
CDC	Communicable Disease Control	
COVID-19	Corona Virus Disease	
C/P	Counterpart	
CPR	Cardiopulmonary Resuscitation	
CRC	Cambodian Red Cross	Cambodia
CSCATTT	Command and Control, Safety, Communication, Assessment, Triage, Treatment and Transportation	
CSCNDPC	Central Steering Committee for Natural Disaster Prevention and Control	Viet Nam
DARD	Department of Agriculture and Rural Development	Viet Nam
DHM	Disaster Health Management	
DMAT	Disaster Medical Assistance Team	
DMU	Disaster Management Unit	Viet Nam
ED	Emergency Department	
EMR	Emergency Medical Rescue	Thailand
EMS	Emergency Medical Service	
EMT	Emergency Medical Team	
EMT	Emergency Medical Technician	
EMTCC	Emergency Medical Coordination Cell	
EOC	Emergency Operation Center	
FR	First Responder	
HEMB	Health Emergency Management Bureau	Philippines
HNA	Health Needs Assessment	
HQ	Headquarters	
IBTE	Institute of Brunei Technical Education	Brunei
ICU	Intensive Care Unit	
ICS	Incident Command System	
IFRC	International Federation of Red Cross and Red Crescent Societies	

IPE	Interprofessional Education	
ITLS	International Trauma Life Support	
JADM	Japanese Association for Disaster Medicine	
JICA	Japan International Cooperation Agency	
KKU	Khon Kaen University	Thailand
MARD	Ministry of Agriculture and Rural Development	Viet Nam
MCI	Mass Casualty Incident	
MERS	Middle East Respiratory Syndrome	
MERT	Medical Emergency Response Team	Thailand
MHPSS	Mental Health and Psychosocial Support	
MIMMS	Major Incident Medical Management and Support	
MISP	Minimum Initial Service Package	
MoD	Ministry of Defense	
MOE	Ministry of Education	
MOH	Ministry of Health	
MOPH	Ministry of Public Health	
MOU	Memorandum of Understanding	
NCDM	National Committee for Disaster Management	Cambodia
NCSR	National Committee for Search and Rescue	Viet Nam
NGO	Non-Governmental Organization	
NIEM	National Institute for Emergency Medicine	Thailand
OPD	Outpatient Department	
PFA	Psychological First Aid	
PHMAP	Public Health and Emergency Management in Asia and Pacific	
POA	Plan of Action	
PTC	Primary Trauma Care	
PWG	Project Working Group	
RCAF	Royal Cambodian Armed Forces	Cambodia
RCC	Regional Coordinating Committee	
RCD	Regional Collaboration Drill	
SARI	Severe Acute Respiratory Infection	
SARS	Sever Acute Respiratory Syndrome	
SCDF	Singapore Civil Defence Force	Singapore
SMTI	Singapore Armed Forces Medical Training Institute	Singapore
SOMHD	ASEAN Senior Officials Meeting on Health Development	
SOP	Standard Operating Procedure	
SWOT	Strength, Weakness, Opportunity, Threat	
TAEM	Thai Association for Emergency Medicine	Thailand
TOT	Training of Trainer	
UHS	University of Health Sciences	
UK	United Kingdom	
UNICEF	United Nations Children's Fund	
USAID	United States Agency for International Development	
WADM	World Association for Disaster and Emergency Medicine	
WASH	Water, Sanitation and Hygiene	
WHO	World Health Organization	

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Appendix 1: Itinerary, Interviewees and Photos of the In-Country Survey

Appendix 2: Questionnaire Template

Appendix 3: Interview Guide

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CHAPTER VII

PROJECT RELATED MEETINGS

- **Project Working Group Meetings**
 - Online Joints PWGs Meeting
 - Online PWG 1 Meeting
 - Online PWG 2 Meeting
- **Bilateral Meetings**
 - Online Bilateral Meeting
- **Joint Coordination Committee Meeting**
 - 6th JCC Meeting

Event	Online Joint PWGs Conference
Dates	25 June 2020
Platform	Cisco Webex
Participants	Participants from ASEAN Member States, ARCH Project, ASEC and AHA
Agenda	<ul style="list-style-type: none"> - ASEAN Health Response to COVID-19, ASEAN Post-2015 Health Development Agenda and Work Programmes of ASEAN Health Clusters - Resumption of implementation of ARCH Project activities - Rescheduling of ARCH Project activities/events - Proposed additional ARCH Project activities to respond to COVID 19 pandemic
Summary of Discussion	<ul style="list-style-type: none"> - The Meeting noted the presentation from the ARCH Project Team on the proposed revised plan/schedule of ARCH Project events due to delays in implementation as a result of the evolution of the COVID-19 pandemic. - The Meeting also noted the process for the extension of the ARCH Project Extension Phase from March 2021 to end of December 2021 in order to complete planned activities. - The Meeting noted the proposed implementation plan for the POA/ALD-DHM outlining proposed activities that contribute to the achievements of each of the 21 regional and national targets, and that will be carried out from 2020-2025. - The Meeting noted the update from the ARCH Project Team on the integration of the Standard Operating Procedures for the Coordination of Emergency Medical Teams in ASEAN (EMT SOP) into the SOP and Emergency Response Operations (ASEAN SASOP), which progress has been affected by the COVID-19 situation. - The Meeting reviewed and agreed on the new schedules of committee and working group meetings in 2020.
Attachments	<ul style="list-style-type: none"> - Overall Programme - List of Participants - Summaries and Way Forward - Presentation and Meeting Document



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

**Online Joint PWGs Conference, ARCH Project
Tentative Programme**

Date: 25 June 2020 (2hrs)

Time: GMT+ 7 13.30-15.30 (Test Run 13.00)

Time (GMT+7)	Activity	Speaker
13.00 -13.30	Test Run Participants are required to sit in the front of their computer to participate in the test run for WebEx meeting practice before the opening of the meeting.	Ms. Ninuma
13.30- 13.40 10 mins	Opening Remark	Dr. Jiro
13.40- 13.55 15 mins	ASEAN Health Response to COVID-19, ASEAN Post-2015 Health Development Agenda and Work Programmes of ASEAN Health Clusters	ASEC
13.55-14.10 15 mins	Resumption of implementation of ARCH Project activities To agree on the utilization of online communication tool for the ARCH to facilitate discussion and information sharing among the ARCH stakeholders in order to resume and proceed the activities of the ARCH even in the COVID-19 outbreak situation.	Mr. Ikeda
14.10-15.00 50 mins	Rescheduling of ARCH Project activities/events To discuss and confirm on proposed reschedule of the following project activities/events and further extension of the ARCH. PWG 1 & 2 meeting in person (PWG1 responsible activities) <ul style="list-style-type: none"> - Work programme on DHM and Implementation Plan of the POA - Integration of SOP (EMT) into SASOP - ASEAN Collective Measures (PWG2 responsible activities/events) <ul style="list-style-type: none"> - Regional Collaboration Drill (RCD) in Myanmar - Standard Curriculum Development - Field study trip on Capacity Development in Myanmar & Vietnam - ASEAN Academic Seminar AMS representatives are required to indicate their prospects for future travel restrictions imposed by each government.	Mr. Ikeda Dr. Alisa Mr. Kita Mr. Ikeda Dr. Phummarin Mr. Ikeda Mr. Ikeda
15.00-15.20 20 mins	Proposed additional ARCH Project activities to respond to COVID 19 pandemic To discuss on "Collection of Good practices and Knowledge sharing on emergency medical response against COVID19."	Mr. Ikeda
15.20-15.30	Wrap-up and Ways forward	Mr. Ikeda & ASEC
15.30	Closing Remark	Dr. Jiro

Participants Online Joint PWGs Meeting			
	Country	Name	Registration
1	Brunei	DR. LINAWATI HAJI JUMAT	Registered
2	Brunei	MS. CHIANG MEI MEI	Registered
3	Brunei	DR. ALI SHAMBANA YASSIN	Registered
4	Brunei	HAJI SALEHKAMAL HAJI BADARUDIN	Registered
5	Cambodia	Ms. Sreang Iak	Registered
7	Indonesia	Dr. Eko Medistianto	Registered
8	Indonesia	Dr. Ina Agustina Isturini	Registered
9	Indonesia	Mr. Agus Hendroyono	Registered
10	Indonesia	Dr. Rakhmad Ramadanjaya	Registered
11	Indonesia	Mr. Adithya Raja Manggala	Registered
12	Indonesia	Dr. Bella Donna	Registered
13	Indonesia	Ms. Madelina Ariani	Registered
14	Indonesia	Annisa Hastya Utami	Registered
15	Lao PRD	HAIKHAME KEOKENECHANH	Registered
17	Malaysia	Dr. Kasuadi Hussin	Registered
18	Malaysia	Dr. Khairi bin Kassim	Registered
19	Malaysia	Dr. Maria Suleiman	Registered
20	Myanmar	Dr. Than Latt Aung	Registered
22	Philippines	DR. ALFONSO CRUZ DANAC	Registered
23	Philippines	MS. JANICE P. FELICIANO	Registered
24	Philippines	MARIA CARISSA L. OCAMPO	Registered
25	Philippines	Anjo Benedict R. Fabellon	Registered
26	Singapore	Dr. Lim Ghee Hian	Registered
27	Singapore	Mr. Ng Hock Sing	Registered
28	Singapore	Mr. Raihan Rafiek	Registered
29	Viet Nam	Mr. NGUYEN DUC CHINH	Registered
30	Viet Nam	MR. NGUYEN HUY MINH	Registered
31	Viet Nam	MR. TRAN QUANG HUNG	Registered
32	ASEC	Dr. Ferdinal Fernando	Registered
33	ASEC	Mr. Jim Catampongan	Registered
34	ASEC	Mr. Michael Glen	Registered
35	ASEC	Mr. Randy Adrian	Registered
36	ASEC	Dr. Siriphonxay Phetsouvanh	Registered
37	AHA	Ms. Agustina Tnunay	Registered

Released: 18 July 2020

SUMMARY AND WAYS FORWARD ONLINE JOINT PROJECT WORKING GROUPS 1 AND 2 CONFERENCE

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

25 June 2020 | 1:30pm – 4:30pm Bangkok time

INTRODUCTION AND OPENING REMARK

1. The Meeting was Chaired by Thailand, and attended by representatives from Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam, as well as from Japan International Cooperation Agency (JICA), ARCH Project Team, AHA Centre and the ASEAN Secretariat. The List of Participants appears as **ANNEX 1**.
2. The Meeting was convened to discuss and agree on the resumption of implementation of ARCH Project activities, the rescheduling of ARCH Project events, and the proposed conduct of activities related to response to Coronavirus Disease 2019 (COVID-19) pandemic. The programme/agenda appears as **ANNEX 2**.
3. Dr. Jirot Sindhvananda, Chair of the Meeting, welcomed participants and delivered welcome remarks. He thanked Contact Points for the ARCH Project for taking time despite their hectic schedules and looked forward to fruitful discussions on how to resume the implementation of ARCH Project activities in consideration of the COVID-19 situation and travel regulations.

AGENDA1: ASEAN HEALTH RESPONSE TO COVID-19, ASEAN POST-2015 HEALTH DEVELOPMENT AGENDA AND WORK PROGRAMMES OF ASEAN HEALTH CLUSTERS

4. The Meeting noted the presentation by ASEAN Secretariat on ASEAN Health Response to COVID-19, *ASEAN Post-2015 Health Development Agenda (APHDA)* and *Work Programmes of ASEAN Health Clusters*, which highlighted the contributions of the ARCH Project in the implementation of project activities under *Health Priority 12 on Disaster Health Management* which are all completed, as well as the potential for the project to further contribute to ASEAN-wide efforts to strengthen regional public health emergencies preparedness and response capacity.
 5. The Meeting also noted the adoption of the *Plan of Action to Implement the ASEAN Leaders Declaration on Disaster Health Management (POA/ALD-DHM)* during the 14th ASEAN Health Ministers' Meeting (AHMM) in August 2019 in Siem Reap; and the establishment and the convening of the first meeting of the *Regional Coordination Committee on Disaster Health Management (RCC-DHM)* in January 2020, as the main implementing mechanism for the POA/ALD-DHM). The Meeting was also updated that the RCC-DHM is currently developing an Implementation
- 1 Summary and Ways Forward. Online Joint PWG 1 and 2 Conference, ARCH Project, 25 June 2020

Adopted 10 July 2020

Plan for the POA/ALD-DHM that encompass medical, public health and other domains under DHM. The presentation and information papers appear as **ANNEX 3**.

6. The Meeting noted the rescheduling of the *15th Senior Officials Meeting for Health Development (SOMHD)* to 24-28 August 2020 via video conference, as well as the *Sixth Meeting of ASEAN Health Cluster 2* sometime in October 2020 or within the fourth quarter of 2020 via video conference. The Meeting also noted that the above meetings will discuss the findings and recommendations of the review of APHDA and its *Governance and Implementation Mechanisms (GIM)* and Work Programmes of ASEAN Health Clusters, as well as provide guidance on the development of Work Programmes of ASEAN Health Clusters for 2021-2025. The Meeting further noted that the review and planning processes will involve a number of consultations and may also engage the ARCH Project.

AGENDA 2: RESUMPTION OF IMPLEMENTATION OF ARCH PROJECT ACTIVITIES

7. The Meeting noted the presentation from the ARCH Project Team on the proposed revised plan/schedule of ARCH Project events due to delays in implementation as a result of the evolution of the COVID-19 pandemic. The presentation appears as **ANNEX 4**.
8. The Meeting agreed that meetings and consultations scheduled in 2020 will be carried out through online conference or consultations, and that meetings, consultations and events scheduled in 2021 will be planned to be conducted as face-to-face/in-person subject to the prevailing COVID-19 situation and travel regulations. The Meeting further agreed that the conduct of activities in-person in 2021 will be subject to further reviews and discussions in follow-up online conferences of relevant working group/sub-working group.
9. The Meeting agreed on the following schedule of meetings, consultations and events in 2020 and 2021:

Activity/event	2020	2021
• Regional Coordination Committee/ Disaster Health Management	Aug-Sept	Feb-Mar
• Project Working Group 1 and 2	1 – 2 online conf	Feb-Mar; Q3
• Sub-Working Group 1 on Collective Measures	July; 1-2 online conf	Feb-Mar
• Sub-Working Group 2 on Curriculum Development	Q3; 1-2 online conf	Feb-Mar
• Academic Seminar		Q3
• Regional Collaboration Drill	Online preps	Q4
• Field Study (Myanmar, Viet Nam)		Jan-Feb
• End of extension phase		Dec

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Approved To July 2020

10. The Meeting also noted the process for the extension of the ARCH Project Extension Phase from March 2021 to end of December 2021 in order to complete planned activities. The Meeting also noted the on-going discussions for an ARCH Project Phase 2 that may start from 2022, and the consultations that will be conducted in 2021 to determine priority strategies and activities.
11. The Meeting noted the interest of Malaysia to host one of the upcoming regional collaboration drills with support from the ARCH Project, which will be most likely in 2022 as part of ARCH Project Phase 2. The Meeting noted that preparations for the RCD could already be initiated in 2021.

AGENDA 3: RESCHEDULING OF ARCH PROJECT ACTIVITIES/EVENTS

3.1. Work Programme on DHM and Implementation Plan of the Plan of Action (ALD on DHM)

12. The Meeting noted the proposed implementation plan for the POA/ALD-DHM outlining proposed activities that contribute to the achievements of each of the 21 regional and national targets, and that will be carried out from 2020-2025. The Meeting further noted that the ARCH Project will be able to support the implementation of activities that contribute to 19 of the 21 targets of the POA/ALD-DHM. The proposed implementation plan appears as **ANNEX 5**.
13. The Meeting agreed for ARCH Project Contact Points to review the proposed implementation plan and to provide feedback by 31 July 2020.

3.2. Integration of SOP (EMT) into ASEAN SASOP

14. The Meeting noted the update from the ARCH Project Team on the integration of the *Standard Operating Procedures for the Coordination of Emergency Medical Teams in ASEAN (EMT SOP)* into the *SOP for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (ASEAN SASOP)*, which progress has been affected by the COVID-19 situation. The presentation appears as **ANNEX 6**.
15. The Meeting further noted the clarification from AHA Centre that during the *ASEAN Committee on Disaster Management – Working Group on Preparedness and Response (ACDM WGP&R)* in May 2020, it was recommended that the draft EMT SOP be tested during the next *ASEAN Regional Disaster Emergency Response Simulation Exercise (ARDEX)* which has been moved to the second quarter of 2021. AHA Centre also informed the Meeting that the ASEAN Health Sector through the ARCH Project will be requested to be involved in the preparations of the ARDEX.

3.3. ASEAN Collective Measures

16. The Meeting noted the update from the ARCH Project on *ASEAN Collective Measures*, which included the conduct of the first meeting of the sub-working group in January 2020 which agreed on the expected outputs and products of the
- 3 Summary and Ways Forward. Online Joint PWG 1 and 2 Conference, ARCH Project, 25 June 2020

September 10, 2019 2020

group, and the circulation of questionnaire for data collection. The Meeting also noted and agreed on the proposed new timeline which includes online consultations in July followed by a combination of e-mail and online consultations throughout 2020, and the proposed submission of final outputs/products to PWG 1 in 2021. The presentation appears as **ANNEX 7**.

3.4. Regional Collaboration Drill (RDC) in Myanmar

17. The Meeting noted the update from the ARCH Project Team on the tentative reschedule of the Fifth RCD in Myanmar in the fourth quarter of 2021, on the proposed resumption of preparations through online exchanges later this year, and on the possible mentor team visits and trainings in Myanmar from the third quarter of 2021.
18. Myanmar expressed their continued commitment to host the RCD, as well as their willingness to re-initiate preparations through online exchanges.

3.5. Standard Curriculum Development

19. The Meeting noted the update from the ARCH Project Team on the progress of *Standard Curriculum Development*, which included the successful conduct of the first meeting of the sub-working group in February 2020 which agreed on competencies, training contents and methods for the basic course, and the proposed resumption of sub-working group activities through online consultations. The presentation appears as **ANNEX 8**.
20. The Meeting exchanged views that learning from trainings could be maximized through the incorporation of scenario-based exercises, and eventually the engagement of trainees in actual emergency response; the trainings designed by national *Field Epidemiology Training Programmes (FETP)* were cited as example. The ARCH Project Team noted the suggestions from the Meeting and indicated that these will be further deliberated by the sub-working group.

3.6. Field Study Trip on Capacity Development, Myanmar and Viet Nam

21. The Meeting noted the update from the ARCH Project Team on the on-going *Study on Capacity Development for Disaster Health Management in ASEAN Member States*, particularly the field study visits to Cambodia and Lao DPR which were completed in February, and the visits to Myanmar and Viet Nam which are proposed be moved to January-February 2021.
22. Myanmar and Viet Nam expressed their willingness to host the visiting team on the proposed new schedule, subject to the prevailing COVID-19 situation and travel regulations.

3.7. ASEAN Academic Seminar

23. The Meeting noted the proposed new schedule of the *ASEAN Academic Seminar* in the third quarter of 2021 as shared by the ARCH project team, including further discussions on the seminar programme during follow up online conference of
- 4 Summary and Ways Forward. Online Joint PWG 1 and 2 Conference, ARCH Project, 25 June 2020

Adopted 10 July 2020

PWG 2. The Meeting also noted the plan that ASEAN Member States will be requested to submit abstracts in early 2021, and invitation letters to ASEAN Member States and international speakers will be issued in the second quarter of 2021.

AGENDA 4: PROPOSED ADDITIONAL ARCH PROJECT ACTIVITIES TO RESPOND TO COVID19 PANDEMIC

24. The Meeting noted the proposal from the ARCH Project Team on the sharing of knowledge and experiences of ASEAN Member States in the mobilization of EMT for national COVID-19 response and contribute to learning in the delivery of medical services in pandemics or infectious disease outbreaks and related health crises. The Meeting further noted that the expected outputs of the activity is a collection of good practices and knowledge on emergency medical operation in response to COVID-19, which could be generated through the completion of form/questionnaire (annex to the proposal). The ARCH Project Team requested Contact Points to provide inputs to the concept paper and attachment by 10 July 2020, as well as to submit completed forms by 31 July 2020. The proposal with attachment appears as **ANNEX 9**.
25. The Meeting exchanged views, the key points of which are summarized below:
 - a. The COVID-19 pandemic is an extraordinary and unique event where all ASEAN Member States are affected with travels restricted, rendering the delivery of regional assistance very challenging. The ARCH Project may consider exploring how emergency and humanitarian assistance can be delivered in this context, and the role of emergency medical response organisations and responders.
 - b. After the compilation of completed forms/questionnaire with abstracts, the ARCH Project Team will organise webinars to share good practices and knowledge gained through COVID-19 response. The good practices will also be presented in the Academic Seminar.
 - c. The ARCH Project may explore synergies with other experience/knowledge sharing platforms of the ASEAN Health Sector, such as the *ASEAN Emergency Operations Centre Network for public health emergencies*. The ASEAN EOC Network has been organising experience-sharing video conferences among ASEAN Member States, as well as with China, Italy and United States, and is planning to produce a coffee-table book on COVID-19 response efforts of ASEAN Member States.

AGENDA 5: WRAP-UP AND WAYS FORWARD

26. The Meeting reviewed and agreed on the new schedules of committee and working group meetings in 2020, which will be carried out online:
 - a. Online consultation of SWG on Curriculum Development: End of July
 - b. Online consultation of SWG on ASEAN Collective Measures: End of July/ Beginning of August
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Adopted 10 July 2020

- c. Online conference of RCCDHM: September
 - d. Online conference of PWG 1: October 2020 (SOP to SASOP & Implementation Plan for POA)
 - e. Online conference of PWG 2: October 2020 (ASEAN Academic Seminar & Capacity Development Survey)
27. The Meeting also agreed on the deadline of submission of inputs on the following documents:
- a. By 10 July 2020, inputs to the proposal for additional ARCH Project activity in relation of COVID-19 response;
 - b. By 31 July 2020, inputs to the draft Implementation Plan on POA/ALD-DHM;
 - c. By 31 July 2020, inputs to good practices on COVID-19 response using the form attached to the proposal for new activity; and,
 - d. By 31 July 2020, updates on country travel policies and regulations related to COVID-19.
28. The Meeting was informed about the thrice-weekly production of *Risk Assessment for International Dissemination of COVID-19 to the ASEAN Region* by the ASEAN BioDiaspora Virtual Centre hosted by the Philippines. The ARCH Project Team was requested to consult the report which includes updates on travel advisories by ASEAN Member States.

CLOSING

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

XXX

Event	Online PWG 1 Conference
Dates	1 st October 2020
Platform	Cisco Webex
Participants	ASEAN Member States, ASEC, AHA Centre, JAC, JICA and ARCH Project
Agenda	<ul style="list-style-type: none"> - Updates from the ASEAN Secretariat - Updates on the Implementation Plan of POA/ALD on DHM, ARCH Re-Extension Phase and ARCH Phase 2 - AMS I-EMT Lessons Learnt Report Template - Updates from the Sub-Working Group on ASEAN Collective Measures for AMS I-EMT - Updates on the Finalization of EMT SOP, and Integration of EMT SOP into ASEAN SASOP - Updates on a collection of Good Practices for COVID-19 Response - Proposed Development of Minimum Data Set for COVID-19 Response - ARCH Project Extension Phase Implementation Plan in 2021 (with proposed alternatives)
Summary of Discussion	<ul style="list-style-type: none"> - Field study in Myanmar and Viet Nam schedule – Jan/Feb, April 20 - RCC DHM Secretariat is finalizing plans for the development of the implementation plan for POA/ALD on DHM, and will communicate through ASEAN Secretariat - RCC DHM will now be chaired by Philippines as per TOR which aligns with the AHC 2 Chairpersonship; RCC DHM Secretariat and ASEAN Secretariat to plan for assumption of Philippines. - ARCH Project will revise the template and circulate to PWG 1 Members via ASEAN Secretariat on 8 October; AMS will revert with feedback by 23 October 2020. Subsequently, if there will be no comments, the Template will be considered endorsed by PWG 1, and elevated to RCC-DHM and AHC 2 for further endorsement. - The Meeting suggested to consider medical response at community level in the documentation and sharing of good practices. - Agreed on the possible alternative dates and modality of implementation in consideration of the prevailing situation of COVID-19 pandemic.
Attachments	<ul style="list-style-type: none"> - Overall Programme - List of Participants - Summaries and Way Forward - Presentation and Meeting Document



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

Attachment 1

**Online PWG 1 Conference, ARCH Project
Tentative Programme**

Date: 1 October 2020 (2hrs)

Time: GMT+ 7 Bangkok 9.00-11.10 (Test Run 8.45)

Platform: Cisco WebEx

Participants: ASEAN Member States, ASEAN Secretariat, AHA Centre, JAC and JICA

Chair: Dr.Jirot Sindhvananda (Thailand)

Time (GMT+7)	Agenda Item	Speaker
8.45 -9.00	Test Run	Ms. Ninuma
9.00- 9.05 5 mins	Opening Remark	Dr. Jirot
9.05-9.15 10 mins	Updates from the ASEAN Secretariat	ASEC
9.15-9.30 15 mins	Updates on the Implementation Plan of POA/ALD on DHM, ARCH Re-Extension Phase and ARCH Phase 2 To update on the development of the Implementation Plan of the POA/ALD on DHM, and ARCH Phase 2, and to confirm on ARCH Re-Extension.	Mr. Ikeda
9.30-9.40 10 mins	AMS I-EMT Lessons Learnt Report Template To further discuss and finalize the AMS I-EMT Lessons Learnt Report Template.	Mr. Ikeda
9.40- 10.05 25 mins	Updates from the Sub-Working Group on ASEAN Collective Measures for AMS I-EMT To present draft recommendations and ongoing discussions for ASEAN Collective Measures.	Mr. Kita
10.05-10.25 20 mins	Updates on the Finalization of EMT SOP, and Integration of EMT SOP into ASEAN SASOP To propose the EMT SOP revision and confirm the progress of Integration of EMT SOP into ASEAN SASOP.	Dr. Alisa
10.25-10.50 25 mins	Updates on a collection of Good Practices for COVID-19 Response Proposed Development of Minimum Data Set for COVID-19 Response To introduce a draft of Minimum Date Set for COVID-19 Response and seek for suggestion/feedback from AMS.	Mr. Ikeda Dr. Alisa & Dr. Kubo
10.50-11.00 10 mins	ARCH Project Extension Phase Implementation Plan in 2021 (with proposed alternatives) To discuss on ARCH main events plan in 2021 with alternatives if international travel restrictions will be continued due to outbreak of COVID-19.	Mr. Ikeda
11.00-11.10 10 mins	Wrap-up and Ways forward	ASEC
	Closing Remark	Dr. Jirot

Participants - Online PWG 1 Conference, 1 October 2020

	Country	Name	Title
1	Brunel	DR. LINAWATI HAJI IUMAT	Consultant Emergency Physician and Head of Emergency Services
2	Cambodia	Dr.Lak Muy Seang	Deputy Director, Preventive Medicine Department
3	Cambodia	Dr.Teng Srey	Communicable Disease Control Department
4	Indonesia	dr.Bella Donna	Center for Health Policy and Management, University of Gadjah Mada
5	Indonesia	dr.Eko Mediantanto	Center for Health Crisis, Ministry of Health Republic of Indonesia
6	Indonesia	Dr.Corona Rintawan	Muhammadiyah Disaster Management Center
7	Lao PDR	Absent	
8	Lao PDR		
9	Malaysia	Dr.Maria Suleiman	Senior Principal Assistant Director
10	Malaysia	Dr. Zainal Effendy Bin Zainal Abidin	Emergency Physician
11	Malaysia	Dr.Kuswara Novia	MOH
12	Myanmar	Absent	
13	Myanmar		
14	Philippines	DR. ALFONSO CRUZ DANAC	Chief of Medical and Professional Services Jose B. Lingad Memorial General Hospital
15	Philippines	MS. JANICE P. FELICIANO	Nutritionist-Dietitian V Health Emergency Management Bureau
16	Singapore	Dr. Lim Ghee Hian	Senior Consultant (Emergency Department)/ Director, Clinical Risk Management (NITGHI) Nee Teng Fong General Hospital, Singapore
17	Singapore	Mr. Ng Hock Sing	Director of Emergency Preparedness and Response Division MOH
18	Singapore	Mr. Raihan Rafiek	Senior Assistant Director, Operations Development Emergency Preparedness and Response Division MOH
19	Thailand	Dr. Phusit Prakongsai	Senior Advisor, MOPH
20	Thailand	Dr.Anupong Sujariyakul	Senior Expert, MOPH
21	Viet Nam	Mr. NGUYEN DUC CHINH	Ass.Prof. Chief of Department Viet Duc University Hospital/Ministry of Health
22	Viet Nam	MR. NGUYEN HUY MINH	Official Department of Planning and Finance/Ministry of Health
23	ASEC	Dr. Ferdinal Fernando	Head/ Assistant Director, Health Division
24	ASEC	Mr. Jim Catampungan	Senior Officer, Health Division
25	ASEC	Mr. Michael Glen	MBT Program coordinator, Health Division
26	ASEC	Mr. Randy Adrian	Officer of Health Division
27	AHA	Absent	
28	Chairman	Dr.Jirut Sindhvananda	Senior Advisor
29	Observer	Dr.Phumil Silapunt	Deputy Director
30	Observer	Mr.Surachai Silawan	NIEM
31	Observer	Ms.Sansana Umpapan	NIEM
32	Observer	Dr.Aissa Yanezarn	Deputy Director, DPHEM, MOPH
33	Observer	Mr.Peerapong Tangtjaroen	Nurse
34	Observer	Dr.Narumon Sawanpanyalert	MOPH
35	Observer	Dr.Tomoaki Natsukawa	JAC
36	Observer	Dr. Tatsuhiko Kubo	JAC
37	Observer	Dr.Tatsuro KAI	JAC
38	Observer	Mr.Yasuke Takada	JAC
39	Observer	Mr. Amemiya SHO	JICA
40	Observer	Ms.Yuko Kawai	JICA
41	Observer	Ms.Chiaki Kido	Consultant, KRC
42	ARCH	Mr.Shuichi Ikeda	Chief Advisor
43	ARCH	Mr.Taro Kita	Project Coordinator
44	ARCH	Mr.Valintorn Chewasuchin	Project Officer
45	ARCH	Ms.Ninuma Dullaphan	Project Officer

**REPORT OF THE
ONLINE PROJECT WORKING GROUP 1 CONFERENCE
PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON
DISASTER HEALTH MANAGEMENT**

9:00-11:00AM BANGKOK TIME, 1 OCTOBER 2020

INTRODUCTION

1. The Meeting was chaired by Thailand as Lead Country of the ARCH Project, and attended by designated contact points for Project Working Group 1, ARCH Project, of ASEAN Member States, as well as representatives from the ARCH Project Team, Japanese Advisory Committee, Japan International Cooperation Agency (JICA) and ASEAN Secretariat. The List of Participants appears in [Annex 1](#).
2. The Meeting was convened to continue the implementation of priority initiatives under the ARCH Project Extension Phase, and particularly under the purview of Project Working Group 1, in consideration of travel restrictions resulting from the COVID-19 pandemic. The programme/agenda appears as [Annex 2](#).

OPENING REMARK

3. Dr. Jiroth Sindhvananda, Senior Adviser to Chulabhorn International College of Medicine, Thammasat University and as Chair of the Meeting, welcomed participants and delivered opening remarks. He expressed appreciation to the commitment of ASEAN Member States to the ARCH Project, and for participating in the virtual meeting despite their busy schedule in consideration of national responses to the COVID-19 pandemic. He looked forward to a productive and fruitful meeting.

UPDATES FROM THE ASEAN SECRETARIAT

4. The Meeting noted the updates from the ASEAN Secretariat on the [a] Sustained ASEAN Health Sector Response to COVID-19 Pandemic, [b] ASEAN Health Sector Meetings Relevant to Project Working Group 1 namely the Special Video Conference of ASEAN SOMHD on Synergising COVID-19 Response and 15th ASEAN SOMHD and Related Meetings, [c] ARCH Project Meetings including the Online Joint PWG 1 and 2 Conference and Webinar on Good Practices on Medical Response Against COVID-19 Outbreak, and [d] upcoming events relevant to Project Working Group 1. The presentation appears as [Annex 3](#).

UPDATES ON THE IMPLEMENTATION PLAN OF POA/ALD ON DHM, ARCH RE-EXTENSION PHASE AND ARCH PHASE 2

5. The ARCH Project Team updated the Meeting on the [a] development of the implementation plan of the Plan of Action of the ASEAN Leaders' Declaration on Disaster Health Management (POA/ALD on DHM) which was endorsed by the 14th ASEAN Health Ministers Meeting on 29 August 2019 in Siem Reap, Cambodia, [b] the discussions on the development of framework for the ARCH Project Phase 2 covering the period of 2022 – 2025, and [c] the confirmation of the re-extension of timeline of the ARCH Project Extension Phase from April 2021 to December 2021. The presentation appears as [Annex 4](#).

6. The Meeting exchanged views on several points as follow:
 - a. The remaining activities under ARCH Re-extension Phase under PWG 1 and 2 including field study in Myanmar and Viet Nam to be scheduled tentatively in Q1 of 2021;
 - b. The implementation plan of ARCH Project Phase 2 aims to contribute to realization of 19 of the 21 targets, and three of the five priority areas, of the POA/ALD on DHM. The 19 targets comprise of 12 and seven regional and national level targets, respectively. These ARCH Project contributions will be consolidated with other initiatives that will for part of the overall implementation plan of the POA/ALD on DHM;
 - c. The RCC DHM Secretariat, through Lead Country Thailand, is finalizing the plans for the conduct of meetings for the development of the implementation plan for the POA/ALD on DHM which will be communicated soon through the ASEAN Secretariat;
 - d. The RCC DHM chairmanship will now be handed over to the Philippines, following the terms of reference (TOR) of the RCC DHM, which is an annex to the POA/ALD on DHM. The TOR stipulates that the chairmanship of the RCC DHM aligns with the chairpersonship of the ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats. RCC DHM and ASEAN Secretariat will further discuss and plan for the assumption of the Philippines as RCC DHM Chair.

Action Line: RCC-DHM Secretariat, ASEAN Secretariat

AMS I-EMT LESSONS LEARNT REPORT TEMPLATE

7. The Meeting noted the presentation from ARCH Project Team on the draft AMS I-EMT Lessons Learnt Report Template which intends to document lessons learnt during the whole deployment and mobilization of the EMT. The presentation appears as **Annex 5**.
8. The Meeting further exchanged views on the report template which salient points include:
 - a. Provide description of the ASEAN Collective Measures in the form, as footnote.
 - b. When asking on constraints or problems encountered, it was suggested that questions on solutions done by the team to address the problem be also included, for the information of other teams deployed too.
 - c. When reviewing the draft template, AMS may consider accomplishing the form so that they can give their respective comments
 - d. Add lessons learnt for the composite team which has already been implemented during the RCD 4 in Bali, Indonesia in 2019.
 - e. Consider the designation of the EMT Focal Point of the Country to complete the form
9. The Meeting agreed that the ARCH Project Team will revise the template based on discussions during the meeting, and circulate the updated version to PWG 1 Members via ASEAN Secretariat on 8 October 2020 for AMS review and/or approval with deadline on 23 October 2020. In absence of response, the Template will be considered endorsed and further elevated to RCC-DHM and ASEAN Health Cluster 2 for further endorsement.

Action Line: PWG 1 Members, ARCH Project Team, ASEAN Secretariat

UPDATES FROM THE SUB-WORKING GROUP ON ASEAN COLLECTIVE MEASURES FOR AMS I-EMT

10. The ARCH Project Team updated the Meeting on the progress of the work of the SWG on ASEAN Collective Measures (ACM), including [a] preliminary findings, [b] the seven recommendations on the key issues tackled by the sub-working group which are (i) Database-Set of information for AMS I-EMT, (ii) Strengthening Liaison/ Support function of EMTCC, (iii)

Waste Management, (iv) Medical Accident, (v) Foreign Medical License, (vi) Preposition of EMT items, and (vii) Future strategy of the ASEAN Collective Measures, and [c] proposed future strategy of the ACM and supplementary documents. The presentation appears as **Annex 6.**

11. The Meeting noted the update and exchanged of views which focused on the following:
 - a. The collective measure is guided by WHO EMT initiative but adapted with regional perspective, aiming to look into and to propose mechanisms that will enable AMS to achieve standards when deploying EMT
 - b. Following endorsement by AHC 2, the revised EMT SOP will be forwarded to ASEAN Committee for Disaster Management Working Group (ACDM WG) on Preparedness and Response.

UPDATES ON THE FINALIZATION OF EMT SOP, AND INTEGRATION OF EMT SOP INTO ASEAN SASOP

- 12.
13. The Meeting noted the updates from the ARCH Project Team on the proposed revisions of the draft EMT SOP based on preliminary findings and recommendations of the SWG on ACM including the ways forward, as well as the integration of EMT SOP into ASEAN Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP). The presentation appears as **Annex 7.**

UPDATES ON THE COLLECTION OF GOOD PRACTICES FOR COVID-19 RESPONSE

14. The Meeting was updated by the ARCH Project Team on the [a] implementation of Good Practices collection with contribution from Cambodia, Philippines, Thailand, and Vietnam, [b] conduct of the webinar on 15 September 2020 and next webinar planned in November or December, [c] plan to publish the good practices as ARCH Project product, and [d] conduct of a panel discussion during the ASEAN Academic Seminar in 2021. The Meeting also noted the request from ARCH Project Team for the submission of additional good practices by the end of October and acknowledged the input to consider medical response at community level. The presentation appears as **Annex 8.**

Action Line: PWG 1 Members, ARCH Project Team, ASEAN Secretariat

PROPOSED DEVELOPMENT OF MINIMUM DATA SET FOR COVID-19 RESPONSE

15. The Meeting noted the introduction from the ARCH Project Team and Japan Advisory Committee on the development of WHO EMT Minimum Data Set (MDS) through the activities of the ARCH Project and the proposed development of MDS for COVID-19 Response through the Highly Infectious Disease Working Group (HID WG). The presentation appears as **Annex 9.**
16. The Meeting also:
 - a. Noted the proposed COVID-19 related elements in the EMT MDS;
 - b. Exchanged views and recommendations on the definition, categorization of COVID-19 cases, including procedures taken and the information that HID WG may be able to release an MDS guideline related to COVID-19; and
 - c. Noted the benefit of having EMT MDS and its relation to national reporting systems.

ARCH PROJECT EXTENSION PHASE IMPLEMENTATION PLAN IN 2021 (WITH PROPOSED ALTERNATIVES)

17. The ARCH Project Team updated the Meeting on the schedule of implementation of activities of ARCH Project Extension Phase and possible alternative dates and modality of implementation in consideration of the prevailing situation of COVID-19 pandemic which are noted by the Meeting. The presentation appears as Annex 10.

WRAP-UP AND WAYS FORWARD

18. The Meeting agreed on the summary of agreements and ways forward of the Meeting outlined below as presented by the ASEAN Secretariat.

AGENDA ITEM	AGREEMENTS AND WAYS FORWARD
Updates from the ASEAN Secretariat	<ul style="list-style-type: none"> Noted updates from ASEAN Secretariat
Updates on the Implementation Plan of POA/ALD on DHM, ARCH Re-Extension Phase and ARCH Phase 2	<ul style="list-style-type: none"> Noted updates from the ARCH Project Team, including the purpose of ARCH Extension Phase as well as proposed Phase 2 (2021-2025) Field study in Myanmar and Viet Nam schedule – Jan/Feb, April 20 The implementation plan presented is the ARCH Project's contribution to the POA/ALD on DHM RCC DHM Secretariat is finalizing plans for the development of the implementation plan for POA/ALD on DHM, and will communicate through ASEAN Secretariat RCC DHM will now be chaired by Philippines as per TOR which aligns with the AHC 2 Chairpersonship; RCC DHM Secretariat and ASEAN Secretariat to plan for assumption of Philippines.
AMS I-EMT Lessons Learnt Report Template	<ul style="list-style-type: none"> Noted the presentation from ARCH Project Team on the template, which intends to document lessons learnt during the whole deployment and mobilization of the EMT The exchange of views focused on the following: <ul style="list-style-type: none"> Provide description of the ASEAN Collective Measures in the form, as footnote. When asking on constraints or problems encountered, it was suggested that questions on solutions done by the team to address the problem be also included, for the information of other teams deployed too. AMS to try to accomplish the form so that they can give their respective comments Add lessons learnt for the composite team which has already been implemented during the RCD 4 in Bali, Indonesia in 2019. Consider the designation of the EMT Focal Point of the Country to complete the form ARCH Project will revise the template and circulate to PWG 1 Members via ASEAN Secretariat on 8

AGENDA ITEM	AGREEMENTS AND WAYS FORWARD
	October; AMS will revert with feedback by 23 October 2020. Subsequently, if there will be no comments, the Template will be considered endorsed by PWG 1, and elevated to RCC-DHM and AHC 2 for further endorsement.
Updates from the Sub-Working Group on ASEAN Collective Measures for AMS I-EMT	<ul style="list-style-type: none"> • Noted the updates from the ARCH Project on the progress of the work of the SWG on ASEAN Collective Measures, including preliminary findings and recommendation on the key issues tackled by the sub-working group. • Noted the proposed future strategy of the ASEAN Collective Measures, and supplementary documents • The exchange of views focused on the following: <ul style="list-style-type: none"> - The collective measure is guided by WHO EMT initiative and aims to look into and to propose mechanisms that enable AMS to achieve standards when deploying EMT. - The revised EMT SOP, after endorsed by AHC 2, will be forwarded to ACDM WG on Preparedness and Response.
Updates on the Finalization of EMT SOP, and Integration of EMT SOP into ASEAN SASOP	<ul style="list-style-type: none"> • Noted the summary of proposed revisions of the draft EMT SOP, based on preliminary findings and recommendations of the SWG ACM, including the proposed ways forward.
Updates on a collection of Good Practices for COVID-19 Response	<ul style="list-style-type: none"> • Noted the update from the ARCH Project Team on the implementation of Good Practices, the conduct of the webinar on 15 September 2020, and the planned publication of good practices and conduct of a panel discussion during the ASEAN Academic Seminar in 2021. • Noted the request of ARCH Project Team for the submission of additional good practices, and the follow up webinar in November or December. • The Meeting suggested to consider medical response at community level in the documentation and sharing of good practices.
Proposed Development of Minimum Data Set for COVID-19 Response	<ul style="list-style-type: none"> • Noted the presentation from the ARCH Project Team and Japan Advisory Committee on the development of the WHO EMT MDS through the activities of the ARCH Project, and the proposed development of MDS for COVID-19 Response through the Highly Infectious Disease Working Group (HID WG). • Noted the proposed COVID-19 related elements in the EMT MDS. The exchange of views and recommendations on the definition, categorization of COVID-19 cases, including procedures taken,

AGENDA ITEM	AGREEMENTS AND WAYS FORWARD
	and the information that HID WG may be able to release an MDS guideline related to COVID-19.
ARCH Project Extension Phase Implementation Plan in 2021 (with proposed alternatives)	<ul style="list-style-type: none"> Noted the schedule of implementation of activities of ARCH Project Extension Phase Agreed on the possible alternative dates and modality of implementation in consideration of the prevailing situation of COVID-19 pandemic.

CLOSING REMARK

19. Dr. Jiroi Sindhvananda, closed the meeting by thanking the consistent technical support from the ARCH Project team and JICA, as well as active contribution from the AMS. Given the limitation of COVID-19 situation, he expressed hope for hard work by all parties so that the project could be accomplished in timely manner.

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

Event	2 nd Online Meeting of Project Working Group 1
Dates	23 March 2021
Platform	Cisco Webex
Participants	40 Participants ASEAN Member States, ARCH, JAC, Other related organizations
Agenda	<ul style="list-style-type: none"> - Updates from the ASEAN Secretariat - Updates on the Finalization of EMT SOP, and Integration of EMT SOP into ASEAN SASOP - Updates on ASEAN Collective Measures for AMS I-EMT - Planned Activities for the ARCH Re-Extension Phase, and Updates on the Preparation of ARCH 2 - Wrap-up and Ways Forward
Summary of Discussion	<ul style="list-style-type: none"> - Further noted that revised EMT SOP will be elevated to AHC 2 CC for further review and/or endorsement, and subsequently to ACDM through the WG on PRR for testing in ARDEX scheduled in March 2022. - Agreed that AMS may provide/updated information on the 'database for receiving I-EMT' to the ARCH Project Team as the need arises using the latest version of the form. - Agreed to consider in Phase 2 the enhancement of mutual learning, including the facilitation of AMS with WHO-verified EMT as mentors to other AMS undergoing EMT accreditation processes.
Attachments	<ul style="list-style-type: none"> - Overall Programme - List of Participants - Summaries and Way Forward - Presentation and Meeting Document



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

The Second Online Project Working Group (PWG) 1 Conference

Tentative Programme

Date: 23 March 2021
 Time: GMT+7 9.00 – 12.00, Bangkok time (Test Run: 8.45)
 Platform: Cisco WebEx
 Participants: ASEAN Member States, ASEAN Secretariat, AHA Centre, JAC and JICA
 Chair: Dr. Jirots Sindhvananda (Thailand)

Time (GMT+7)	Agenda Item	Speaker
8.45 – 9.00 (15 mins)	Test Run Participants are required to sit in front of their computer to participate in the test run for Cisco WebEx meeting practice before the opening of the meeting	ARCH Project Team
9.00 – 9.05 (5 mins)	Opening Remark	Thailand
9.05 – 9.25 (20 mins)	Updates from the ASEAN Secretariat	ASEC
9.25 – 10.10 (45 mins)	Updates on the Finalization of EMT SOP, and Integration of EMT SOP into ASEAN SASOP To update the progress of EMT SOP revision and further actions required for the integration of EMT SOP into ASEAN SASOP	Thailand
10.10 – 11.00 (50 mins)	Updates on ASEAN Collective Measures for AMS I-EMT To update the progress of ASEAN Collective Measures for AMS I-EMT	ARCH Project Team
11.00 – 11.45 (45 mins)	Planned Activities for the ARCH Re-Extension Phase, and Updates on the Preparation of ARCH 2 To further discuss the planned activities for the ARCH Re-Extension Phase during April – December 2021, and to update on the preparation of ARCH 2	ARCH Project Team
11.45 – 11.55 (10 mins)	Wrap-up and Ways Forward	ASEC
11.55 – 12.00 (5 mins)	Closing Remark	Thailand

Participants - Second PWG 1 Conference, 23 March 202			
	Country	Name	Title
1	Brunei	DR. LINAWATI HAJI JUMAT	Consultant Emergency Physician and Head of Emergency Services
2	Cambodia	Dr.Teng Srey	Deputy Director of Communicable Disease and Control Department, Ministry of Health
3	Cambodia	Dr. Lak Muy Seang	Deputy Director of Preventive Medicine Department
4	Indonesia	Belladonna	MD, MPH, Disaster Health Management Division in Center for Health and Policy Management, Gadjah Mada University Yogyakarta
5	Indonesia	Dr. Corona Rintawan, Sp.Em	Muhammadiyah Disaster Management Center (MDMC)
6	Malaysia	Dr. Zainal Effendy Bin Zainal Abidin	Emergency Physician
7	Philippines	Dr. Alfonso Danac	Chief of Medical and Professional Services, Jose B. Lingad Memorial General Hospital
8	Philippines	Ms. Janice P. Feliciano	Nutritionist-Dietitian V, Health Emergency Management Bureau
9	Singapore	Mr. Ng Hock Sing	Director of Emergency Preparedness and Response Division MOH
10	Singapore	Mr. Raihan Rafiek	Senior Assistant Director, Operations Development Emergency Preparedness and Response Division MOH
11	Viet Nam	Dr. NGUYEN DUC CHINH	Ass.Prof., MD, PhD, Advisor Viet Duc University Hospital, Ministry of Health
12	Viet Nam	MR. NGUYEN HUY MINH	Officer Department of Planning and Finance, Ministry of Health
13	ASEC	Mr. Jim Catampungan	Senior Officer, Health Division
14	ASEC	Mr. Randy Adrian	Officer of Health Division
15	AHA	Ms. Agustina Tunay	Preparedness and Response Officer
16	Chairman	Dr.Jirot Sindhvananda	Senior Advisor
17	Observer	Dr. Prakrit Sarathap	Medical Physician, Expert Level, DPHEM, MOPH
18	Observer	Dr. Vason Pinyowiwat	Expert, MOPH
19	Observer	Mr.Peerapong Tangjitjaroen	Nurse
20	Observer	Dr. Witoon Anankul	Director of DPHEM, MOPH
21	Observer	Dr.Narueon Sawanpanyalert	MOPH
22	Observer	Yamashita Yumiko	JICA
23	Observer	Ashida Tatsuya	JICA
24	Observer	Morishita Keisuke	JICA
25	Observer	Tanaka Go	JICA
26	Observer	Tatsuro Kai	JICA
27	Observer	Mr. Amemiya SHO	JICA
28	Observer	Dr. Phumin Silapunt	Deputy Director of Chulabhorn Hospital
29	Observer	Ms.Sansana Limpaporn	NIEM
30	Observer	Ms. Kittima Yuddhasaraprasiddhi	NIEM
31	Observer	Ms. Dangfun Promkhum	NIEM
32	Observer	Ms.Chiaki Kido	Consultant
33	ARCH	Mr.Shuichi Ikeda	Chief Advisor
34	ARCH	Mr.Taro Kita	Project Coordinator
35	ARCH	Mr.Valintorn Chewasuchin	Project Officer
36	ARCH	Ms. Ob-orn Utthasit	Project Officer

**REPORT OF THE
ONLINE PROJECT WORKING GROUP 1 CONFERENCE
PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON
DISASTER HEALTH MANAGEMENT (ARCH PROJECT)**

23 MARCH 2021, 9:00-11:00AM BANGKOK TIME

INTRODUCTION

1. The Meeting was chaired by Thailand as Lead Country of the ARCH Project and attended by designated contact points for Project Working Group (PWG) 1 from Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Singapore, Thailand, and Viet Nam, as well as representatives from the ARCH Project Team, Japanese Advisory Committee, Japan International Cooperation Agency (JICA), ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre), and ASEAN Secretariat. The List of Participants appears in [Annex 1](#).

2. The Meeting was convened to continue the implementation of priorities within the ARCH Project Extension Phase specifically under the purview of PWG 1 in consideration of travel restrictions resulting from the COVID-19 pandemic. The agenda appears as [Annex 2](#).

OPENING REMARK

3. Dr. Jiro Sindhvananda, Senior Adviser to Chulabhorn International College of Medicine, Thammasat University, and as Chair of the Meeting, delivered opening remarks. He welcomed the participants and highlighted their contributions to initiatives under the PWG 1 of ARCH Project to advance disaster health management, namely the Standard Operating Procedures for the Coordination of Emergency Medical Teams in ASEAN (ASEAN EMT SOP) and the ASEAN Collective Measures for ASEAN Member States International-EMT (ACM) and which progress would be discussed. He also underlined the importance to discuss the implementation of key activities of the ARCH Re-Extension Phase and the preparations for ARCH Project Phase 2. Dr. Sindhvananda also expressed his appreciation to the partners for their support and looked forward for a productive and fruitful discussion.

UPDATES FROM THE ASEAN SECRETARIAT

4. The Meeting noted the updates from the ASEAN Secretariat on the sustained and expanded ASEAN Health Sector's response to the COVID-19 pandemic including initiatives for strengthening regional public health emergency preparedness. The update focused on (i) the establishment of the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED), (ii) the development of ASEAN Public Health Emergency Coordination System (APHECS), (iv) the ASEAN-WHO-EU project on Enhancing regional coordination in response to COVID-19, and (v) the Strengthening ASEAN's Capacities on Crisis and Health-Related Communication supported by GIZ. The ASEAN Secretariat also briefed the Meeting on commitments of support from Dialogue Partners that were announced at the 36th/37th ASEAN Summit and Related Meetings in November 2020; as well as the upcoming sectoral events that are relevant to the ARCH Project. The presentation appears as [Annex 3](#).

1 | Report of the PWG 1 Conference, ARCH Project, 23 March 2021

UPDATES ON THE FINALIZATION OF EMT SOP AND INTEGRATION OF EMT SOP INTO ASEAN SASOP

5. The Meeting noted the updates from the ARCH Project Team on the progress of consultations on the revisions of the draft ASEAN EMT SOP resulting from the (i) table-top exercise involving representatives from health and disaster management sectors of ASEAN Member States organised by AHA Centre and ARCH Project and supported by the ASEAN Secretariat as part of the process of integration of the ASEAN EMT SOP into the ASEAN Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP), (ii) further inputs from the ASEAN Committee on Disaster Management (ACDM) Working Group on Preparedness, Response and Recovery (ACDM WG PPR) through the AHA Centre, and (iii) recommendations from the Sub-Working Group on ASEAN Collective Measures for ASEAN I-EMT (SWG-ACM). The Meeting also noted the summary of revisions, and the recent endorsement of the revisions by the Regional Coordination Committee on Disaster Health Management (RCC-DHM). The presentation appears as [Annex 4](#).

6. Moving forward, the Meeting further noted that the revised ASEAN EMT SOP will be elevated to the ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats for further review and/or endorsement, and subsequently transmitted to ACDM WG on PRR for final testing through the ASEAN Regional Disaster Emergency Response Simulation Exercise (ARDEX) scheduled in March 2022. Relatedly, the AHA Centre also provided updates on ARDEX where the ASEAN EMT SOP has been agreed to be tested, and that the exercise is likely to be held through online platform consisting of table-top and functional exercises. The AHA Centre representation also suggested that the ASEAN EMT SOP should be general, as much as possible, as it will be integrated to the ASEAN SASOP.

UPDATES ON THE ASEAN COLLECTIVE MEASURES FOR AMS I-EMT

7. The ARCH Project Team updated the Meeting on the progress of SWG-ACM's work which, based on the analyses of the regional context, and capacity gaps or challenges, have put forward recommendations to address operational challenges in the deployment of EMT that are fulfill WHO EMT standards. These recommendations include the development of (i) Database of Receiving Country for I-EMT deployment, (ii) Guidance on Medical Malpractice, (iii) and Guidance on Waste Management. The Meeting also noted the proposed ways forward/timeline in the finalization of the recommendations. The presentation appears as [Annex 5](#).

8. The Meeting exchanged views and further noted the following:

- The database is still at its initial stage. It is envisaged to be a living document owned by each AMS that will be completed and updated at any time the AMS, through their focal points deem it necessary. As such, each AMS is encouraged to organize In-country Course for the Coordination of EMT (which is currently finalized by PWG 2), which is also an opportunity to update their national database.
- The information requested in the database may be confidential or difficult to collect as shared by some PWG 1 members.

- AMS may provide or update information on the database to the ARCH Project Team as the need arises using the latest version of the form;
- These issues will be further studied as part of the ARCH Project Phase 2. The SWG-ACM may also wish to consider looking into the mechanism of data collection in updating the list of modules for deployable assets, among others, by the AHA Centre as reference.

9. The Meeting also agreed to review and provide inputs on the SWG-ACM interim report and recommendations for further consideration at the next SWG-ACM meeting planned in July 2021.

PLANNED ACTIVITIES FOR THE ARCH RE-EXTENSION PHASE, AND UPDATES ON THE PREPARATION OF ARCH 2

10. The Meeting noted the updates from the ARCH Project Team on the implementation of endorsed activities during the re-extension phase of the ARCH Project and the preparation of ARCH Project Phase 2. The Meeting further noted the proposed framework, outputs and key activities of ARCH Project Phase 2 which will be implemented between 2022-2025 and which supports the implementation of the Plan of Action to operationalize the ASEAN Leaders Declaration on Disaster Health Management (POA/ALD on DHM) 2019-2025, including the completed or on-going consultations for review and endorsement at AHC 2, Senior Officials Meeting on Health Development (SOMHD), and ASEAN Committee of Permanent Representative (CPR) levels as part of the ASEAN project appraisal and project approval process. The presentation appears as [Annex 6](#).

11. Furthermore, the Meeting agreed to consider the enhancement of mutual learning during the ARCH Project Phase 2, including the facilitation of AMS with WHO-verified EMT as mentors to other AMS which undergo EMT accreditation processes. The Meeting also encouraged and enjoined the continued participation and support of all PWG 1 members and contact points of AMS in the finalization of consultations of project proposal and implementation of ARCH Project Phase 2.

12. Subsequently the ARCH Project Team also provided brief update related to the documentation and sharing of good practices on COVID-19 response with potential upcoming activity is an experience sharing by Singapore. The Meeting also agreed on the dissemination of good practice on COVID-19 among AMS.

WRAP-UP AND WAYS FORWARD

13. The Meeting agreed on the summary of agreements and ways forward of the Meeting outlined below as presented by the ASEAN Secretariat.

AGENDA ITEM	AGREEMENTS AND WAYS FORWARD
Updates from the ASEAN Secretariat	<ul style="list-style-type: none"> Noted the updates from the ASEAN Secretariat on the sustained and expanded ASEAN Health Sector's response to the COVID-19 pandemic including initiatives for strengthening public health

AGENDA ITEM	AGREEMENTS AND WAYS FORWARD
	emergency preparedness, and upcoming sectoral events that are relevant to the ARCH Project.
Updates on the Finalization of EMT SOP and Integration of EMT SOP into ASEAN SASOP	<ul style="list-style-type: none"> Noted the updates from the ARCH Project Team on the recent conclusion of RCC-DHM consultation on revisions of the EMT SOP, resulting from the AHC 2 CC and ACDM WG on P&R tabletop exercise and the work of the SWG on ACM. Further noted that revised EMT SOP will be elevated to AHC 2 CC for further review and/or endorsement, and subsequently to ACDM through the WG on PRR for testing in ARDEX scheduled in March 2022.
Updates on ASEAN Collective Measures for AMS I-EMT	<ul style="list-style-type: none"> Noted the updates from the ARCH Project Team on the progress of SWG – ACM's work, including recommendations to address operational challenges and proposed supplementary tools, as well as ways forward in the finalization of the recommendations. Noted that some of the information requested in the database may be confidential or difficult to collect; these and other issues will be further studied as part of the ARCH Project Phase 2. Agreed that AMS may provide/updated information on the 'database for receiving I-EMT' to the ARCH Project Team as the need arises using the latest version of the form. Agreed that the interim report and recommendations of the SWG-ACM will be circulated PWG 1 Members for review and inputs when ready; subsequently, PWG 1 Members will provide feedback for consideration of the SWG-ACM meeting in July 2021.
Planned activities for the ARCH re-extension phase, and updates on the preparation of ARCH 2	<ul style="list-style-type: none"> Noted the updates from the ARCH Project Team on the implementation of endorsed activities during the re-extension phase of the ARCH Project, as well as the proposal to further document good practices. Further noted the framework, outputs and key activities of ARCH Project Phase 2 (which supports implementation of POA/ALD on DHM), including the completed or on-going consultations for review and endorsement at AHC 2, SOMHD and CPR levels as

AGENDA ITEM	AGREEMENTS AND WAYS FORWARD
	<p>part of the ASEAN project appraisal and project approval process.</p> <ul style="list-style-type: none"> • Agreed to consider in Phase 2 the enhancement of mutual learning, including the facilitation of AMS with WHO-verified EMT as mentors to other AMS undergoing EMT accreditation processes. • Encouraged and enjoined the continued participation and support of all PWG 1 Members and contact points of ASEAN Member States in the finalization of consultations of the project proposal, and implementation of ARCH Project Phase 2.

CLOSING REMARK

14. Dr. Jirot Sindhvananda closed the Meeting by commending participants for the productive discussions. He further expressed hope that the decisions and guidance from this Meeting will signify further implementation of the ARCH Project, particularly initiatives under the purview of PWG 1.

Event	Online PWG 2 Conference
Dates	20 th October 2020
Platform	Cisco Webex
Participants	ASEAN Member States, ASEC, AHA Centre, JAC, JICA and ARCH Project
Agenda	<ul style="list-style-type: none"> - Update from the ASEAN Secretariat - Updates from Sub-Working Group on Standard Curriculum Development - Proposal on ASEAN Academic Network and ASEAN Institute for Disaster Health Management (AIDHM) - Plan on the ASEAN Academic Seminar, and Proposed Publication of a Set of Articles on ARCH Project Achievement and Impact - Updates on the 5th Regional Collaboration Drill, & RCD Preparation Guidebook - ARCH Project Extension Phase Implementation Plan in 2021 (with proposed alternatives)
Summary of Discussion	<ul style="list-style-type: none"> - The Meeting agreed for PWG 2 Members to make a final review of the TOR of the AIDHM and ASEAN Academic Network, in consultation with relevant MOH offices and provide inputs to the ARCH Project copy ASEAN Secretariat by 3 November 2020. - The Meeting also noted the continued interest of Myanmar to host the 5th RCD, and that Myanmar and ARCH Project Team will revisit the feasibility of holding of the RCD in Myanmar in the first quarter of 2021. - The Meeting noted the schedule of implementation of activities for the ARCH Project Extension Phase. - The Meeting agreed to revisit in January 2021 the schedule and modality in the implementation of activities in consideration of the prevailing situation of COVID-19 pandemic.
Attachments	<ul style="list-style-type: none"> - Overall Programme - List of Participants - Summaries and Way Forward - Presentation and Meeting Documents



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

**Online PWG 2 Conference, ARCH Project
Tentative Programme**

Date: 20 October 2020 (2hrs)
Time: GMT+ 7 Bangkok 13.30-16.10 (Test Run 13.15)
Platform: Microsoft Teams
Participants: ASEAN Member States, ASEAN Secretariat, AHA Centre, JAC and JICA
Chair: Dr. Narain Chotirosniramit (Thailand)

Time (GMT+7)	Agenda Item	Speaker
13.15-13.30	Test Run	Ms. Ninuma
13.30- 13.35 5 mins	Opening Remark	Dr. Narain
13.35-13.55 20 mins	Update from the ASEAN Secretariat	ASEC
13.55-14.35 40 mins	Updates from Sub-Working Group on Standard Curriculum Development To update the results of SWG meetings and discuss on necessary next actions for development of the Standard Curriculum.	Dr. Phummarin & Dr. Kriangsak
14.35-15.05 30 mins	Proposal on ASEAN Academic Network and ASEAN Institute for Disaster Health Management (AIDHM) To introduce and discuss on concept of ASEAN Academic Network and establishment of ASEAN Institute for Disaster Health Management (AIDHM).	Dr. Phumin
15.05-15.25 20 mins	Plan on the ASEAN Academic Seminar, and Proposed Publication of a Set of Articles on ARCH Project Achievement and Impact To discuss on a tentative plan for ASEAN Academic Seminar in 2021 and propose a publication of ARCH Project's articles.	Mr. Ikeda
15.25-15.45 20 mins	Updates on the 5 th Regional Collaboration Drill, & RCD Preparation Guidebook To confirm possibilities of 5 th RCD and to update progress of RCD Preparation Guidebook.	Mr. Ikeda & Mr. Katsube
15.45-15.55 10 mins	ARCH Project Extension Phase Implementation Plan in 2021 (with proposed alternatives) To discuss on ARCH main events, plan in 2021 with alternatives if international travel restrictions will be continued due to outbreak of COVID-19.	Mr. Ikeda
15.55-16.10 15 mins	Wrap-up and Ways forward	ASEC
	Closing Remark	Dr. Narain

ONLINE PROJECT WORKING GROUP 2 CONFERENCE
PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER
HEALTH MANAGEMENT

1:30-3.30PM BANGKOK TIME, 20 OCTOBER 2020

AGENDA ITEM	AGREEMENTS AND WAYS FORWARD
Updates from the ASEAN Secretariat	<ul style="list-style-type: none"> The Meeting noted the updates from ASEAN Secretariat
Updates from the Sub-Working Group on Curriculum Development	<ul style="list-style-type: none"> The Meeting noted the key discussions, agreements and conclusions from the second meeting of SWG-CD which discussed the draft curricula for Basic DHM and In-Country Coordination Course. The Meeting also noted the next steps agreed by SWG-CD in the development of standard curricula, in particular: <ul style="list-style-type: none"> Preparation of articles and presentations by interested AMS and submission by second week of December 2020 Conduct of third meeting of SWG-CD in January 2021 to review and endorse articles and presentations Development of course materials (instruction, scenarios, exercises) Pilot testing of courses in Myanmar in 09/2021 as part of RCD preparation (to be confirmed, subject to travel regulations related to COVID-19)
Proposal on ASEAN Academic Network and ASEAN Institute for Disaster Health Management (AIDHM)	<ul style="list-style-type: none"> The Meeting reviewed the terms of reference of the AIDHM and ASEAN Academic Network, as mechanisms to further facilitate the operationalisation of the POA/ALD on DHM and support the RCC-DHM as the main implementing mechanism of the POA/ALD on DHM. The Meeting agreed for PWG 2 Members to make a final review of the TOR of the AIDHM and ASEAN Academic Network, in consultation with relevant MOH offices and provide inputs to the ARCH Project copy ASEAN Secretariat by 3 November 2020. The Meeting agreed that subsequent to the endorsement by PWG 2, the TOR will be elevated to RCC-DHM for further consultation and endorsement.
Updates on the ASEAN Academic Seminar, and Proposed Publication of a Set of Articles on ARCH Project Achievement and Impact	<ul style="list-style-type: none"> The Meeting noted the updates from the ARCH Project Team on the proposed three-day academic seminar scheduled in September 2021, and the publication of academic articles on ARCH Project achievement and impact. The Meeting noted that the proposed academic publication requests manuscripts from AMS on the impact of the ARCH Project on national DHM capacity development. The Meeting agreed that PWG 2 Members will review the concept papers and guidelines on the academic seminar

AGENDA ITEM	AGREEMENTS AND WAYS FORWARD
	<p>and academic articles and submit feedback/inputs to the ARCH Project Team, copy ASEAN Secretariat, by 3 November 2020.</p>
<p>Updates on the 5th Regional Collaboration Drill, and RCD Preparation Guidebook</p>	<ul style="list-style-type: none"> • The Meeting noted the updates from the ARCH Project Team on the conduct of the 5th RCD, and drafting of RCD Preparation Guidebook. • The Meeting also noted the continued interest of Myanmar to host the 5th RCD, and that Myanmar and ARCH Project Team will revisit the feasibility of holding of the RCD in Myanmar in the first quarter of 2021. • The Meeting noted that the RCD Preparation Guidebook is designed for senior officials and is aimed to be a user-friendly and succinct document, with a lot of annexes. • The Meeting agreed for PWG 2 Members to review the latest version of the RCD Preparation Guidebook and to provide feedback/inputs to Mr. Tsukasa Katsube/JICA (e-mail: katsube.tsukasa.3@jica.go.jp) by 30 November 2020. • The Meeting also agreed that the draft Guidebook will be utilized in the preparation of the next RCD in Myanmar.
<p>ARCH Project Extension Phase Implementation Plan in 2021 (with proposed alternatives)</p>	<ul style="list-style-type: none"> • The Meeting noted the schedule of implementation of activities for the ARCH Project Extension Phase. • The Meeting agreed to revisit in January 2021 the schedule and modality in the implementation of activities in consideration of the prevailing situation of COVID-19 pandemic.

Event	2 nd Online Meeting of Project Working Group 2
Dates	22 March 2021
Platform	MS Team
Participants	40 Participants ASEAN Member States, ARCH, JAC, Other related organizations
Agenda	<ul style="list-style-type: none"> - Updates from the ASEAN Secretariat - Updates on the TOR of the ASEAN Academic Network and ASEAN Institute for Disaster Health Management (AIDHM) - Updates from the Sub-Working Group on Standard Curriculum Development - Updates on the Fifth Regional Collaboration Drill (RCD) and RCD Guidebook Development - Updates on the Publication of Academic Articles on ARCH and the Plan for ASEAN Academic Conference - Planned Activities for the ARCH Re-Extension Phase, and Updates on the Preparation of ARCH 2
Summary of Discussion	<ul style="list-style-type: none"> - Further noted that the revised draft TOR will be recirculated to RCC-DHM for final review and/or endorsement, and subsequently elevated to AHC 2 CC and SOMHD Focal Points for further review and/or endorsement. - The Meeting noted the updates from the ARCH Project Team on the further re-scheduling of the Fifth RCD to 2022 considering the prevailing COVID-19 pandemic situation. - The Meeting noted the updates on the planned ASEAN academic conference sometime in September 2021. - The Meeting noted the updates from the ARCH Project Team on the implementation of endorsed activities during the re-extension phase of the ARCH Project.
Attachments	<ul style="list-style-type: none"> - Overall Programme - List of Participants - Summaries and Way Forward - Presentation and Meeting Document



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

The Second Online Project Working Group (PWG) 2 Conference

Tentative Programme

Date: 22 March 2021
 Time: GMT+7 13.00 – 16.00, Bangkok time (Test Run: 12.45)
 Platform: Microsoft Teams
 Participants: ASEAN Member States, ASEAN Secretariat, AHA Centre, JAC and JICA
 Chair: Dr. Narain Chotirosniramit (Thailand)

Time (GMT+7)	Agenda Item	Speaker
12.45 – 13.00 (15 mins)	Test Run Participants are required to sit in front of their computer to participate in the test run for Microsoft Teams meeting practice before the opening of the meeting	ARCH Project Team
13.00 – 13.05 (5 mins)	Opening Remark	Thailand
13.05 – 13.25 (20 mins)	Updates from the ASEAN Secretariat	ASEC
13.25 – 13.45 (20 mins)	Updates on the TOR of the ASEAN Academic Network and ASEAN Institute for Disaster Health Management (AIDHM) To report the current status and confirm the next steps for Academic Network and ASEAN Institute for Disaster Health Management (AIDHM)	Thailand
13.45 – 14.25 (40 mins)	Updates from the Sub-Working Group on Standard Curriculum Development To update the results of SWG meetings and discuss the next actions for development of the Standard Curriculum	Thailand
14.25 – 14.55 (30 mins)	Updates on the Fifth Regional Collaboration Drill (RCD) and RCD Guidebook Development To confirm the feasibility of 5 th RCD in Myanmar, and to discuss about alternatives and to update the progress of the development of the guidebook for RCD preparation	ARCH Project Team
14.55 – 15.25 (30 mins)	Updates on the Publication of Academic Articles on ARCH and the Plan for ASEAN Academic Conference To update on the Academic Articles on ARCH and the plan for ASEAN Academic Conference	ARCH Project Team
15.25 – 15.45 (20 mins)	Planned Activities for the ARCH Re-Extension Phase, and Updates on the Preparation of ARCH 2 To further discuss the planned activities for the ARCH Re-	ARCH Project Team



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

	Extension Phase during April – December 2021, and to update on the preparation of ARCH 2	
15.45 – 15.55 (10 mins)	Wrap-up and Ways Forward	ASEC
15.55 – 16.00 (5 mins)	Closing Remark	Thailand

Participants - Second PWG 2 Conference, 22 March 2021			
	Country	Name	Title
1	Brunei	Dr.Haji Modh Ali Shahbana Bin Haji Modh Yassin	Medical Officer, Ministry of Health
2	Cambodia	Dr.Phom Sam Song	Deputy Director of Human Resource Department, Ministry of Health
3	Cambodia	Dr.Lak Muy Seang	Deputy Director of Preventive Medicine Department, Ministry of Health
4	Cambodia	Mr.Ean Sokoeu	Chief of Disaster and Environmental Health Management, Ministry of Health
5	Indonesia	Dr.Eko Medistianto	dr. M.Epid, Health Crisis Center Ministry of Health Republic of Indonesia
6	Lao PDR	Dr.Sisavath Southaniraxay	Deputy Director General of the Department of Communicable Disease Control, Ministry of Health
7	Malaysia	Dr.Kasuali Hussin	Senior Principal Assistant Director, Ministry of Health
8	Malaysia	Dr.Khairi bin Kassim @ Hashim	Consultant Emergency Physician, Serdang Hospital, Ministry of Health
9	Philippines	Ms.Maria Carissa L. Ocampo	Health Program Officer II, Department of Health - Health Emergency Management Bureau
10	Philippines	Ms.Janice P. Feliciano	Nutritionist - Dietitian V, Department of Health - Health Emergency Management Bureau
11	Singapore	Mr.Ng Hock Sing	Director of Emergency Preparedness and Response Division, Ministry of Health
12	Singapore	Mr.Raihan Rafiek	Senior Assistant Director Operations Development Emergency Preparedness and Response Division Ministry of Health
13	Thailand	Dr.Phummarin Saelim	Chief of Department of Emergency Medicine, Hat Yai Hospital
14	Thailand	Mr.Kriangsak Pintatham	Emergency Physician, Chiang Rai Prachanukroh Hospital
15	Viet Nam	Mr.Nguyen Huy Minh	Officer, Department of Planning and Finance, Ministry of Health
16	ASEC	Mr.Jim Catampangan	Senior Officer, Health Division
17	ASEC	Mr.Randy Adrian	Officer of Health Division
18	Chairman	Dr.Narain Chotirosniramit	Director of Maharaj Nakorn Chiang Mai Hospital
19	Observer	Dr.Rapeeporn Rojsaengroeng	Faculty of Medicine Vajira Hospital
20	Observer	Mr.Tatsuro KAI	JICA
21	Observer	Mr.Ashida TATSUYA	JICA
22	Observer	Ms.Yumiko YAMASHITA	JICA
23	Observer	Mr.Tanaka GO	JICA
24	Observer	Mr.Keisuke MORISHITA	JICA
25	Observer	Mr.Katsube TSUKASA	JICA
26	Observer	Mr.Tsuboike ASUKA	JICA
27	Observer	Mr. Amemiya SHO	JICA
28	Observer	Ms.Junko SATO	Consultant
29	ARCH	Dr.Phumit Silapunt	Deputy Director of Chulabhorn Hospital
30	ARCH	Ms.Sansana Limpaporn	NIEM
31	ARCH	Ms.Kittima Yuddhasaraprasidhi	NIEM
32	ARCH	Ms.Dangfun Promkhum	NIEM
33	ARCH	Mr.Shuichi IKEDA	Chief Advisor
34	ARCH	Mr.Taro KITA	Project Coordinator
35	ARCH	Mr.Valintorn Chewasuchin	Project Officer
36	ARCH	Ms.Ob-orm Utthasit	Project Officer

**REPORT OF THE
ONLINE PROJECT WORKING GROUP 2 CONFERENCE
PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON
DISASTER HEALTH MANAGEMENT (ARCH PROJECT)**

22 March 2021, 1:00pm-3:00pm Bangkok Time

INTRODUCTION

1. Chaired by Thailand as Lead Country of the ARCH Project, the Meeting was attended by representatives from Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Singapore, Thailand, and Viet Nam; the ARCH Project Team, Japanese Advisory Committee, Japan International Cooperation Agency (JICA) and ASEAN Secretariat. The List of Participants appears as [Annex 1](#).

2. The Meeting discussed the implementation of initiatives under the ARCH Project Extension Phase particularly under the purview of Project Working Group (PWG) 2. The agenda appears as [Annex 2](#).

OPENING REMARK

3. Dr. Narain Chotirosniramit, as the Chair of the Meeting, delivered opening remarks. He welcomed participants and highlighted the importance of ensuring continuation of progress and achievement of activities under the responsibility of PWG 2, including: the establishment of the ASEAN Academic Network and the ASEAN Institute for Disaster Health Management (AIDHM), the development of standard curricula for disaster health management, the conduct of the 5th Regional Collaboration Drill (RCD) and its preparation guidebook, and the publication of articles on ARCH and the conduct of ASEAN Academic Conference. Dr. Narain also wished a fruitful discussion that would guide the implementation of the said activities, therefore advancing disaster health management capacity in the ASEAN.

UPDATES FROM THE ASEAN SECRETARIAT

4. The Meeting noted the updates from the ASEAN Secretariat on the sustained and expanded ASEAN Health Sector's response to the COVID-19 pandemic, including initiatives for strengthening regional public health emergency preparedness. The update focused on (i) the establishment of the ASEAN Centre for Public Health Emergencies and Emerging Diseases, (ii) the development of ASEAN Public Health Emergency Coordination System (APHECS), (iv) the ASEAN-WHO-EU project on Enhancing regional coordination in response to COVID-19, (v) the Strengthening ASEAN's Capacities on Crisis and Health-Related Communication supported by GIZ. The ASEAN Secretariat also brief the Meeting on commitments of support from Dialogue Partners that were announced at 36th/37th ASEAN Summit and Related Meetings in November 2020; as well as the upcoming sectoral events that are relevant to the ARCH Project. The presentation appears as [Annex 3](#).

UPDATES ON THE TOR OF ASEAN ACADEMIC NETWORK AND ASEAN INSTITUTE FOR DISASTER HEALTH MANAGEMENT (AIDHM)

5. The Meeting noted the updates from the ARCH Project Team on the on-going consultation of the terms of reference (TOR) of the ASEAN Academic Network on Disaster Health Management (AANDHM) and ASEAN Institute for Disaster Health Management (AIDHM) at the level of the Regional Coordination Committee on Disaster Health Management (RCC-DHM), which elaborated on the proposed key revisions and their rationales on both TORs from the ad-referendum consultation conducted from December 2020 to March 2021. The presentation appears as [Annex 4](#).
6. The discussion that ensued highlighted on the following:
 - Regarding the ASEAN Academic Network, the designated National Focal Points will be expected to define and agree on specific regulations or procedures, such as the duration of membership of institutions;
 - On the AIDHM and like most ASEAN centres, the host country is expected to bear the costs of the institute's secretariat, including human resources, office premises and its day-to-day operations. The financial contribution for the institute's programmes, including capacity building or training activities can be sought from other AMS and external partners.
7. On the ways forward, the Meeting further noted the recirculation of the revised draft TORs to RCC-DHM for final review and/or endorsement before subsequent elevation to AHC 2 Country Coordinators (CC) and Senior Officials Meeting on Health Development (SOMHD) Focal Points. The Meeting also agreed for PWG 2 Members to coordinate with their respective RCC-DHM Members, AHC 2 CC, and SOMHD Focal Points with the intention of facilitating and expediting internal reviews and/or endorsement of the TOR at each level.

UPDATES FROM THE SUB-WORKING GROUP ON CURRICULUM DEVELOPMENT (SWG-CD)

8. The ARCH Project Team updated the Meeting on the progress of SWG-CD work on the development of two regional standard curricula, namely: Basic Disaster Health Management (BDHM) Course, and In-Country Course for the Coordination of EMT. The presentations appear as [Annex 5](#).
9. The Meeting noted the brief updates related to BDHM Course, which focused on the (i) six course competencies which will be realized through a blended learning approach consisting of off-site individual study on the knowledge/theory and face to face workshop for joint application and skills development, (ii) the nine course modules, covering general disaster health management, medical medicine, and logistic-related topics, and (iii) progress of modules development and submission by AMS. While for the In-country Coordination Course for Coordination of EMT, the updated curriculum and changes of contents based on advice from PWG 2, specifically the reduction of course duration to four-days or 22 hours was also explained and acknowledged by the Meeting, as well as notation on the need to test the course as part of the conduct of the next RCD.

10. The Meeting also agreed for Lead Country Thailand and Cambodia to further discuss on contribution in the development of draft module materials and presentations for the BDHM Course. The Meeting further noted planned convening of the 3rd SWG-CD meeting, tentatively in late April or early May 2021 to finalise the course materials and contents, and to plan for the pilot-testing of the courses.

UPDATES ON THE 5TH REGIONAL COLLABORATION DRILL (RCD) AND RCD PREPARATION GUIDEBOOK

11. The Meeting noted the updates from the ARCH Project Team on (i) the further re-scheduling of the 5th RCD that will be hosted by Myanmar to 2022 considering the ongoing COVID-19 situation; and (ii) the progress on the development of the guidebook for RCD preparation. The presentation appears as [Annex 6](#).

12. Regarding the conduct of 5th RCD, the Meeting agreed that the ARCH Project Team will provide further updates in the next PWG 2 online conference planned in July 2021. The Meeting also noted the outstanding tasks in the finalization of the guidebook, which include populating the annexes, creating 'must-read' sections, conducting a test run, completing the whole document, as well as subsequently circulating the guidebook for feedback and inputs for finalization at the next PWG 2 online conference.

UPDATES ON THE PUBLICATION OF ACADEMIC ARTICLES ON ARCH AND THE PLAN FOR ASEAN ACADEMIC CONFERENCE

13. The ARCH Project Team updated the Meeting on the planned conduct of a three-day ASEAN Academic Conference tentatively in September 2021, with dates to be finalized during the next PWG 2 meeting. The event aims to facilitate discussions on emergency medicine and disaster health management, the experiences and lessons from AMS and Japan, the contributions of the ARCH Project to national policy and capacity development and to realising the One ASEAN One Response in disaster health management; and is designed as a combination of face-to-face conference in Bangkok and a virtual conference for overseas delegates. It is also envisaged that the first meeting of the ASEAN Academic Network Steering Committee will take place as a side event of the Conference. The Meeting further discussed that the final dates will be revisited and determined by COVID-19 situation in Thailand. The presentation appears as [Annex 6](#).

14. The Meeting further noted the updates on the preparation of academic articles for publication in peer-reviewed journal specifically targeting Prehospital and Disaster Medicine International Journal by the University of Cambridge, including the schedule for publication and circulation of questionnaire as basis for writing an article on impact of ARCH Project on national disaster health management.

PLANNED ACTIVITIES FOR THE ARCH RE-EXTENSION PHASE, AND UPDATES ON THE PREPARATION OF ARCH 2

15. The ARCH Project Team updated the Meeting on the implementation of endorsed activities during the remaining period of ARCH Re-Extension Phase (April – December 2021), and noted the progress in the preparation of ARCH Project Phase 2 that will be implemented

from 2022 - 2025. The Meeting further noted the framework, expected outputs and key activities of the proposed ARCH Project Phase 2 which will focus on policy, coordination, institutional and operational capacity, HRD, and research, as well as the ongoing project appraisal and approval process involving AHC 2, SOMHD and ASEAN Committee of Permanent Representative (CPR). The presentation appears as [Annex 6](#).

16. The Meeting encouraged and enjoined the continued participation and support of all PWG 2 members and contact points of AMS in the finalization of consultations of the project proposal, and implementation of ARCH Project Phase 2 particularly on the conduct of RCD and peer-review activities, taking into account these responsibilities will be carried out by AMS and AIDHM after the completion of ARCH Project Phase 2.

17. Subsequently, the ARCH Project Team also provided a brief update on the on-going good practice documentation and sharing on COVID-19 response, with the potential holding of another webinar that will upcoming activity is an experience sharing by Singapore.

WRAP-UP AND WAYS FORWARD

18. The Meeting endorsed the agreements and ways forward corresponding each agenda item as presented by the ASEAN Secretariat, as outlined below:

AGENDA ITEM	AGREEMENTS AND WAYS FORWARD
Updates from the ASEAN Secretariat	<ul style="list-style-type: none"> The Meeting noted the updates from the ASEAN Secretariat on the sustained and expanded ASEAN Health Sector's response to the COVID-19 pandemic including initiatives for strengthening public health emergency preparedness, and upcoming sectoral events that are relevant to the ARCH Project.
Updates on the TOR of ASEAN Academic Network and ASEAN Institute for Disaster Health Management (AIDHM)	<ul style="list-style-type: none"> The Meeting Noted the updates from the ARCH Project Team on the on-going consultation of the draft Terms of Reference (TOR) at the level of the RCC-DHM, including the key revisions resulting from the recently concluded round of consultation (December 2020-March 2021). Further noted that the revised draft TOR will be recirculated to RCC-DHM for final review and/or endorsement, and subsequently elevated to AHC 2 CC and SOMHD Focal Points for further review and/or endorsement. Agreed to coordinate with RCC-DHM, and subsequently with AHC 2 CC and SOMHD Focal Points to facilitate and expedite internal reviews and/or endorsement of the TOR.
Updates from the Sub-Working Group on Curriculum Development	<ul style="list-style-type: none"> The Meeting noted the updates from the ARCH Project Team on the progress of SWG – SCD's work on the development of Basic Disaster Health Management Course and In-Country Course for Coordination of EMT.

AGENDA ITEM	AGREEMENTS AND WAYS FORWARD
	<ul style="list-style-type: none"> • Agreed for Lead Country Thailand and Cambodia to further discuss on contribution in the development of draft module materials and presentations for the BDHM Course. • Further noted the ways forward in the finalization of the course curricula, including the follow up video conference of SWG-SCD in late April or early May 2021 to finalise course materials and contents, and to plan for the pilot-testing of the course.
Updates on the 5 th Regional Collaboration Drill and RCD Preparation Guidebook	<ul style="list-style-type: none"> • The Meeting noted the updates from the ARCH Project Team on the further re-scheduling of the Fifth RCD to 2022 considering the prevailing COVID-19 pandemic situation, and on the efforts to consult with Myanmar on the feasibility of hosting the event in 2022. • Agreed that ARCH Project Team will further updates will be provided in the next PWG 2 online conference planned in July 2021. • Noted the updates on the development of the RCD Guidebook, including outstanding tasks with the view of completing the whole document within 2021 and the request of ARCH Project Team for feedback and inputs on the document which will be circulated in due course.
Updates on Publication of Articles on ARCH and the plan for ASEAN Academic Conference	<ul style="list-style-type: none"> • The Meeting noted the updates on the planned ASEAN academic conference sometime in September 2021 as a blended face-to-face and virtual event, and which dates will be finalized during the follow up PWG 2 meeting in July 2021. • Further noted the updates on the preparation of academic articles for publication in peer-reviewed journal, including the circulation of questionnaire as basis for writing an article on impact of ARCH Project on national DHM.
Planned activities for the ARCH re-extension phase, and updates on the preparation of ARCH 2	<ul style="list-style-type: none"> • The Meeting noted the updates from the ARCH Project Team on the implementation of endorsed activities during the re-extension phase of the ARCH Project. • Further noted the framework, outputs and key activities of ARCH Project Phase 2, including the completed or on-going consultations for review and endorsement at AHC 2, SOMHD and CPR levels as part of the ASEAN project appraisal and project approval process. • Encouraged and enjoined the continued participation and support of all PWG 2 members and contact points of ASEAN Member

AGENDA ITEM	AGREEMENTS AND WAYS FORWARD
	States in the finalization of consultations of project proposal, and implementation of ARCH Project Phase 2.

CLOSING REMARK

19. Dr. Narain Chotirosniramit closed the meeting by congratulating the participants for the fruitful discussion. He also underlined the readiness of the ARCH Project Team in supporting future activities and expressed hope for the continued cooperation in disaster health management through the ARCH Project, particularly on priority initiatives that are under the purview of PWG 2.

Event	Online Bilateral Meeting
Dates	4 th June 2020
Platform	Microsoft Team
Participants	ARCH Project, Thai Taskforce and Japanese Advisory Committee
Agenda	<ul style="list-style-type: none"> - Concept of ARCH Project Phase2 - REVISED PLAN OF ARCH EVENTS (BUSINESS CONTINUITY PLAN) - Update on ASEAN Collective Measures - Tentative Re-Schedule of Work programme on DHM and Implementation Plan of the POA
Summary of Discussion	<ul style="list-style-type: none"> - Project Team shall utilize the appropriate videoconference application for the official meeting such as PWG1 and 2. - The meeting discussed and noted the Plan of ARCH Events in 2020 which had been postponed due to the COVID-19 pandemic situation.
Attachments	<ul style="list-style-type: none"> - Presentations and Meeting documents

Event	5 th JCC Meeting
Dates	16 July 2020
Platform	MS Team
Participants	NIEM, MOPH, JICA, TICA and other relevant organizations
Agenda	<ul style="list-style-type: none"> - Approval of Minutes of the Previous Meetings - Background of ARCH Project - Progress report (including the results of the online PWGs conference) - SOP to SASOP - Curriculum Development - ASEAN Collective Measure - Re-extension - ARCH Project Phase 2 application form
Summary of Discussion	<ul style="list-style-type: none"> - Brief background of the ARCH Project was provided by Mr.Surachai Silawan - Project manager. - "Re-extension of ARCH Project" presented by Mr.Shuichi IKEDA. Mr.IKEDA informed the meeting on the re-extension of the project due to the outbreak of COVID-19 that has put the project through lots of suspension and cancellation of activities in the past three months. - Mr. IKEDA further proposed additional activities in this re-extension phase. - The Meeting noted the Procedures for the Re-extension of the ARCH Project. - Dr.Phumin provided brief background on the formulation of the ASEAN Leaders' Declaration on Disaster Health Management (ALDDHM) and the Plan of Action to Implement the ASEAN Leaders' Declaration on Disaster Health Management, and clarified that ARCH Project Phase 2 will be designed to be aligned with the POA, and must begin as soon as we can.
Attachments	<ul style="list-style-type: none"> - Overall Programme - Minute of Meeting - Presentations and Documents

affected by outbreak of COVID-19. Dr. Atchariya reaffirmed that the project can continue to operate amid the outbreak of disease.

3. An opening remark was delivered Dr. Supakit Sirilak, Deputy-Permanent Secretary of the Ministry of Public Health (MOPH), Thailand, updating COVID-19 situation in the country, while expressing the importance of enhancing Thailand's capacity towards disaster management as the country is the hub of Southeast Asia region, and Japan is one of the experts on the area.

4. The second opening remark was delivered by Ms.Katsura MIYAZAKI, Chief Representative of JICA Thailand, who appreciates the outputs of the ARCH Project i.e. the Plan of Action to Implement the ASEAN Leaders' Declaration on Disaster Health Management which was endorsed in the ASEAN level in 2019, and informed the meeting about heavy raining and landslides in Japan and also stated that disasters have now gone beyond borders.

5. The Chairman invited all participants to introduce themselves since many of them are new to the project.

6. Minutes of the Fourth Meeting of the Joint Coordinating Committee (JCC) of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management was reviewed by Ms. Sansana Limpaporn, NIEM, reviewing issues being discussed in previous meeting such as the background and content of the signed minutes of meeting for the ARCH Project Extension Phase, activities and outputs, summary of the 8th PWG1 and 6th PWG2 meeting, progress reports of the project in between October 2018 – October 2019, and also the Integration of ASEAN EMT SOP to Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP). Lastly, the meeting approved the minutes of the fourth JCC.

6. Brief background of the ARCH Project was provided by Mr.Surachai Silawan - Project manager. The ARCH Project has been initiated after Disaster Medicine was put as priorities of the ASEAN Plus Three Cooperation, and Disaster Health Management as one of the 20 Health Priority Areas of the ASEAN Post-2015 Health Development Agenda. Finally, the project was endorsed as an ASEAN Cooperation Project in September 2015 at the 10th SOMHD in Vietnam. The objective of the project is to strengthen the regional coordination on disaster health management of ASEAN with five expected outputs while having three main mechanisms to drive the project to its objective; Regional Collaboration Drill, Regional Collaboration Tools and the AMS Training Program.

7. The meeting then moved to the topic of "Re-extension of ARCH Project" presented by Mr.Shuichi IKEDA. Mr.IKEDA informed the meeting on the re-extension of the project due to the outbreak of COVID-19 that has put the project through lots of suspension and cancellation of activities in the past three months. As a result, activities of the ARCH project in the future such as the events with international travels cannot be conducted within this year, and the plan of the project has to be changed. Mr.IKEDA proposed to add another nine months to the extension phase making it 30 months. The extension phase will end in December 2021 instead of March 2021. Revised plan for the activities and events of the ARCH Project is illustrated below;

Activities and Events	Tentative Schedule	
	2020	2021
RCCDHM	Online; September	In person; 2 times (Q1 & Q3)
PWG1	Online; June 25 & October	In person; 2 times (Q1 & Q3)
PWG2	Online; June 25 & October	In person; 2 times (Q1 & Q3)
RCD in Myanmar	Online Consultation; Q4	Mentor Team Visits; Q2 & Q3 EMTCC training for RCD RCD; Q4
Standard Curriculum Development	Online SWG; Q3	In person; 2 times (Q1 & Q3)
ASEAN Collective Measures for AMS I-EMT	Online SWG; Q3, Q4	In person; 2 times (Q1 & Q3)
Field Study for Capacity Development in Myanmar & Vietnam		Q1
ASEAN Academic Seminar		Q3



(Tentative) Agenda

5th Joint Coordination Committee

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

16 July 2020, 09.00-13.00

Meeting Room 3, 9th Fl., Health Service Support Building

Chaired by Flt.Lt.Atchariya Pangma

Time	Agenda	
09.00-09.20	1. Chairman's report 1.1 Welcome Remark 1.2 Opening Remark 1.3 Opening Remark 1.4 Introduction of the attendants	Dr.Atchariya Pangma Deputy Permanent-Secretary Ms.Katsura Miyazaki, Chief Representative, JICA Thailand
09.20-09.30	2. Approval of Minutes of the Previous Meetings: 2.1 The minutes of 4 th Meeting	Ms.Sansana Limpaporn
	Coffee/Tea Break will be served.	
09.30 – 09.40 09.40 – 10.00 10.00 – 10.10 10.10 – 11.20 11.20 – 11.30 11.30 – 11.40 11.40 – 12.00	3. Matters of Report: 3.1 Background of ARCH Project 3.2 Progress report (including the results of the online PWGs conference) 3.2.1 SOP to SASOP 3.2.2 Curriculum Development 3.2.3 ASEAN Collective Measure 3.3 Re-extension 3.4 ARCH Project Phase 2 application form - Contact points - Project Framework (including Activities and outputs) - Budget	Mr.Surachai Silawan Dr. Phumin Silapunt Dr.Alisa Yanasan Dr.Phummarin Sealim Mr.Kita Taro Mr.Shuichi Ikeda Mr.Shuichi Ikeda
12.00 – 13.00	Luncheon	

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

16 JULY 2020



Dr. Atchariya Pangma
Secretary-General,
National Institute for Emergency Medicine
Project Director,
Project for Strengthening the ASEAN
Regional Capacity on Disaster
Health Management
August 2020

**Fifth Meeting of the Joint Coordinating Committee (JCC)
Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management
(ARCH Project)**

16 July 2020, 0900-1300 hrs.

Meeting room 3, 9th Fl., Health Service Support Building

Attendees

1. Dr.Atchariya Pangma	Secretary-General, National Institute for Emergency Medicine
2. Dr.Supakit Sirilak	Deputy-Permanent Secretary, Ministry of Public Health
3. Mr.Goichiro KIMIMURA	First Secretary, Health and Welfare, Embassy of Japan
4. Ms.Katsura MIYAZAKI	Chief Representative, JICA Thailand
5. Mr. Keiichiro YUASA	Senior Representative, JICA Thailand
6. Dr.Jirot Sindhvananda	Senior Advisor
7. Dr.Anupong Sujariyakul	Focal point of Thailand for ASEAN Health Cluster 2 Meeting
8. Dr.Wiwat Seetamanotch	Committee
9. Dr.Phumin Silapunt	Deputy Director, Chulabhorn Hospital
10. Dr.Sanchai Chasombut	Deputy Secretary General, NIEM
11. Dr.Prakit Sarathap	Bureau of Public Health Emergency Management, MoPH
12. Dr.WasonPinyowiwat	Bureau of Public Health Emergency Management, MoPH
13. Dr. Phummarin Sae-lim	Deputy Dean, Chulabhorn Royal Academy
14. Mr.Surachai Silawan	National Institute for Emergency Medicine
15. Mr.Shuichi IKEDA	Chief Advisor, ARCH Project
16. Mr.Taro KITA	Project Coordinator, ARCH Project
17. Ms.Chidchanok Malayawong	Thailand International Cooperation Agency, MoFA
18. Ms.Suwanna Navacharoen	JICA Thailand Office
19. Ms.Jaruwalee Buaon	Thailand International Cooperation Agency, MoFA
20. Ms.Manika Mekprayoonthong	Department of ASEAN Affairs, MoFA
21. Ms.Jittaporn Wilaijit	Department of Disaster Prevention and Mitigation, MoI
22. Col.Suthee Intarachart	Thai College of Emergency Physicians (Via Online platform)
23. Ms. Nangnoi Juthaisong	Thai Red Cross
24. Ms.Chanya Lorwongpaiboon	Global Health Division, MoPH
25. Ms.Hataya Kohkiatpong	Bureau of Public Health Emergency Management, MoPH
26. Representative of Office of International Cooperation	Department of Disease Control, MoPH (Via online Platform)
27. Representative of Office of JICA Headquarter	JICA Headquarter (Via online Platform)
28. Ms.Sansana Limpaporn	National Institute for Emergency Medicine
29. Ms. Kittima Yuddhasaraprasiddhi	National Institute for Emergency Medicine
30. Ms.Dangfun Promkhum	National Institute for Emergency Medicine
31. Ms.Ninuma Dullaphan	ARCH Project
32. Mr.Valintorn Chewasuchin	ARCH Project

Minutes of the Fifth Meeting of the Joint Coordinating Committee (JCC) of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project)

1. The Fifth Meeting of the Joint Coordinating Committee (JCC) of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project) was organized on July 16th, 2020 from 0900 hrs. to 1300 hrs. at meeting room 3, 9th floor of Health Service Support Building, Ministry of Public Health. The meeting was conducted as face-to-face meeting with some participants from Japan attended the meeting through online portal.

2. A welcome remark was provided by Dr.Atchariya Pangma, Secretary-General of the National Institute for Emergency Medicine (NIEM) and ARCH Project Director, acted as Chairperson of the meeting. He delivered his sincere welcome to all delegates while briefing the participant on updates on the ARCH Project after being

7.1 Mr. IKEDA further proposed additional activities in this re-extension phase; including,

- In-Country Training Courses in specific AMS i.e. EMT Basic (Basic Disaster Health Management Training Course) and EMT Coordination (EMTCC) Training course which would be organized before the Regional Collaboration Drill in Myanmar 2021.
- Collection of good practices and knowledges sharing on medical response operation in the emergency by COVID-19.
 - Collection of good practices from AMS during July to August 2020;
 - Web seminars during September to December 2020;
 - Special Session(1day) in the ASEAN Academic Seminar.

7.2 The Meeting noted the Procedures for the Re-extension of the ARCH Project as the following;

- Discuss and approve the re-extension by the JCC on July 16 2020;
- Drafting Minutes of Meeting for amendment of the Record of Discussion and revised PDM in August;
- JICA issues a letter to TICA to proceed signing of the minutes of meeting;
- Internal process for signing of the minutes of meeting on October – November 2020;
- Exchange of signatures on the minutes of meeting on Dec 2020
- Re-extension period will be started from April 2021.

7.3 Dr.Supakit raised a concern over uncertainty of the COVID-19 outbreak questioning the reason of extending only nine months rather than twelve months, and suggested to add more of COVID-19 related activities to the project. He also suggested to focus on using online platform instead of face-to-face interaction. Mr.IKEDA responded to the inquiry that due to the upcoming ARCH Project phase 2 which is designed to run along with the POA which ends in 2025 it is necessary to begin ARCH Project Phase 2 as early as possible. ARCH Project Phase 2 is needed to be executed in the early 2022. In the other hand, the formulation of ARCH Phase 2 needs at least 9 months; therefore, the re-extension phase has to be done in nine months in order to continue activities seamlessly without blank period. However, if some activities or outputs still cannot be achieved in the extension phase due to continuation of impact by COVID19, those activities can be postponed to ARCH Phase 2 as well. Regarding the activities for COVID19, Mr.IKEDA responded that ARCH Project should focus on medical management or logistics in the medical response but not medical scientific matters or medical treatment methods in consideration of ARCH's scope of works as well as expertise of ARCH resources.

7.4 Dr.Phumin provided brief background on the formulation of the ASEAN Leaders' Declaration on Disaster Health Management (ALDDHM) and the Plan of Action to Implement the ASEAN Leaders' Declaration on Disaster Health Management, and clarified that ARCH Project Phase 2 will be designed to be aligned with the POA, and must begin as soon as we can.

7.5 The Chairman concluded that the committee approved the re-extension of ARCH Project, while representative from the Ministry of Foreign Affairs will take a look at the procedures needed.

8. Mr.IKEDA proceeded to the presentation on the ARCH Project Phase 2. He informed that JICA is now collecting proposals from all over the world and will proceed selection of projects among those proposals for next fiscal year. JICA had assumed that it would need at least for ten years to accomplish the expected target for DHM in ASEAN before commencement of the ARCH. ARCH Project Phase 2 will be designed along with "Preparedness" and "Response" concepts through capacity development, and will be focused on three Priority areas and 19 targets of the POA. During ARCH Project Phase 2, it will not create another managing mechanism since RCCDHM is already organized, but the project working groups are still necessary.

8.1 ARCH Project Phase 2 is expected to set three outputs;

Output 1: Regional collaborative frameworks on disaster health management are strengthened.
(Follow the Priority Area 1 of the POA)

Output 2: Disaster health management frameworks/concepts are integrated into national and sub-national legal and regulatory framework in each AMS. (Follow the Priority Area 3 of the POA)

Output 3: Knowledge management on disaster health management is enhanced. (Follow the Priority Area 5 of the POA)

8.2 Activities of ARCH Project Phase 2 are as follows;

- Regional Collaboration Drill: The project will recommend to do Comprehensive team information in each AMS.
- Comprehensive Team Information: All AMS are required to develop Comprehensive Team Information of their EMTs on condition of being Type 1 Fixed and bring it to RCD.
- Improvement of disaster health management system and education system in each AMS: Peer Reviews will be conducted respectively for DHM system and education system should be conducted in two countries a year.
- Support for conducting training courses on DHM: The project should invite any institutes which want to conduct a training course based on the standard curriculums developed during the extension phase (BDHM Course and EMTCC Course).
- Networking AMS national academic institutes and researchers
- ASEAN Academic Conference

8.3 Mr.IKEDA informed the meeting of the application form that Thailand has to complete, and was seeking confirmation on some points such as the contact points of the implementing agency, inputs from Thai government and signature of authorized persons. The meeting was informed of two contact points, each from NIEM and MOPH. Assignment of project administrative team are similar to the ARCH Project Phase 1, and the budget allocated were presented as follows;

NIEM: USD 500,000 (5 years)
MOPH: THB 2,500,000 (5 years)

8.4 Mr.IKEDA informed the meeting about the formulation process of ARCH Phase 2 that the proposal is needed to be submitted to TICA in the early September, before TICA could submit it to the Embassy of Japan no longer than September 21st. After that, Ministry of Foreign Affairs in Tokyo will select the proposal in the Q1 of 2021. On the other hand, concurrently with bilateral process between Thailand and Japan, the proposal to ASEAN shall be prepared and submitted from Thai MOPH to ASEC so that the ARCH 2 could be authorized as an ASEAN regional project. The process through ASEAN protocol might take around six months to complete the approval after submission of the ASEAN proposal.

8.5 Dr.Wiwat raised his inquiry on the reason in which ARCH Project Phase 2 will not cover the other two priority areas of the POA. Mr.IKEDA responded that the two areas are also important and should be considered as basic project implementation strategy or considered to contribute indirectly as activity level ; however, regarding the priority for multi-sectoral participation, one main target in this area is to develop a SOP of Civil-military collaboration and due to Japanese ODA policy, it is difficult for JICA project to associate with military-related issue.

8.6 Dr.Sanchai raised his observation on the targets being missed from the plan and suggested that if ASEAN and the project process cannot be harmonized, internal meeting with ASEAN has to be conducted. Moreover, he raised his concern on the budget allocated from MOPH that it might not be sufficient because MOPH will have to conduct PWG1 Meeting and also RCCDHM.

8.7 Dr.Jirot suggested to push the ASEAN Secretariat to finalize the submission process since ARCH Phase 2 is designed to support the POA. Therefore, the project must be clear in all process and the most difficult part is to draft the proposal. After the ASEAN Work Programmes can be finalized, the picture will be clearer. He also agreed that MOPH should prepare more budget for both ARCH and RCCDHM, and has to separate the budget from one another. Dr.Prakit responded that he has informed MOPH and they are in process reconsidering.

8.8 The Chairman made his comment that at least a rough number of total budgets should be confirmed.

8.9 Dr.Anupong made his comments that the plan of ARCH Phase 2 is very clear, and it doesn't matter if it cannot cover the two targets left. For the SOP for civilian-military coordination, ASEAN Center of Military Medicine (ACMM) should be able to help, while on the curriculum reflecting the Bangkok Principles could be developed with the collaboration with Asian Disaster Preparedness Center (ADPC). Department of Medical Science can be potential partner.

8.10 Dr.Phumin stated that RCCDHM should be the body to overlook the achievement of the 21 targets under the POA. As Thailand serves as secretariat of the RCCDHM, Thailand should take responsibility to overlook the 21 targets. MOPH should consider the two targets left and review how much they can contribute and support. Now, the role between NIEM and MOPH in ARCH Phase 2 is not clear. He also added that if MOPH cannot find external sources of funding, it will have to pay all by itself.

8.11 Mr.IKEDA raised his concern over the structure of the project. ARCH Phase 1 has the taskforce to help implementing the activities; therefore, internal discussion on this issue should also be organized.

8.12 Dr.Anupong informed the meeting on the initiative to establish the Center for Public Health Emergencies initiated by Vietnam. It is still uncertain but he raised the issue whether ARCH Project should include the issue on COVID-19 or not because the issue might belong to this center. Dr.Jirot commented that it will be a good opportunity that ARCH Project can work with many agencies.

8.13 The Chairman made a conclusion that the committee accepted to have ARCH Project Phase 2 after the re-extension phase. There will be three expected outputs with 16 activities. The Project shall submit the proposal in the early September.

9. Dr.Prakit updated the committee on the integration of ASEAN EMT SOP to Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP) where he informed the meeting that the ASEAN EMT SOP has been recommended to be tested in the ARDEX by the ACDM Working Group. Therefore, the SOP shall be tested at the upcoming ARDEX which has to be postponed to be organized in the second quarter of 2021 due to COVID-19 outbreak. If no revision needed, the SOP will be submitted to SOMHD and ACDM for endorsement as a final step. The action would take place in the third and fourth quarter of 2021. However, if revision is needed, ARCH Project will revise the SOP as requested, consult with ASEAN Health Cluster 2 before submitted to the SOMHD and ACDM.

10. Mr.KITA updated the committee on the progress of the development of ASEAN Collective Measures which aims to realize rapid, effective and quality EMT deployment by taking advantage of the strength of the existing ASEAN regional network, system and structure as well as developing. The result of this activity is regional mechanism to support AMS's efforts to meet WHO minimum standard for EMT in topics of logistics, customs clearance, waste management, medical malpractice and legal issue which are the issues that create lots of challenges for the AMS. The following table summarize the expected outputs of ASEAN Collective Measures Activity.

Topic	Expected Outputs/ Products
Logistics issue	①Development of database of logistic information of receiving countries ②List of support for AMS I-EMT facilitated by receiving countries
Customs Clearance	③Guidance (Information) on Customs clearance procedure in 5 AMSs ④Draft proposal on special arrangement (as required)
Waste Management	①Collective measure on Waste Management for AMS I-EMT 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 ②Draft proposal on special arrangement for support/ compensation provided by the respective governments (as required)

Topic	Expected Outputs/ Products
Legal issue	①Guidance (Information) on emergency application of relevant foreign licenses. ②Draft proposal on special arrangement (as required)

Mr. KITA informed the meeting of the next steps to be taken. An online consultation with Sub-working group on ASEAN Collective Measures will be convened on August 7. Additional Questionnaire survey/email based SWG consultation will be conducted from August to the first quarter of 2021, and the project will report the recommendation in the first and third quarter of 2021.

10.1 The Chairman reminded the project on making it clear to World Health Organization (WHO) that the activity doesn't attempt to replace WHO standards for I-EMT.

10.2 Dr. Wiwat raised a topic on logistic issue since Department of Disaster Prevention and Mitigation (DDPM) also has established the stockpile called DELSA in Thailand as ASEAN stockpiling site. DDPM added that it is in the process to MOU signing and is proposing to the Cabinet for approval.

10.3 The Chairman and the committee acknowledge the activity of ASEAN Collective Measures.

11. Dr. Phummarin then presented the updates on Curriculum Development. The initiative to develop standard curriculum on disaster health management can be traced back to the unequal capacity in each AMS. Therefore, AMS agreed to establish Sub-Working Group on Curriculum Development to develop curriculum for AMS. The first meeting of the Sub-Working Group agreed to develop Basic Disaster Health Management Training Course and the EMT Coordination Training Course while also agreed on core competencies. Another meeting of the sub-working group will be organized again this year through online platform and the mocking course will be organized before the Regional Collaboration Drill in Myanmar.

11.1 The Chairman informed the meeting that NIEM and Chulabhorn Royal Academy has an MOU with one another; therefore, the activity is under this MOU.

12. Lastly, Dr. Phumin delivered Progress Report of the ARCH Project. He re-informed the meeting of the eight activities in the extension phase and its progress.

Activity 1: Draft Work Plan for POA on DHM

- First Regional Coordination Committee on Disaster Health Management (RCCDHM) organized on 23rd January 2020 agreed on the draft of the work plan; however, some edition is needed. The work plan will be submitted to the 6th ASEAN Health Cluster 2 in October or the 4th quarter of 2020 via VDO Conference.
- Implementation Plan for POA was drafted and submitted to the online conference for Joint PWGs.

Activity 2: Regional Collaboration Drills

- Fourth Regional Collaboration Drill (RCD) was held in Bali, Indonesia, in November, 2019.
- Fifth RCD in Myanmar was postponed to the fourth quarter of 2021.

Activity 3: Information Sheet Format for Lessons Learned from Disaster Response, Lessons Learned.

- Draft template for Lessons Learned was presented to PWG 1 members on 21st January. PWG 1 members were requested to provide feedback/ inputs by the end of February 2020.

Activity 4: All developed regional collaboration tools are endorsed by ASEAN

- SOP for I-EMT coordination was tested by TTX among AMS National Disaster Management Organizations hosted by AHA Centre in October 2019.

Activity 5: Recommendation for ASEAN standards or methods on some necessary issues for deployment of AMS-EMT.

- Framework of ASEAN Collective Measures and formation of Sub-working Group (SWG) was endorsed by PWG1 meeting in July 2019, in order to realize rapid, effective and quality EMT deployment.
- First SWG meeting was held in January 2020 to discuss and agree on “Expected Outputs/ Products”.

Activity 6: Study Report on CD on DHM in AMS-Identifying needs for capacity development and potential core training institutes on DHM.

- Questionnaire survey from AMS was conducted with the result from 9 out of 10 countries.
- The result was presented in the First RCCDHM meeting in Bangkok, 22-23 January.
- The field trips in Lao PDR and Cambodia was conducted with members from Malaysia, Thailand, ARCH Project, JICA, JAC and Consultant.
- Field trips in Myanmar and Viet Nam were postponed due to the situation of COVID-19.

Activity 7: Academic International Seminar

- The seminar was postponed to the third quarter of 2021.
- AMS will be requested to submit abstracts in early 2021 and the invitation letters to AMS and other international speakers will be issued in the second quarter of 2021.

Activity 8: Development of standard training curriculum on DHM

- First Meeting of SWG on Curriculum development had been held on 13-14 February 2020, strongly supported by Chulabhorn Royal Academy.
- The meeting agreed on two curriculums to be developed during the extension phase; Basic DHM and Coordination of disaster medical operation.

There had been three online meetings for the past several months during COVID-19 situation.

- Bilateral Meeting of Thai-Japanese Experts on 4 June 2020 with the following conclusions;
 - 5th Regional Collaboration Drill in Myanmar is postponed to the end of 2021
 - EMTCC Training in Myanmar shall be conducted during 3rd Quarter of 2021
 - ASEAN Academic seminar will be conducted in the middle of 2021
 - Additional activities on COVID-19: Expected output is “Collective of good practices and knowledge sharing on medical response operation in the emergency by COVID-19”
- Thai-Japanese Experts for Sub Working Group on Curriculum Development on 16 June 2020
 - 6 core competencies of the Basic- Disaster Health Management reached consensus.
 - Additional Issues to be discussed in the next ASEAN Sub- Working Group on Curriculum Development
 - An idea of “Career ladder” was proposed.
- Joint Project Working Groups on 25 June 2020
 - The Meeting agreed that meetings and consultations scheduled in 2020 will be carried out through online conference or consultations.
 - The Meeting further agreed that the conduct of activities in-person in 2021 will be subject to further reviews and discussions in follow-up online conferences of relevant working group/sub-working group.
 - Additional activities on COVID-19, ARCH Project requested Contact points to provide inputs to the concept paper and attachment by 10 July 2020 and to submit completed forms by 30 July 2020.

12.1 The Chairman acknowledged the progress report.

13. Before the Chairman delivered his closing remarks, TICA reaffirmed its support for carry out the procedures for the re-extension. JICA will submit the minutes of meeting to amend the Record of Discussion, before TICA review the draft and send it to MOPH to revise and sign. Then TICA will receive it and send to JICA.

14. The Chairman closed the meeting and reminded the meeting that they have to work together to support this cooperation.