

ASEAN Collective Measures and its recommendations

Table of contents

- I. Background
 - II. Methodology
 - III. Challenges and Analysis
 - IV. ACM recommendations
 - A. Concept of the ACM recommendations
 - B. Contents of the ACM recommendations
 - 1. Database of AMS for receiving EMT deployment
 - 2. National SOP for receiving I-EMT
 - 3. DHM Trainings including curriculum development and implementation
 - a. In-country Coordination Course
 - b. Regional Collaboration Drill (RCD)
 - 4. Guidance Document for EMT
 - a. Medical waste management
 - b. Medical accident/ malpractice, Patient complaints management
 - 5. Preposition of EMT items as stockpiles
 - a. Goal of the study
 - b. Methodology to consider
 - c. EMT items to be targeted (To be identified/ specified through the study)
 - V. Management of ACM products
 - VI. Future status of the ACM
- Annex
- 1. Database of AMS for receiving EMT deployment
 - 2. Guidance on Medical waste management
 - 3. Guidance on Medical accident/ malpractice, Patient complaints management

ASEAN Collective Measures and its recommendations

I. Background

Southeast Asia has been struck by various natural disasters, and the Association of Southeast Asian Nations (ASEAN) and ASEAN Member States (AMS) have placed great importance on cooperation on prevention and response to disasters.

The Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project) and its extension phase was commenced from July 2016 to March 2021, and re-extended until December 2021 in order to complete activities delayed or rescheduled due to the COVID-19 pandemic.

Plan of Action to implement the ASEAN Leaders' Declaration on Disaster Health Management (DHM) (2019- 2025) stipulates that all AMS will have International Emergency Medical Team (I-EMT) that is compliant to either ASEAN or World Health Organization (WHO) EMT minimum standards, and establish EMT Coordination Cell (EMTCC) in the event of sudden onset disasters or other emergencies to effectively coordinate incoming EMT operations.

All AMS have developed some form of emergency medical team, many of which have undergone international deployment. However, when the ARCH Project organized AMS training in 2018, focusing on WHO EMT accreditation, many AMS indicated that it will be difficult to meet the WHO minimum requirements set by the WHO EMT initiative, specifically in the areas of logistics issues including customs clearance, waste management, response to medical accident and medical license issues.

In line with the ASEAN Declaration on One ASEAN One Response, it was proposed to discuss and agree on establishing collective measures or regional rules to complement self-sufficiency of EMT of ASEAN member states (AMS) (AMS I-EMT) for some logistical issues, which AMS have difficulties in immediately satisfying the WHO EMT minimum requirements, in the extension phase of the ARCH Project in order to realize smooth and effective deployment of the AMS I-EMT in the ASEAN region.

Based on the discussion above, ASEAN Collective Measures on AMS I-EMT deployment in ASEAN (ACM) was initiated to support AMS in their efforts to meet the WHO minimum requirements, and thereby realizing rapid, effective and quality emergency medical assistance.

II. Methodology

ARCH Project formed a sub working group (SWG) for the ACM, under the Project Working Group1 (PWG1), consisting of representatives of 5 AMS, Indonesia, Myanmar, Philippines, Thailand and Viet Nam, all of which have been affected by major disasters in the past or having hosted the ARCH Project's Regional Collaboration Drill (RCD), where each host country plays a role of disaster struck country and simulates reception and coordination of I-EMT. The SWG, with other representatives of Japan, the ASEAN Secretariat (ASEC) and the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre) as well as the ARCH Project team and an external consultant team as a secretariat,

has been tasked to analyze the situation, collect relevant information and discuss on possible solutions.

1st SWG meeting on ACM was organized in January 2020 in Bangkok Thailand, to discuss and agree on expected outputs and work plan for ACM including questionnaire survey and in-country study for relevant information collection.

However, due to the prevailing situation of the COVID-19 pandemic, the planned activities were modified and carried out in the form of email-based discussions and consultations, and the 2nd SWG meeting was held online in August 2020.

Following the discussion through the SWG and subsequent PWG1 meeting in March 2021, it was agreed that the ACM recommendations will be presented at the scheduled PWG1 meetings in the 3rd 2021 for further discussion and endorsement.

III. Challenges and Analysis

According to a survey conducted by the ARCH Project, and the findings from the AMS training on the WHO EMT initiative, all 10 AMS have developed emergency medical teams, and many of which deployed internationally, but their capacity, team composition and expertise were diverse when compared to the international standards set by WHO, and many AMS indicated that it will be difficult to meet the standard, specifically in the areas of logistics including customs clearance, waste management, response to medical accident and medical license issues.

The SWG analyzed these issues to identify specific challenges for AMS to meet the international standard and realize effective EMT deployment.

Challenges common to all five Issues are the lack of information of the disaster struck countries regarding the reception and coordination of I-EMTs, including import procedures for EMT medicine especially classified as controlled substances, and approval of medical practices by foreign medical professionals, as well as the difficulty in establishing a system of cooperation and coordination with relevant stakeholders in the affected countries.

Specific issues include the difficulty of air transport of EMT materials classified as dangerous goods, and the need of AMS support for EMT accreditation in waste management and response to medical incident and malpractice

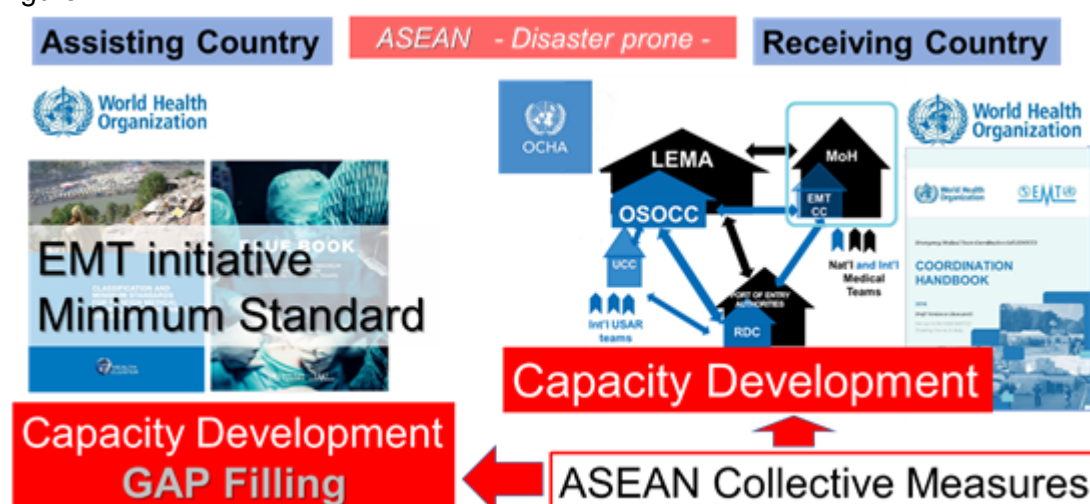
Table1 shows a summary of common and specific challenges corresponding to each issue.

Table1 Challenges and Analysis

	Common challenges for 5 items	Specific Challenges
Logistics issue	<ul style="list-style-type: none"> Lack of Information Difficulty in Coordination/ Collaboration with local stakeholders Lack of HR capacity of receiving country for managing EMTCC to support I-EMT 	Transportation of Dangerous/ Controlled Goods by Air
Customs Clearance		National Procedures not applicable to I-EMT deployment
Medical Waste		Meeting WHO minimum standard
Medical Malpractice		Meeting WHO minimum standard
Medical License issue		National Procedures not applicable to I-EMT deployment

Through the discussions and consultation with the SWG, it was noted that in order to realize effective EMT operations, it is equally important to strengthen EMT coordination capacity for EMTCC management of AMS affected by SOD or other emergencies which will subsequently contribute to supporting I-EMT. (Figure 1)

Figure 1



ASEAN's advantages, in considering the ACM recommendations, are its geographical proximity, and cultural, religious and linguistic similarities among neighboring countries, as well as the existing disaster management systems and framework, various agreements that have been established in the course of the realization of the ASEAN community.

In recognition of these advantages, ACM recommendations shall be formed by taking into consideration the ASEAN Mutual Recognition Arrangement (MRA) that enables qualifications of medical professional, recognized by the authorities in their home country, to be mutually recognized by other AMS, which has been developed under the initiative towards the realization of the ASEAN Economic Community, as well as the Disaster Emergency Logistic System for ASEAN (DELSA) under which three warehouses with stockpile of relief items are operational in Malaysia, Philippines and Thailand under the management of the AHA Centre.

IV. ACM recommendations

A. Concept of the ACM recommendations

As indicated in the previous section, ACM is proposed to consider supporting the two opposite roles of AMS in DHM, strengthening the capacity of EMTs to meet the international standards (role of supporting country), which has initiated the introduction of the ACM, and also strengthening the capacity of AMS to receive I-EMTs in the event of disasters or emergencies (role of receiving country), and thereby 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), and taking advantage of the strength of the existing ASEAN regional network, system and structure.

In order to realize the above concept, the following recommendations have been formulated, taking into account the various advantages of the ASEAN region.

The ACM recommendations, in addition to the support for AMS regarding the WHO EMT accreditation such as the development of guidance documents, includes the development of a database of the affected countries for receiving international assistance, preposition scheme of EMT medicine and equipment as stockpile in the affected countries, development of relevant training curriculum, implementation the RCD, and support for the development of relevant national procedures in each country. (Table 2,3)

Table2 Summary of ACM recommendations

	Common challenges for 5 items	Specific Challenges
Logistics issue	<ul style="list-style-type: none"> Lack of Information -> Database of receiving country Difficulty in Coordination/ Collaboration with local stakeholders Lack of HR capacity of receiving country for managing EMTCC to support I-EMT -> Training 	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

Table 3. List of ACM recommendations

1	Database of AMS for receiving I-EMT
2	National SOP for receiving I-EMT
3	DHM Trainings including curriculum development and implementation

4	Guidance Document for EMT: a. Waste Management, b. Medical Malpractice
5	Preposition of EMT items

As illustrated in Table 4, ACM recommendations consist of ongoing activities of the ARCH Project extension phase such as Curriculum development and Database development, while some other activities are proposed to be implemented through peer review activity or feasibility study scheduled in the next phase of the Project (ARCH2). Roles and responsibilities of each AMS country and ARCH Project are defined in Table5.

Table 4. Proposed timeframe of the implementation of the ACM recommendations

Recommendation	Specific Activities	(Expected) Output / Project Phase		
		Extension	Re- Extension	ARCH2
Database (DB)		DB Ver1 is developed	N/A	DB is updated through Hosting RCD and/ or Training
National SOP for receiving I-EMT		N/A	N/A	AMS receive advice/ support through Peer Review on Necessary National SOP
Training	Basic Disaster Health Management (BDHM) Course	Standard Curricula are developed		Training courses are implemented Participants' DB is developed
	In-country Coordination Course			
	I-EMT (Advance/ ToT) Course	N/A	N/A	Curriculum is developed/ Course is implemented
	Regional Collaboration Drill (RCD)	N/A	N/A	RCD is implemented
Other Specific Issues	Preposition of EMT items	N/A	N/A	Feasibility Study/ Development of National SOP
	Guidance Document for EMT SOP	Guidance Document (Waste Management) is developed		Guidance Document for WASH management is developed
		Guidance Document (Medical Malpractice) is developed		

Table 5. Activities on ACM recommendations and responsible parties

Recommendation	Specific Activities	Responsibility		
		ARCH Project	Assisting Country	Receiving Country
Database (DB)		Initial Data Collection/ Development of DB Ver1		Update DB through Hosting RCD and/ or Training
National SOP for receiving I-EMT		Peer Review		Development of National SOP
Training	BDHM	Development of Standard Curriculum	Implementation	
	In-country Coordination			Implementation / Participants' DB
	I-EMT (Advance/ ToT)	Development/ Implementation	Participation	Participation
	RCD		Participation	Hosting
Other Specific Issues	Preposition of EMT items	Feasibility Study (FS)		FS/ Development of National SOP
	Guidance Document for EMT SOP (Waste Management)	Development of Guidance Document	Development of EMT SOP	Update DB
	Guidance Document for EMT SOP (Medical Malpractice)	Development of Guidance Document	Development of EMT SOP	Update DB

B. Contents of the ACM recommendations

1. Database of AMS for receiving EMT deployment

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	DB is updated through Hosting RCD and/ or Training

As stipulated in the Standard Operating Procedure for Coordination of Emergency Medical Teams in ASEAN (ASEAN SOP for EMT) (scheduled to be integrated into SASOP), I-EMT shall obtain essential information for mobilization through AHA Centre's mechanisms or National Focal Units of the affected country, and it is also suggested by the SWG analysis that common challenges faced by the AMS when deploying I-EMT are the lack of information of the disaster struck country for receiving international assistance. (Table 6)

Therefore, it is beneficial not only for I-EMT deploying entity but also for the host country of the international assistance to maintain a database of various information in advance as part of the preparedness for the deployment of I-EMT.

Table 6

	Lacking Information
Logistics issue	Domestic Transport, Available Warehouse, Communication, Security
Customs Clearance	National Procedure/ Required documents on Customs Clearance, Available Logistic Provider
Medical Waste	Law, Regulation, Guideline on Medical/ Pharmaceutical waste management
Medical Malpractice	Available Insurance Agent
Medical License issue	Procedure on Accreditation of foreign medical professionals Regional Agreement on accreditation for foreign medical practitioner

The ARCH Project identified the list of items for their relevance in facilitating I-EMT deployment in the real disaster situation, and developed the Database (DB) of the information of 5 AMS (*) that are considered disaster-prone and likely to receive international assistance. (Table 7)

Although the DB was initially intended to be shared widely among AMS and Japan, the scope and contents of the disclosure need to be further explored.

The DB, of which the information was collected based on the web-based research and questionnaire survey, contains a set of information including national procedures that ASEAN SOP for EMT does not stipulate in details such as procedures and necessary documents for Customs, Immigration, Quarantine and authorization to practice for foreign medical professionals as well as other relevant information including Medical Waste Management, List of Insurance Company for Medical Malpractice etc.

** 5AMSs: referring to the 5 disaster-prone AMS countries (Indonesia, Myanmar, Philippines, Thailand, Viet Nam)*

Table 7. List of information relevant for receiving international assistance

[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

The Database (ver.1) will be presented to the PWG1 representative of the concerned AMS for their review as one of the ACM products of the extension phase of the ARCH Project.

a. Recommendations- How to update the DB?

The DB shall be regularly reviewed by the concerned AMS itself, the owner of the DB, through the ARCH Project activities such as the preparation process of the RCD in order to keep them updated. Therefore, it is proposed that the following steps be taken to manage and update the DB.

- Any AMS who intends to organize In-Country Coordination course (**) will be requested to collect the relevant information/ update the DB as part of the program.
- Any AMS who intends to host the RCD will be requested to participate in the data collection/ DB update, and present them prior to the event.
- Any AMS who wishes to develop the Database can participate in the data collection by informing the ARCH Project.

*** In-Country Coordination Course- Training course for In-Country EMT coordination currently under discussion through SWG- curriculum development under PWG2 during the extension phase of the ARCH Project.*

b. Further discussions- How to manage the DB, and who can access it?

Further discussion is needed on who will manage the DB, and possible candidates could be the AHA Centre, RCCDHM Secretariat and/ or EMT FP of each AMS.

2. National SOP for receiving I-EMT

Recommendation	Specific Activities	(Expected) Output / Project Phase		
		Extension	Re- Extension	ARCH2
National SOP for receiving I-EMT		N/A	N/A	AMS receive advice/ support through Peer Review on Necessary National SOP

1.	Identify the validity/ existence of relevant national procedures for receiving I-EMT deployment through Peer review
2.	Development of necessary national procedures for receiving I-EMT

The national level target 3 of the Plan of Action to implement the ASEAN Leaders' Declaration on Disaster Health Management (2019-2025) (POA/ ALD DHM) envisions the development of national SOPs for the EMT coordination such as the request and offer of assistance, RDC process, CIQ process, or the authorization of healthcare professional. It is also defined in the ASEAN SOP for EMT, the process for CIQ, authorization to practice for medical professionals as the essential information for mobilization that I-EMT shall obtain through the National Focal Unit of the affected country prior to deployment.

The above items are listed in the DB in the previous section (B.1), but some countries have multiple procedures, and it is not always clear which procedures apply, or whether any exemption or special arrangement can be applied for receiving I-EMT.

In order to ensure that the appropriate procedures are identified and presented for I-EMT in timely manner, it is suggested that the planned peer review activities in the ARCH2 include the identification of such procedures required for receiving I-EMTs, and it is also proposed if the procedures do not exist, the formulation of the relevant procedures be included as part of the Peer review recommendations in conformity with the POA/ALD DHM.

(Example: Medical License)

Authorization to practice for foreign medical professionals is a necessary process to ensure that appropriate and quality medical practice be carried out during the EMT operation, and as specified in the ASEAN SOP for EMT in the article 26, the I-EMTs shall follow the regulation of the receiving country.

Whilst collecting the relevant information on national procedure for the authorization of foreign medical professionals for the DB development, the possibility of applying the ASEAN mutual recognition arrangement (MRA) to I-EMT operations was discussed as part of the ACM activities.

The MRA is designed to facilitate the qualifications of service suppliers, recognized by the authorities in their home country, to be mutually recognized by other AMS who are signatories to the MRAs. ASEAN has concluded and signed MRAs in several occupations, and those relevant to I-EMT operations are MRA on Medical Practitioners and Nursing Services.

However, some of the mobility mechanisms of Medical Practitioner (MP) in Humanitarian Missions under MRA, which are designed for situations similar to those of I-EMT operations, impose conditions that are not suitable for I-EMT operations, such as prior application, or proficiency in local language. Some of the mobility mechanisms for nurses also require proficiency in local language.

In addition to MP and nursing service, various medical professionals, not covered in the MRA framework, including midwife, pharmacist, X-ray technician, laboratory technician, and paramedics, are required for EMT operation.

<<<Reference>>>

MRA on Medical practitioners

<https://asean.org/asean-economic-community/sectoral-bodies-under-the-purview-of-aem/services/healthcare-services/medical-practitioners-ajccm/>

MRA on Nursing services

http://www.aseanhealthcare.org/asean_mra/index/3

3. DHM Trainings including curriculum development and implementation

Recommendation	Specific Activities	(Expected) Output / Project Phase		
		Extension	Re- Extension	ARCH2
Training	Basic Disaster Health Management (BDHM) Course	Standard Curricula are developed	Training courses are implemented Participants' DB is developed	
	In-country Coordination Course			
	I-EMT (Advance/ ToT) Course	N/A	N/A	Curriculum is developed/ Course is implemented
	Regional Collaboration Drill (RCD)	N/A	N/A	TBC

Curriculum development for the In-country Coordination and Basic Disaster Health Management (BDHM) courses is underway during the extension phase of the ARCH Project, and the implementation of the courses in the ARCH2 is proposed.

It is also proposed that the curriculum development and implementation of I-EMT training course (advance/training of trainers) be considered in the ARCH2.

Continuation of the RCD will be valuable as a forum to test overall EMT management and coordination capacities for both assisting/ receiving countries. (Table 8)

Table 8.

Recommendation	Specific Activities	Target for Capacity Development	
		Assisting Country	Receiving Country
Training	Basic Disaster Health Management (BDHM) Course	✓	
	In-country Coordination Course		✓
	I-EMT (Advance/ ToT) Course	✓	
	Regional Collaboration Drill (RCD)	✓	✓

This section provides the following suggestions of activities to strengthen the capacity as a receiving country for international assistance (Role of receiving country).

a. In-country Coordination Course

Curriculum development of the In-country Coordination Course is underway in the extension phase of the ARCH Project, which aims to strengthen the EMT coordination capacity of disaster struck country by training government officials in health sector and medical/ health practitioners, as well as those who will be involved in disaster response operations in HEOC/ EMTCC during disasters.

As stated in the previous section (B.1), the database (DB) has been created that collects information on the systems, mechanisms, law and regulations of the disaster-prone country that are necessary for receiving I-EMT deployment including CIQ process, accreditation procedure of foreign medical professionals to practice.

For those that have created the DB, it is proposed that this training program be utilized as an opportunity to disseminate and update information on this DB among relevant stakeholders. As for the AMS that have not created the DB, it will be the kick-off for the collection of the relevant information.

It is also proposed that there be a session in the training to discuss the relevant procedures that have not been established or are unclear, and agree on possible solutions for future action.

A list of the training participants will be kept in a database for future mobilization of the EMTCC.

b. Regional Collaboration Drill (RCD)

In terms of the capacity development of AMS as a receiving country of I-EMT deployment, RCD is an important forum for host AMS to test its relevant national procedures to receive international assistance.

It is therefore proposed to organize a session, during the preparation period, to confirm and evaluate existing SOPs of the host country for receiving I-EMT, or to disseminate the DB for I-EMT coordination and update the contents and discuss solutions to address identified challenges among participants who are expected to involve in coordination of I-EMT management in real disaster response such as government officials in health sector and health medical practitioners.

It is also valuable to test the identified national SOPs through TTX and/ or Simulation exercise in the RCD.

4. Guidance Document for EMT management

Recommendation	Specific Activities	(Expected) Output / Project Phase		
		Extension	Re- Extension	ARCH2
Other Specific Issues	Guidance Document for EMT SOP	Guidance Documents (Waste Management) are developed		Guidance Document for WASH management is developed
		Guidance Documents (Medical Malpractice) are developed		

The development of guidance documents is proposed as part of the support to AMS to meet the WHO minimum requirements. The Guidance documents for Waste management and Response to Malpractice, designed to be used as model SOP for EMT management, have been drafted during the extension phase of the ARCH Project.

Guidance Document for WASH management is developed

a. Medical waste management

[Guidance document]

The guidance document for waste management contains the Model SOP and Technical Reference (International), that AMS I-EMT can refer to when developing their SOPs, and/ or used as a reference document for the relevant training.

The guidance document also contains the Technical Reference (AMS-National) with relevant information of national laws, regulations and guidelines of 5 AMS* that is designed to be used by incoming AMS I-EMT prior to/ during the deployment. The Technical Reference (AMS-National) is a part of DB, and shall be updated regularly by the respective countries.

(*) AMS considered disaster prone: Indonesia, Myanmar, Philippines, Thailand, Viet Nam

b. Medical accident/ malpractice, Patient complaints management

i	Application of medical malpractice insurance
ii	Indemnification by the government - diplomatic arrangement
iii (a)	SOP medical accident/ malpractice
iii (b)	SOP patient complaints management

As stipulated as the core standard for EMT in the WHO EMT initiative, with regard to the professional insurance/ indemnity and issues of malpractice, EMT and individual members are covered by adequate medical indemnity insurance that includes working in emergency response settings for national and international teams.

i. Application of malpractice insurance

Option to apply for a commercial insurance scheme was studied. The figures, exerted from the provisional quotations, which was developed based on the condition of EMT Type1 Fixed as per the WHO EMT guidelines, are presented. (Table 9)

(Limit of Liability: 1,000,000USD/ Annual premium: 12,000USD)

List of insurance companies of the receiving country is part of the aforementioned DB, and is designed to be available for supporting AMS before the EMT deployment.

Although purchasing commercial insurance through a private insurance company is an option, given the costly annual premium, it is proposed to consider the indemnification by the government, as described in the next section ii.

Table 9

Composition of I-EMT (medical personnel)	Three medical practitioners (surgeon/physician), one pharmacist, nine nurses, one midwife
Contents of medical treatment	Providing outpatient emergency care for at least 100 people per day
Period of activity	At least 2 to 3 weeks
Other condition	<p>AMS I-EMT is dispatched to provide emergency medical service to the disaster struck country within ASEAN region.</p> <p>Activity is charitable and not collecting medical service fee.</p> <p>SOPs are in place regarding Clinical governance, Patient complaint & grievance care</p>

ii. Indemnification by the government

It is proposed to make an arrangement that the damage caused and/or victim(s) of medical malpractice during the EMT operations is indemnified by the respective supporting or receiving AMS government instead of individual EMT and/ or staff members.

A diplomatic agreement or commitment to ensure the indemnification by the supporting or receiving AMS government would be the most desirable solution, however further discussions would be needed to develop the scheme with regard to the content of statement, platform and level of concurrence.

iii. SOPs for patient compliant, medical malpractice, patient complaints management

Considering the average deployment period of EMT is around 2 weeks, it is generally considered difficult for I-EMT to properly follow up on medical accidents.

In addition to a diplomatic agreement on indemnification by the government as suggested in the previous section ii, it is suggested that (a) SOP for medical accident/ malpractice, is developed to define necessary procedure for AMS I-EMT to properly follow up the medical accident, and report to the relevant authority, and also define the roles and responsibility of embassy of the deploying country, and MOH of the receiving country.

After the end of mission/ departure of AMS I-EMT, the embassy of the deploying country shall be a focal point and responsible to follow up the case, however it is also desirable that the technical follow-up will be taken by EMTCC/ the government of the receiving country in accordance with its medical standard with widely accepted procedures in the country.

The guidance document in this section focuses on supporting patients of host country from damages resulting from medical accidents/ malpractice during the EMT operation, and does not intend to cover incidents caused or damage to its own EMT members which can be covered by insurance schemes of the home country (e.g., radiation exposure, PTSD, etc.).

It is also proposed to develop (b) SOP for patient complaints management that could reduce/ prevent the possibility of medical accidents.

5. Preposition of EMT items as stockpiles

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

Transport of EMT medicines and equipment is one of the key logistic actions in an EMT deployment, and any delay in the arrival of the items can have a significant negative impact on the entire operation.

In view of this context, it is relevant to explore the possibility of pre-positioning EMT items as stockpiles in AMSs in disaster-prone areas to address issues related to cross-border transportation, such as EMT items that are prohibited for air transport and controlled medical supplies that require special arrangements and permissions.

Therefore, it is proposed to conduct a feasibility study including assessment and details design in ARCH2 that includes the following aspects;

a. Goal of the study

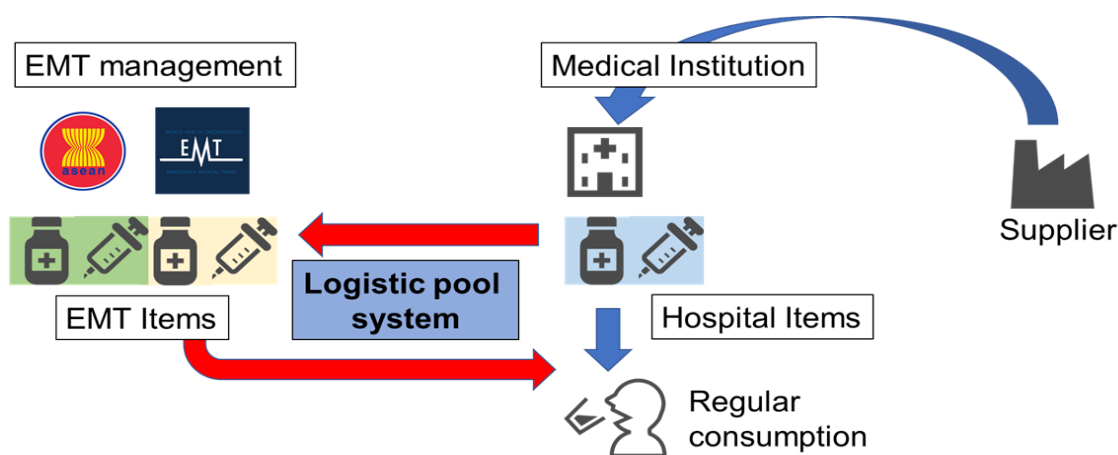
Plan of action will be proposed to establish the system in which the specific EMT items, that are prohibited to transport by air and/ or require special arrangement/ permissions, are stockpiled in disaster-prone countries in ASEAN, as well as possible funding sources to realize the system.

b. Methodology to consider

- i. Utilization of the ASEAN DELSA warehouse to stockpile EMT items
- ii. Establishing the supporting system for the incoming I-EMT by strengthening the management system for EMT items in disaster-prone countries.

As for the EMT items requiring special arrangement such as expiry/ temperature, an introduction of the logistic pool system is proposed by establishing collaboration with a local medical institution. (Figure 2)

Figure 2. Logistic Pool System



c. EMT items to be considered (To be identified/ specified through the study)

- i. Items prohibited to transport by air such as oxygen
- ii. Controlled medicine such as Narcotics, Psychotropic drugs
- iii. Any other items to stockpile to support EMT operations including replenishment for long-term EMT deployment

V. Management of ACM products

Through the ACM activities in the extension phase of the ARCH Project, the AMS database for receiving I-EMT and the guidance documents for EMT management have been developed. For the proper management of the ACM products, it is proposed to position them as a Supplementary Document/ Tool on ASEAN DHM.

The project products such as forms for medical record and health needs assessment are defined as the ANNEX of the ASEAN SOP for EMT, which is currently under the process of integration into the ASEAN SASOP.

Development of the ASEAN SOP for EMT has been carried out only through discussions in the ASEAN health sector. However, if the integration into the SASOP is completed, the amendment of the ASEAN SOP for EMT/ SASOP will require validation at the biennial ARDEX and consultation at the Working Group on Preparedness, Response and Recovery (WG-PRR) under the ASEAN Committee on Disaster Management (ACDM) which oversees the management of the SASOP.

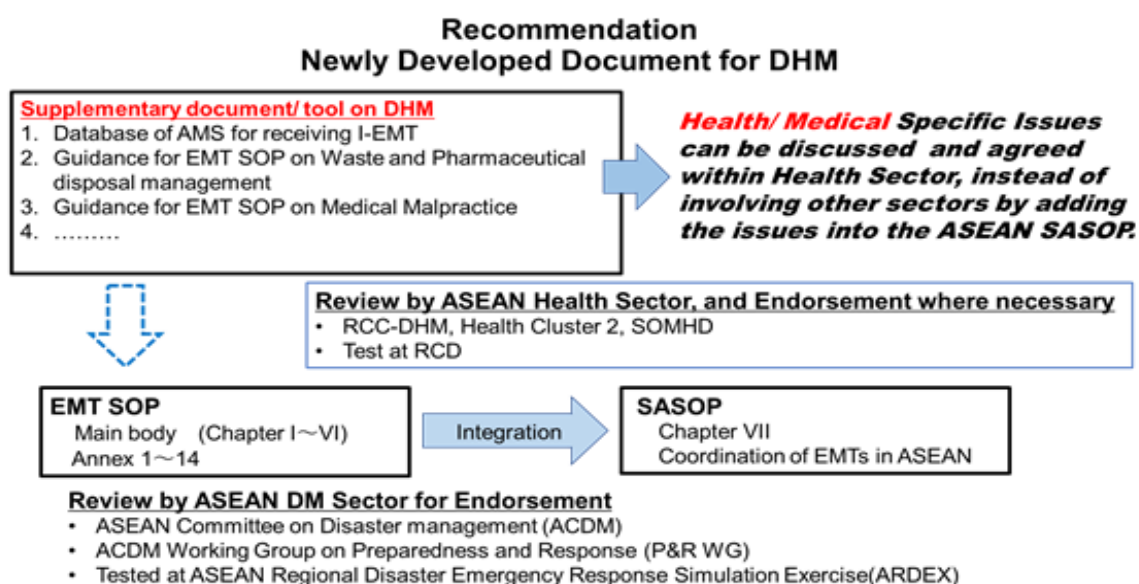
Since many of the issues addressed by the ACM are specific to the field of health and medicine, it is important that the emphasis be on consultations within the ASEAN health sector rather than the disaster management sector.

For these reasons, it is proposed that the Supplementary Document/ Tool shall not be annexed to the ASEAN SOP for EMT/ SASOP, but be positioned as a subject that can be developed and/ or revised through discussions within the ASEAN health sector. (Figure 3)

In order to define the link between ACM products and the ASEAN SOP for EMT/ SASOP, it is also proposed that each product shall clearly state the corresponding article of the ASEAN SOP for EMT/ SASOP.

[Example: “This document is developed in line with article 15 of the EMT SOP/ SASOP, to ensure that the AMS I-EMT achieve and maintain the EMT minimum standards as set out by the WHO EMT initiative.”]

Figure 3. Management of ACM product- Supplementary document and tool



VI. Future status of the ACM

In order to contribute to the sustainable development of DHM in the ASEAN region, it is proposed to continue the implementation of the ACM as a problem-solving mechanism, in the ARCH2, to address the challenges faced by AMS raised through the lessons learnt on actual disaster response or the experience of hosting and/ or participating in the RCD.

The ACM shall be implemented based on the following Implementation Cycle. (Figure 4)

A. Challenges to be identified/ addressed through the implementation of RCD and/ or actual disaster response (RCD's After-Action Review, Analysis of the Lessons Learned Report after actual disaster response)

B. PWG meeting in the ARCH 2 to decide on items to be considered by the ACM, and establish SWG as required

C. Development and implementation of plan of actions including surveys and researches

D. Analyzing the results of the survey and research and compiling recommendations

E. Review of the recommendations and the result of the survey/ research by the PWG

F. Report the recommendations to the RCCDHM and advocate for further discussion at higher-level platform within ASEAN

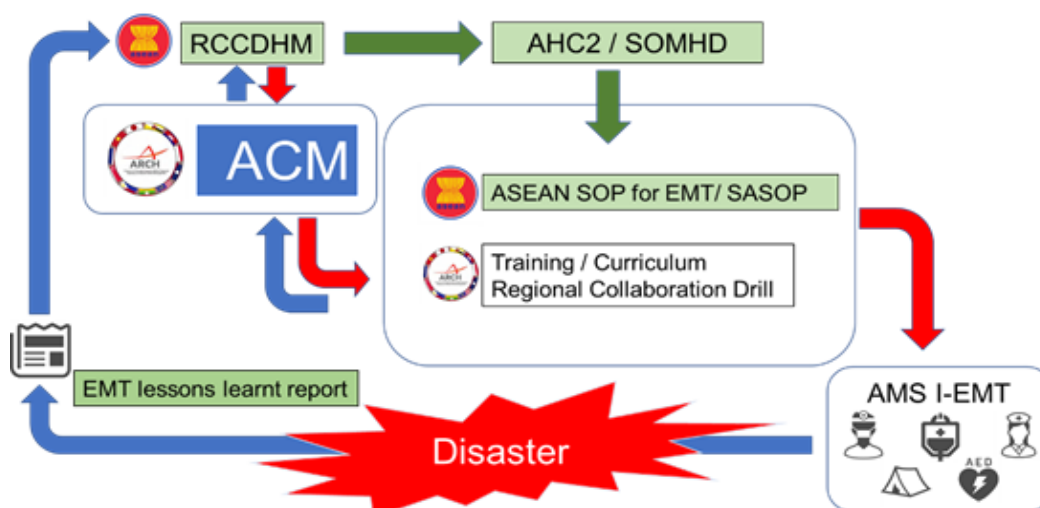
G. Reflection in the relevant article(s) of the ASEAN SOP for EMT/ SASOP as required

H. Reflection in the RCD programs for review

I. Reflection in standard training curriculum

J. Mobilization/ Utilization in actual disaster response

Figure 4. Implementation Cycle of the ACM



Annex

1. Database of Receiving Country for I-EMT deployment
2. Guidance on Medical waste management
3. Guidance on Medical accident/ malpractice, Patient complaints management