ARCH Handbook

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

ARCH

Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management

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A-1

Implementation of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project) and the formulation of the ARCH 2 Project

Disaster Health Management in ASEAN

The ASEAN is one of the most disaster-prone regions in the world. Countries in the region are exposed to climate-related hazards, including floods, typhoons and storms as well as the risks of earthquakes and tsunamis.

The importance of strengthening regional capacity on disaster management has been emphasized among ASEAN Leaders, as expressed in the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) of 2005 and ASEAN Declaration on One ASEAN One Response: ASEAN Responding to Disasters as One in the region and outside the region of 2016. The commitment of the ASEAN Health Cooperation in supporting the strengthening the health components of disaster management in ASEAN has been articulated through the identification of Disaster Health Management (DHM) as one of the priorities of the ASEAN Post-2015 Health Development Agenda.

[Japan's involvement and past activites]

From 1988 to 2008, Japan International Cooperation Agency (JICA) conducted training courses on Disaster Medicine in Japan, and accepted training participants from 53 countries worldwide. In 2008, the Thai Disaster Medical Assistance Team (DMAT) was established with reference to the Japan DMAT and the knowledge obtained in the JICA training courses.

At the Japan-ASEAN Commemorative Summit in Dec 2013, Japan introduced the "ASEAN-Japan Cooperation Package for Enhancement Disaster Management", which included cooperation on disaster medicine. It also aimed to support the establishment of a Disaster Medicine network between ASEAN and Japan.

Between 2014 and 2015 JICA also conducted a Survey on the Current Situation of Disaster Medicine/Emergency Medicine in the ASEAN region, which collected basic information on Disaster Medicine and Emergency

Medicine in all ASEAN Member States. Based on the survey and a series of consultations among ASEAN Member States (AMS), ASEAN Secretariat and JICA, as well as the Japan's previous official commitment and past cooperations, the Project was formulated as a technical cooperation project with JICA and was officially endorsed by the Committee of Permanent Representatives of ASEAN in January 2016. The Project was implemented with close collaboration with NIEM and the Ministry of Public Health of Thailand between July 2016 - July 2019 at the first phase and then was extended for another 30 months until December 2021.

[Commitment on DHM expressed by the ASEAN Leaders, and the formulation of ARCH 2]

The ASEAN Leaders, recognizing the need to take urgent action to strengthen DHM at national and regional levels, adopted the ASEAN Leaders' Declaration on Disaster Health Management (ALD on DHM) in November 2017.

These political commitments have been translated into strategies, targets and broad activities through the Plan of Action (POA) (2019- 2025) to implement the ALD on DHM and which is overseen by the Regional Coordination Committee on Disaster Health Management (RCC-DHM).

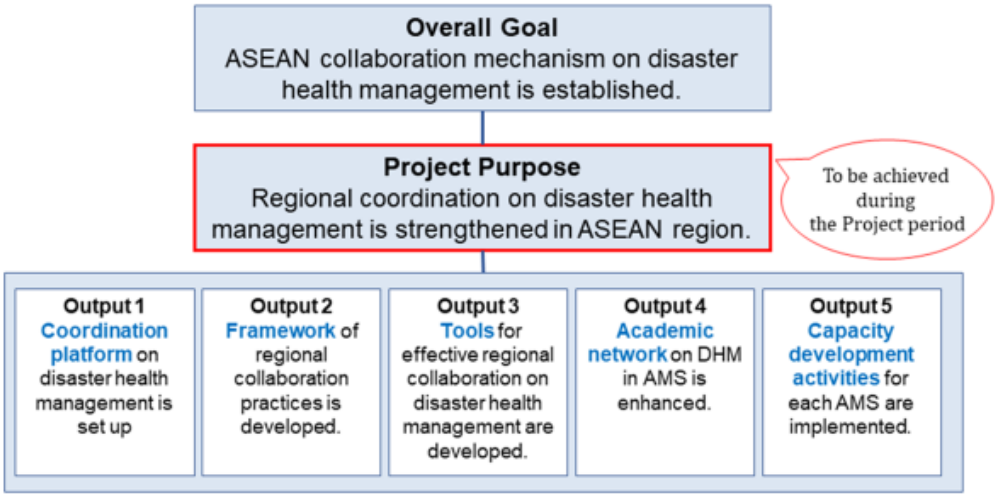
The POA which was adopted by the ASEAN Health Ministers' Meeting (AHMM) in August 2019 and consisted of five priority areas and 21 targets (14 regional and 7 national), included the activities such as RCC-DHM, Regional Collaboration Drill, Standard Operating Procedure for Coordination of EMTs in ASEAN, training programs on DHM, and the ASEAN academic conference all of which were initiated under the ARCH Project.

Phase 2 of the ARCH Project (ARCH2), scheduled between January 2022 and March 2026, has been formulated to support the implementation of the POA, and it shall align with the POA to achieve the 19 selected targets out of 21 targets, under the three out of the five priority areas.

The ALD on DHM, the commitment that was expressed by the ASEAN leaders, envisages the same goal that the ARCH and ARCH 2 Projects are seeking for, and the fact, that many of the project achievements and activities are recognized and encouraged to be proceeded, is a major step forward in ensuring sustainable development of DHM in ASEAN region.

A-2

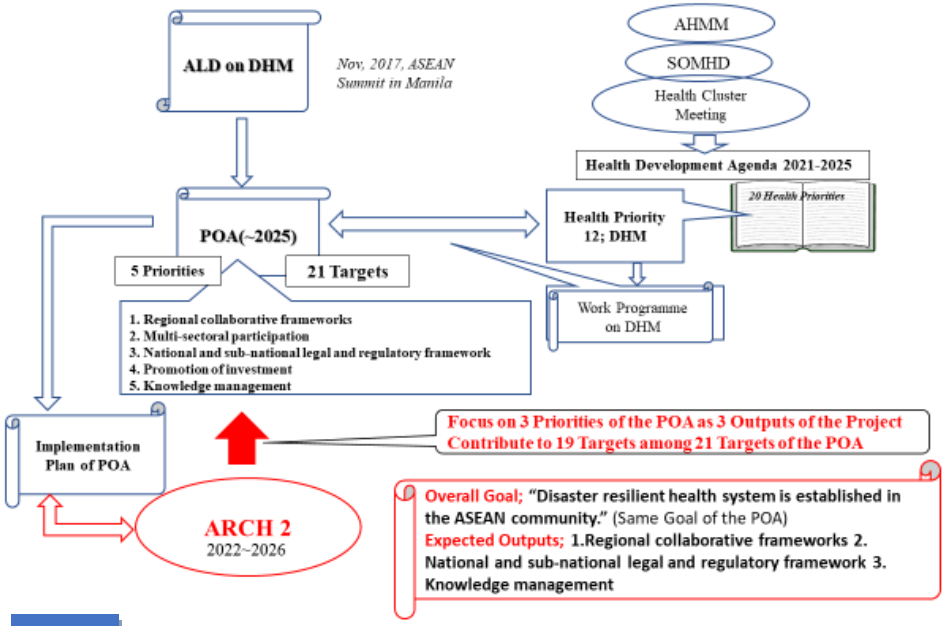
Outline of the ARCH Project



Project Period ; 1st Phase; July 2016 - July 2019 (3 years)
Extension Phase; July 2019 - Dec 2021 (2 year 6 months)

A-3

ASEAN Collaboration Framework for DHM



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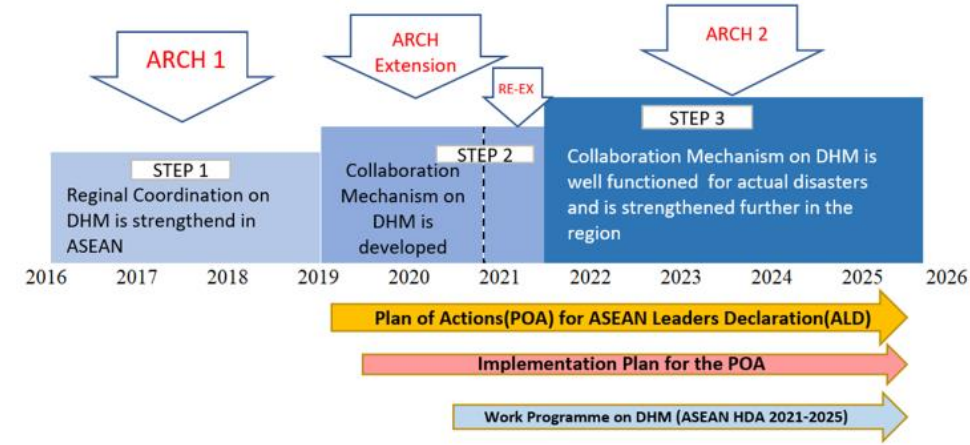
Mid-Term Plan for Steps to ASEAN Collaboration Mechanism on DHM



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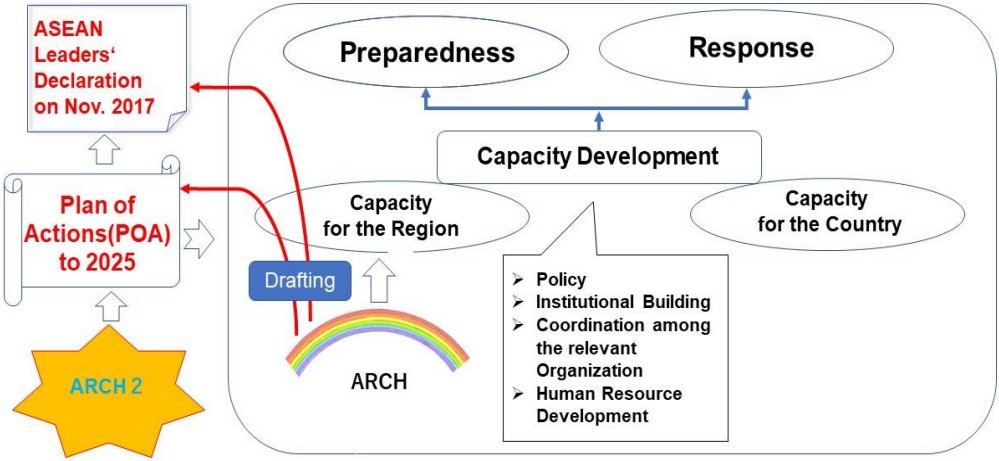
Overall Purpose of ARCH and ARCH 2 Projects



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Outline of the ARCH 2 Project

POA

Goal "Disaster resilient health system is established in the ASEAN community."

5 Priority Areas

1) **Regional collaborative frameworks on disaster health management are strengthened.**
2) Multi-sectoral participation in disaster health management
3) **Disaster health management frameworks/concepts are integrated into national and sub-national legal and regulatory framework in each AMS.**
4) Promotion of investment to develop and improve critical health facilities and Infrastructure at national level
5) **Knowledge management on disaster health management is enhanced.**

Targets by 2025 (21 Targets)

Regional Level (14 Targets)		National Level (7 Targets)
1	12	1 .....
2	13	2 .....
3	14	3 .....
4		4 .....
5		5 .....
6		6 .....
7		7 .....
8		
9		
10		
11		

P1→O1
P3→O2
P5→O3

ARCH 2

Overall Goal "Disaster resilient health system is established in the ASEAN community."

Project Purpose "Regional capacity on disaster health management is strengthened in ASEAN."

Output 1	Output 2	Output 3
"Regional collaborative frameworks on disaster health management are strengthened."	"Disaster health management frameworks/concepts are integrated into national and sub-national legal and regulatory framework in each AMS."	"Knowledge management on disaster health management is enhanced."

ARCH Supports 19 targets among 21 targets of the POA

Activities for Output 1	Activities for Output 2	Activities for Output 3
5 activities relating to Regional target (1,2,4,5,6 and 7) National target (1,3 and 4)	**3 activities** relating to National target (1,2,3,4,5,6 and 7)	**8 activities** relating to Regional target (8,10,11,12,13 and 14) National target (1,2,5,6 and 7)

B. ARCH Products

B-1 *Standard Operating Procedure (SOP) for Coordination of Emergency Medical Teams (EMTs) in ASEAN*

B-2 *Annexes-Standard Operating Procedure (SOP) for Coordination of Emergency Medical Teams (EMTs) in ASEAN*

B-3 Minimum Requirements and Qualifications for Members of Emergency Medical Team (EMT)

B-4 *ASEAN Collective Measures*

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

B-1

Endorsed by AHC 2 on 16 April 2021

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

Ver: 3.1
Date: 25 March 2021

Table of Contents:

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

Endorsed by AHC 2 on 16 April 2021

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 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 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).

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 collaboration[1]. 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 system[2]. 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 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 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

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

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 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.

Endorsed by AHC 2 on 16 April 2021

V. Review

48. SOP for Coordination of Emergency Medical Teams (EMTs) in ASEAN 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.

B-2 *Standard Operating Procedure (SOP) for Coordination of Emergency Medical Teams (EMTs) in ASEAN Annexes*

Annex 1 List of National Focal Units for EMT Coordination and Information on PHEOC (ARCH Products)

Annex 2 List of Essential Information for Mobilization (ARCH Products)

Annex 3 Emergency Medical Team Registration Form (WHO Form)

Annex 4 List of Essential Information for On-site Operation (ARCH Products)

Annex 5 List of Supporting Functions of the EMTCC or Sub-EMTCC (ARCH Products)

Annex 6 Medical Record Form (ARCH Products)

Annex 7 Emergency Medical Team (EMT) - Minimum Dataset (MDS) Tally Sheet (WHO Form)

Annex 8 Patient Referral Form (WHO Form)

Annex 9 Forms for (Rapid) Health Needs Assessment (ARCH Products)

Annex 10 Emergency Medical Team - Minimum Dataset (MDS) Daily Reporting Form (WHO Form)

Annex 11 EMTCC Situation Report (WHO Form)

Annex 12 Emergency Medical Team Exit Report (WHO Form)

Annex 13 AMS I-EMT Lessons Learnt Report Template (ARCH Products)

List of National Focal Units for EMT Coordination and Information on PHEOC

AMS	National Focal Unit	
Brunei Darussalam	Emergency Services	Ministry of Health
Cambodia	Preventive Medicine Department	Ministry of Health
Indonesia	Center for Health Crisis	Ministry of Health
Lao PDR	Regulation Division	Ministry of Health
Malaysia	Disaster, Outbreaks, Crisis and Emergency Sector Disease Control Division	Ministry of Health
Myanmar	Emergency Department	Ministry of Health and Sport
Philippines	Health Emergency Management Bureau	Department of Health
Singapore	Emergency Preparedness and Response Division	Ministry of Health
Thailand	Division of Public Health Emergency Management	Ministry of Public Health
Viet Nam	International Cooperation Department	Ministry of Health

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 3-1

Insert MOH	EMT *Country, Event, Year*	World Health Organization

EMT Name		**#ID EMT Global Classification**	###
EMT Type		**Date and Time of offer**	dd / mm / yyyy HH:MM

☐We agree to comply with EMT guiding principles and standards, available at
https://extranet.who.int/emt/sites/default/files/EMT_guidelines_september2013.pdf

Internal Office Use Only				
Team Status:	☐Approved	☐Pending	Reason:	
	☐Tasked	☐Declined	Reason:	
Check:	☐WHO Classified	☐Airport	☐ Field Visit	☐Other:
Allocated Site:	*Location* *GPS Coordinates*		**Allocation Date:**	dd / mm / yyyy
Other Comments:	*(e.g. reason for changing type vs the self-declaration from the team)*			

EMT INFORMATION	
ORGANIZATION	
ORGANIZATION TYPE:	☐NGO NATIONAL ☐NGO INT ☐GOVERNMENTAL ☐MILITARY ☐OTHER:
COUNTRY:	**NUMBER OF EMTs:** ## DE ## (TOTAL EMT DEPLOYED)
TIME (HOURS/DAYS) OR ESTIMATED DATE OF ARRIVAL:	**TIME (HOURS/DAYS) TO START SERVICES PROVISION:**
ESTIMATED LENGHT OF STAY (DAYS):	
ORGANIZATION PRIMARY CONTACT (HQ)	
NAME:	**POSITION:**
ADDRESS:	
EMAIL:	**PHONE:** + country - area - phone number
EMT TEAM LEADER	
NAME:	**POSITION:**
EMAIL:	**EMAIL EMT:**
LOCAL PHONE:	**SATELLITE PHONE:**

ANNEX 3-2

EMT	EMT CAPABILITY	NAME EMT/ID WHO CLASSIFICATION

EMT TYPE

☐TYPE 1 Mobile ☐TYPE 1 Fixed ☐TYPE 2 ☐TYPE 3

☐Specialized Cell *(Specify)*:

☐The team brings a field facility (state bed capacity ###, estimated number of tents/containers ###/###, total ####m^2 required)

LOGISTIC SUPPORT

Any logistical limitations or support required:
☐**NO** ☐**YES** **Specify** (e.g. transport should include total volume and weight).

Outpatient Capacity (patients/day):		Other Capabilities: ☐General Anaesthesia ☐Intensive Care ☐X-Ray ☐Ultrasound ☐CT Scan ☐Laboratory ☐Blood bank ☐Pharmacy ☐Rehabilitation ☐Isolation area
Inpatient Capacity (bed capacity):		
Surgical Capacity (number of surgical tables)		
Surgical Capacity (major and minor procedures/day):		

CLINICAL SERVICES OFFERED	PUBLIC HEALTH CAPABILITIES

ANNEX 3-3

EMT	EMT DETAILS	(EMT NAME)

☐We agree to comply with EMT guiding principles and standards, available at https://extranet.who.int/emt/sites/default/files/EMT_guidelines_september2013.pdf

EMT GLOBAL CLASSIFICATION STATUS:

☐No Account ☐ EOI Submitted ☐ Mentorship ☐ Classified ☐ ID:

PREVIOUS DEPLOYMENT EXPERIENCE (LAST FIVE ONLY)

YEAR	COUNTRY	EVENT	EMT(s) TYPE	DURATION (DAYS)

EXISTING OR PREVIOUS WORKING RELATIONSHIP IN COUNTRY

ORGANIZATION	LOCATION	RELATIONSHIP

STAFFING DETAILS		EXPECTED LOCAL STAFF REQUIRED	
PHYSICIANS		PHYSICIANS	
SURGEONS		SURGEONS	
NURSES		NURSES	
MIDWIVES		MIDWIVES	
PSYCHOLOGISTS		PSYCHOLOGISTS	
ALLIED HEALTH PERSONNEL		ALLIED HEALTH PERSONNEL	
MANAGEMENT		MANAGEMENT	
LOGISTICS		LOGISTICS	
ADMINISTRATION		ADMINISTRATION	
Other		Other	
Other		Other	

DOCUMENTS CHECKLIST	NAME (person compiling the form):
☐Professional Practice Licence ☐ CV or Resume (if applicable) ☐Copy of Passports ☐Visa documents (if applicable) ☐Packing List ☐Others required by the authorities	**Email:** **Signature:**

END OF REGISTRATION FORM

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

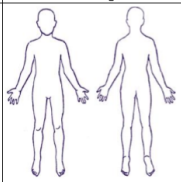
ANNEX 5

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

ANNEX 6-1

Team Name: Site: Date: / / (d/m/y)

Medical Record for Emergency and Disaster		WHO-MDS Ver1.0 (check all that apply)				
ID:	Name:	Sex & Age	Age			☐ <1 ☐ 1-4 ☐ 5-17 ☐ 18-64 ☐ >65
Age:	Sex ☐ Male ☐ Female (Non-pregnant / Pregnant)		Sex	1	☐	Male
	Weight: Kg, Height: cm			2	☐	Female (not pregnant)
Address:				3	☐	Female (pregnant)
Triage category	☐ Red ☐ Yellow ☐ Green ☐ Black/Blue/Gray					
Hazards (if any)	☐ Chemical ☐ Biological ☐ Radiological ☐ Nuclear ☐ Explosion					
Chief complaints	Onset:	Health Events	Trauma	4	☐	Major head / spine injury
				5	☐	Major torso injury
	Trauma ☐ No ☐ Yes			6	☐	Major extremity injury
	(☐Blunt ☐ Penetrating ☐ Fall ☐ Traffic accident ☐ Burn ☐ Others)			7	☐	Moderate injury
Vital signs	BT: °C, RR: /min, O2 sat: % ( ), GCS : E V M			8	☐	Minor injury
	BP : mmHg, PR: /min, Pain score: /10		Infection	9	☐	Acute respiratory infection
Past history & Comorbidity	☐ DM ☐ HTn ☐ Asthma ☐ Breast feeding			10	☐	Acute watery diarrhea
	☐ Other ( )			11	☐	Acute bloody diarrhea
Medication	☐ No ☐ Yes ( )			12	☐	Acute jaundice syndrome
Vaccination	☐ Unknown ☐ Tetanus ☐ Measles ☐ Mumps ☐ Rubella ☐ Rabies			13	☐	Suspected Measles
Allergy	☐ Unknown ☐ Drug ☐ Food ☐ Others ( )			14	☐	Suspected Meningitis
Physical exam.				15	☐	Suspected Tetanus
				16	☐	Acute flaccid paralysis
				17	☐	Acute haemorrhagic fever
				18	☐	Fever of unknown origin
			Additional	19	☐	
				20	☐	
				21	☐	
				22	☐	
			Emerg	23	☐	Surgical emergency (Non-trauma)
				24	☐	Medical emergency (Non-infectious)
			Others key diseas	25	☐	Skin disease
				26	☐	Acute mental health problem
				27	☐	Obstetric complications
				28	☐	Severe Acute Malnutrition (SAM) *
				29	☐	Other diagnosis, not specified above
Diagnosis		Procedure & Outcome	Procedure	30	☐	Major procedure (excluding MDS32)
				31	☐	Limb amputation excluding digits*
Investigations				32	☐	Minor surgical procedure
				33	☐	Normal Vaginal Delivery (NVD)
				34	☐	Caesarean section
Management				35	☐	Obstetrics others
			Outcome	36	☐	Discharge without medical follow up
				37	☐	Discharge with medical follow up
				38	☐	Discharge againt medical advice
Procedure				39	☐	Referral
				40	☐	Admission
				41	☐	Dead on arrival
Follow up	☐ No ☐ Yes (specify: dd/mm/yy: / /)			42	☐	Death within facility *
Outcome	☐ Discharge home/shelter --> go to 36, 37			43	☐	Require long term rehabilitation *
	☐ Discharge against medical advice --> go to 38	Context	Relation	44	☐	Directly related to event
	☐ Referral --> go to 39 ☐ Admission --> go to 40			45	☐	Indirectly related to event
	☐ Dead on arrival --> go to 41 ☐ Death within facility --> go to 42			46	☐	Not related to event
	☐ Require long term rehabilitation --> go to 43		Protection	47	☐	Vulnerable child*
Context	Event relation: ☐ Direct ☐ Indirect ☐ Not related (go to 44, 45, 46)			48	☐	Vulnerable adult*
	Vulnerability: ☐ No ☐ Yes --> go to 47, 48			49	☐	Sex Gener Based Violence (SGBV)
	Violence: ☐ No ☐ Yes --> go to 49, 50			50	☐	Violence (non-SGBV)*

Signature	Record person	Comment

ANNEX 6-2

Nurse note		Doctor order sheet	
Date/Time	Information	One day	Continuous

ANNEX 7

Insert MOH Logo

EMT-MDS Tally Sheet

World Health Organization

Ver 2019 WHO

● Team Name:	● Location:
● Date of Activity:	● Staff Name:

※How to: 1. Determine the vertical column according to the case's age group. 2. Check all the MDS items that apply for the case. 3.Count up the number of checks in each cell. ※Tally should be conducted daily per location of activity.

	MDS Items	No	<1 y.o.	1-4 y.o.	5-17 y.o.	18-64 y.o.	65- y.o.	Total
Sex	**Male**	1						
Sex	**Female non-preg.**	2						
Sex	**Female pregnant**	3						
			<5 years old			>=5 years old		
Trauma	**Major head / spine injury** Require hospitalization and/or general anesthesia (EMT Type 2&3)	4						
Trauma	**Major torso injury** Require hospitalization and/or general anesthesia (EMT Type 2&3)	5						
Trauma	**Major extremity injury** Requiring hospitalization and/or spinal or general anesthesia. (EMT Type 2&3)	6						
Trauma	**Moderate injury** Requiring conscious sedation or regional blocks (EMT Type 1 Fix)	7						
Trauma	**Minor injury** Requiring first aid and light dressing care with/without local anesthesia. (EMT Type 1 Mobile capable)	8						
Infectious disease	**Acute respiratory infection** Cough, colds or sore throat with or without fever	9						
Infectious disease	**Acute watery diarrhea** Loose stools, 3 or more in the past 24hrs w/wo dehydration	10						
Infectious disease	**Acute bloody diarrhea** Loose stools with visible blood	11						
Infectious disease	**Acute jaundice syndrome** Yellow eyes or skin with or without fever	12						
Infectious disease	**Suspected measles** Fever with rash	13						
Infectious disease	**Suspected meningitis** Sudden onset of fever (>38°C) with severe headache and stiff neck	14						
Infectious disease	**Suspected tetanus** Spasms of neck and jaw (lock jaw)	15						
Infectious disease	**Acute flaccid paralysis** Acute flaccid paralysis in a child aged < 15 years	16						
Infectious disease	**Acute haemorrhagic fever** Fever with spontaneous bleeding	17						
Infectious disease	**Fever of unknown origin** Fever (body temperature >38,5 °C) for >48 hours and without other known etiology	18						
Additional		19						
Additional		20						
Additional		21						
Additional		22						
Emrg.	**Surgical emergency (Non-trauma)** Non-trauma case which needs emergency surgery	23						
Emrg.	**Medical emergency (Non-infectious)** Non-infectious case which needs emergency intervention without surgery	24						
Other key diseases	**Skin disease** Skin diseases (excluding wound and burn)	25						
Other key diseases	**Acute mental health problem** Mental illness and psychotical disorders requiring immediate treatment and/or psychological support	26						
Other key diseases	**Obstetric complications** Acute pregnancy related complications, e.g.) severe bleeding, eclampsia etc.	27						
Other key diseases	**Severe Acute Malnutrition (SAM) *** In the severe wasting, or by the presence of nutritional oedema	28						
Other key diseases	**Other diagnosis, not specified above** Other diagnosis, not specified above	29						
Procedure	**Major procedure (excluding MDS31)** Procedure usually needs general anesthetics and/or hospitalization	30						
Procedure	**Limb amputation excluding digits *** Upper or lower limb amputations, excluding toe and finger amputations	31						
Procedure	**Minor surgical procedure** Procedure acceptably performed without general anesthetics nor hospitalization	32						
Procedure	**Normal Vaginal Delivery (NVD)** Vaginal delivery	33						
Procedure	**Caesarean section** Delivery by Caesarean section	34						
Procedure	**Obstetrics others** Other obstetrics procedure	35						
Outcome	**Discharge without medical follow-up** Discharge without follow up	36						
Outcome	**Discharge with medical follow-up** Inpatient who get instruction to visit medical facilities again	37						
Outcome	**Discharge against medical advice** Patient left against medical advice	38						
Outcome	**Referral** Patient who referred/transferred to other medical facilities.	39						
Outcome	**Admission** Patient who have admitted to the facility on the day.	40						
Outcome	**Dead on arrival** Dead on arrival	41						
Outcome	**Death within facility *** Death within facility	42						
Outcome	**Requiring long term rehabilitation *** Require long term rehabilitation	43						
Relation	**Directly related to event** Patient visit with injury or illness directly caused by an emergency event	44						
Relation	**Indirectly related to event** Patient visit with injury or illness caused or worsened by situational change after an emergency event	45						
Relation	**Not related to event** Patient visit with health problem not directly/indirectly related to the emergency event	46						
Protection	**Vulnerable child *** Vulnerable child who are in urgent needs for protection	47						
Protection	**Vulnerable adult *** Vulnerable adult who are in urgent needs for protection	48						
Protection	**Sexual Gender Based Violence (SGBV) *** Sexual & Gender Based Violence	49						
Protection	**Violence (non-SGBV) *** Violence (non-SGBV)	50						

ANNEX 8-1

Insert MOH Logo

Country, Event, Year

World Health Organization

PATIENT REFERRAL FORM

Date: dd/mm/yyyy

Referral to: Name of facility or service

Focal point: Full name Phone: + country - area - phone number

Location: Address/Site/District Email: example@who.int

Referring from: Name of facility or service

Focal point: Full name Phone: + country - area - phone number

Location: Address/Site/District Email: example@who.int

Patient Information

Full Name		Phone	+ country - area - phone number
Date of birth	dd/mm/yyyy	Gender	
Address of discharge destination (if known)			
Accompanied by care provider ☐ Yes ☐ No			

Primary Diagnoses: 1. _____

2. _____

3. _____

Other Diagnoses: _____

Treatments initiated:

- _____ ☐ Ongoing
- _____ ☐ Ongoing
- _____ ☐ Ongoing
- _____ ☐ Ongoing
- _____ ☐ Ongoing
- _____ ☐ Ongoing

*Please attach copy of medication chart at discharge **or** list of current medications (including dose and time of last dose)

Reason for referral: ☐ Inpatient ☐Outpatient ☐Community

ANNEX 8-2

Transportation needs: Transfer requirements, special considerations, frequency

Follow-up requirements: Such as date of surgical review, removal of cast, or removal of external fixator

Functional Status

Mobility ☐Bed bound ☐Wheelchair ☐Crutches ☐Walking frame ☐Requires assistance ☐Independent

Precautions: Such as weight-bearing restrictions or spinal precautions

Self-care ☐Carer dependent ☐Requires commode ☐ Requires modified latrine/washroom ☐Independent

Cognitive impairment ☐No ☐Yes

Assistive devices(s) provided:

Assistive device(s) required:

Compiled by: **Signature:**

Position:

NOTE: This form must accompany the patient's medical file and a copy of the form should be retained by the referring team.

END OF **REFERRAL FORM**

ANNEX 9-1

ANNEX 9

ARCH Project HNA Form (Version 2-4)

Date(DD/MM/YYYY)	

Health Needs Assessment Form by EMT

- It is **NOT** mandatory to fill out all the questions; only relevant and available information in the site or shelter(s) can be collected.
- After the assessment, please fill out the **HNA Summary Report** and submit it to the concerned authorities, EMTCC/PHEOC/MOH, etc.

EMT Information			
Country / Organization			
Contact Persons (Names)			
Phone No.		e-mail	

＊This HNA Form is for: Please check either "village/town etc." or "shelter" below.

☐ **village/town etc.**	→Fill out A: Site Information	☐ **shelter**	Fill out A: Site Information B: Shelter Information

A. Site Information					
A	Province		D	Village	
B	District		E	City/Town	
C	Sub-district		F	Other	

Access and Security			
G	Road access	☐Yes ☐No	
H	Special arrangement required	Transportation (e.g., 4WD, boat) ☐Yes	☐No
		Communication tool (e.g., satellite phone) ☐Yes	☐No
I	Any other security concerns	☐Yes	☐No
Remarks/ Notes:			

B: Shelter Information			
A	Shelter Name:	B	Location of Shelter: (GPS Coordinates)
C	Type of Shelter	☐Public ☐Pre-existing building ☐Temporary structure ☐Other (specify)_____	
D	Capacity	☐Adequate (>3.5m^{2}/person) ☐Not adequate	

ANNEX 9-2

Overall Situation of the Site or Shelter

1	**Disaster Situation on Population and Health Needs**	
1-1	Estimated number of total population	_____(#)
1-2	Estimated number of death	_____(#)
1-3	Main causes of death by the disaster	▪ ▪
1-4	Estimated number of injured/ill	☐infant & children (Under 5 years) _____(#) ☐children & adolescent (aged 6-19) _____(#) ☐adult (older than 19 years of age)_____(#)
1-5	Total number of pregnant women	_____(#)
1-6	Number of patients suffering from chronic diseases	_____(#)
1-7	Any unusual increased illness or rumors of outbreaks	☐Yes (specify)_____ ☐No
1-8	Number of people with mental health and psychosocial problems	_____(#)
1-9	Main health concerns	1._____ 2._____ 3._____
Remarks/ Notes: Observation points/Significance/Possible action and follow-ups etc.		

2	**Public Health**	
Water		
2-1	Main sources of water for drinking	☐piped water ☐tube well ☐spring ☐bottled water ☐other _____
2-2	Main sources of water for basic hygiene practices (bathing etc.)	☐piped water ☐tube well ☐spring ☐rainwater ☐other _____
2-3	Safe water for drinking	☐Adequate (2.5-3ℓ/person/day) ☐Not Adequate (last for_____day/month)
2-4	Safe water for basic hygiene practices	☐Adequate (2-6ℓ/person/day) ☐Not Adequate (last for_____day/month)
2-5	Potential risk of water contamination	☐Yes (_____) ☐No
Remarks/ Notes: Observation points/Significance/Possible action and follow-ups etc.		

ANNEX 9-3

Sanitation and Hygiene			
2-6	Shortage of functional latrine or toilet (20 persons/toilet)	☐Yes	☐No
2-7	Problem with garbage/waste	☐Yes	☐No
2-8	Stagnate water in the area	☐Yes	☐No
2-9	Vector problem (e.g. mosquitoes, dogs, snakes)	☐Yes	☐No
Remarks/ Notes: Observation points/Significance/Possible action and follow-ups etc.			

Food Security and Nutrition			
2-10	Number of population required food	_____(#)	
2-11	Any food assistance since the event	☐Yes (go to 2-12, 13)	☐No (go to 2-13)
2-12	For how long provided food sufficient	☐days_____	☐weeks_____
2-13	What kinds of food available or provided	☐Rice, Wheat, Noodle, etc. (Carbohydrate) ☐Chicken, Other Meat, Fish, Eggs, etc. (Protein) ☐Cooking oil, Other fats, etc. (Fats) ☐Fruits, Vegetables (Vitamin, Fiber) ☐Complementary food ☐Other_____ ☐No food stocks	
2-14	Food and Nutrition	☐Adequate ➢ (e.g.) People eating 3 meals a day. Babies get enough milk.	
		☐Not adequate ➢ (e.g.) People eating smaller meals since the event. People eating fewer meals a day. People eating limited varieties of foods.	
2-15	Obvious signs of undernutrition in children aged 6-59 months	☐Yes	☐No
Remarks/ Notes: Observation points/Significance/Possible action and follow-ups etc.			

ANNEX 9-4

3	Health Facilities and Services			
Type of Facility *Pls. write the type of facility where necessary. (Name of Facility)		Hospital * ( )	Primary Care Unit (e.g.) * ( )	Other * ( )
3-1. Impact on Health Facilities		☐Functioning ☐Partially functioning ☐Not functioning	☐Functioning ☐Partially functioning ☐Not functioning	☐Functioning ☐Partially functioning ☐Not functioning
3-2. Is the health facility accessible?		☐Yes, by what means? (_____) ☐No	☐Yes, by what means? (_____) ☐No	☐Yes, by what means? (_____) ☐No
3-3. Availability of	Electricity	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
	Water	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
	Medical Gas	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
	Communication	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
	Transportation	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
3-4. Availability of	Essential Drugs	☐Yes ☐No (_____)	☐Yes ☐No (_____)	☐Yes ☐No (_____)
	Vaccines	☐Yes ☐No (_____)	☐Yes ☐No (_____)	☐Yes ☐No (_____)
	Medical Equipment	☐Yes ☐No (_____)	☐Yes ☐No (_____)	☐Yes ☐No (_____)
	Medical Supplies	☐Yes ☐No (_____)	☐Yes ☐No (_____)	☐Yes ☐No (_____)
	Other (_____)	☐Yes ☐No (_____)	☐Yes ☐No (_____)	☐Yes ☐No (_____)
3-5. Health Staff Working *Pls. Check either (#) or (%) /or both only if possible.*	Doctor	_____persons (#) ☐< 50% ☐> 50%	_____persons (#) ☐< 50% ☐> 50%	_____persons (#) ☐< 50% ☐> 50%
	Nurse	_____persons (#) ☐< 50% ☐> 50%	_____persons (#) ☐< 50% ☐> 50%	_____persons (#) ☐< 50% ☐> 50%
	Pharmacist	_____persons (#) ☐< 50% ☐> 50%	_____persons (#) ☐< 50% ☐> 50%	_____persons (#) ☐< 50% ☐> 50%
	Lab technician	_____persons (#) ☐< 50% ☐> 50%	_____persons (#) ☐< 50% ☐> 50%	_____persons (#) ☐< 50% ☐> 50%
	Midwife	_____persons (#) ☐< 50% ☐> 50%	_____persons (#) ☐< 50% ☐> 50%	_____persons (#) ☐< 50% ☐> 50%
	Community Health Worker	_____persons (#) ☐< 50% ☐> 50%	_____persons (#) ☐< 50% ☐> 50%	_____persons (#) ☐< 50% ☐> 50%
	Remarks/Notes			

Health Needs Assessment (HNA) Summary Report

1. EMT Information

EMT Information	Country / Organization:	Contact Person:
	Contact No:	Email:

2. HNA Site/Shelter Information

Date of Assessment (dd/mm/yy)		Date of Submission (dd/mm/yy)	
This HNA was done in: Pls. check the Box below & write the location of the site or shelter.			
☐ Site ☐ Shelter			
Security concerns or other information if any			

3. Critical Areas for Support

Action required by other clusters (if yes, please check ✓ the box (es) below.)

☐	**Health**	◇	Communicable Diseases	◇	Child Health	◇	Sexual& Reproductive Health	◇	MHPSS*	◇	Non-communicable Diseases	◇	Other health issue ( )
☐	**WASH****	☐	**Food Security**	☐	**Nutrition**	☐	**Shelter**	☐	**Other** ( )				

*MHPSS: Mental Health and Psychological Support, **WASH: Water, Sanitation and Hygiene

4. Situation of the Site / Shelter

Cluster	Critical Problem	Action Required by Local Authority

【Remarks if any】

ANNEX 10

Insert logo of Ministry of Health

EMT-MDS Daily Reporting Form

Ver 2019 WHO

Team information

a	Organization name:				
b	Team name:				
	Type 1 mobile	Type 1 fixed	Type 2	Type 3	Specialized cell
c					
d	Contact Person(s) name(s):				
e	Phone No.:				
f	Email:				
g	Estimated date of departure (dd/mm/yyyy):				

h	Date of activity (dd/mm/yyyy):
i	Time of reporting (dd/mm/yyyy/hh:mm(24h)):
	Location †
j	State etc. (admin1)
k	City etc. (admin2)
l	Village etc. (admin3)
m	Facility name:
n	Geo-tag _____ (Lat) _____ (Long)

† Submit one form per one activity day and location. For Admin 1 = e.g. State, Province, Governorate; Admin 2 = e.g. County, District, City, Municipality; Admin 3 = e.g. Sub-district, Village, Payam.

Daily Summary — Number of patient / Bed Count

o	Patients	Total Number of new consultation ‡		MDS statistics ‡	36	Outcome	Discharge without medical follow-up		44	Relation	Directly related to event	
p		New admission (=MDS40)			37		Discharge with medical follow-up		45		Indirectly related to event	
q		Live Birth			38		Discharge against medical advice		46		Not related to event	
r	Bed	Total bed capacity			39		Referral		47	Protection	Vulnerable child *	
s		Empty inpatient bed (Non-ICU)			41		Dead on arrival		48		Vulnerable adult *	
t		Empty Intensive Care Unit Bed (ICU)			42		Death within facility *		49		Sexual Gender Based Violence (SGBV) *	
u					43		Requiring long term rehabilitation *		50		Violence (non-SGBV) *	

‡ Consider 24 hours period from midnight or other agreed cut off time for reporting. MDS statistics report outpatient consultations, inpatient admissions, as well as preformed procedures (MDS No.30-35), outcomes (MDS 36-43) and contextual issues (MDS No.44-50) newly counted during the reported period. MDS No.43 is a subset of MDS No.37-38. MDS No.47-50 are a subset of MDS No.53.

Demographic MDS statistics

No		Age Categories	<1	1-4	5-17	18-64	65-	Total
1	Sex & Age	Male						
2		Female non-preg.						
3		Female pregnant						

Health Events and Procedure MDS statistics

No		Health Events	<5	>=5	Total
4	Trauma	Major head / spine injury			
5		Major torso injury			
6		Major extremity injury			
7		Moderate injury			
8		Minor injury			
9	Infectious disease	Acute respiratory infection			
10		Acute watery diarrhea			
11		Acute bloody diarrhea			
12		Acute jaundice syndrome			
13		Suspected measles			
14		Suspected meningitis			
15		Suspected tetanus			
16		Acute flaccid paralysis			
17		Acute haemorrhagic fever			
18		Fever of unknown origin			
19	Additional §				
20					
21					
22					
23	Emrg.	Surgical emergency (Non-trauma)			
24		Medical emergency (Non-infectious)			
25	Other key diseases	Skin disease			
26		Acute mental health problem			
27		Obstetric complications			
28		Severe Acute Malnutrition (SAM) *			
29		Other diagnosis, not specified above			
		Procedure	<5	>=5	Total
30	Procedure	Major procedure (excluding MDS31)			
31		Limb amputation excluding digits *			
32		Minor surgical procedure			
33		Normal Vaginal Delivery (NVD)			
34		Caesarean section			
35		Obstetrics others			

Needs and Risks

Free text reporting to EMTCC / MOH on the following issues.

51	Immediate report	Unexpected death *	☐
52		Notifiable disease *	☐
53		Protection issues #	☐
54		Critical incident to EMT and/or community	☐
55		Any other issue requiring immediate reporting	☐
56	Community Risks	WASH	☐
57		Community / suspected over infectious disease	☐
58		Environmental risk / exposure	☐
59		Shelter / Non food items	☐
60		Food insecurity	☐
61	Operational constraints	Logistics / operational support	☐
62		Supply	☐
63		Human resources	☐
64		Finance	☐
65		Others	☐

Detailed comment for (No.)

Detailed comment for (No.)

Detailed comment for (No.)

Detailed comment for (No.)

* Line list (including detailed information) should be submitted with this MDS form to relevant authorities. § Additionals are used for context specific reporting items indicated by the relevant authorities e.g. Malaria / Dengue / TB / Leptospirosis / Rabies / Hazmat etc. # Protection issues to be reported confidentially to appropriate authority or protection cluster in locally agreed manner.

ANNEX 11-1

Insert MOH Logo

World Health Organization

Emergency Medical Team Coordination Cell

SITUATION REPORT

Reporting Period:

☐**Daily** (24-hour period up to and including 16:59pm) Date: dd/mm/yyyy

☐**Weekly** (7-day period up to and including day of report) Week End Date: dd/mm/yyyy

Location: _____

A. Situation Overview

B. Emergency Medical Teams

1. Current EMT Capacity (number of teams):

	NEW this Period	EXITS this Period	Current TOTAL	Type 1 Mobile	Type 1 Fixed	Type 2 No Facility	Type 2 with Facility	Type 3	Special Cell: *Specify*	Special Cell: Other
Operational *Tasked and deployed to site*										
Awaiting *Awaiting tasking or deployment*										
TOTAL										

2. Map of Deployed EMTs

(Attach map of geographical distribution of currently operational and tasked EMTs, color-coded by type. If possible, include existing local resources as well as areas of need or residual gaps)

C. Priority Needs

Location	Needs and Gaps

ANNEX 11-2

D. Key Indicators

Number of EMTs Reporting: ### out of ### teams *(i.e. proportion of EMTs that are reporting)*

Service Demand		Mortality and Morbidity	
Total Outpatient Consultations		Overall (Inpatient) Mortality Rate	
Total Inpatient Admissions		Under 5 (Inpatient) Mortality Rate	
Total Bed Capacity		New Cases of Event-related Trauma	
Average Bed Occupancy		New Cases with Rehabilitation Needs*	
Total Surgical Procedures			
Insert Other Service Indicators		*Insert Other Relevant Conditions*	

**New Cases with Rehabilitation Needs estimated by sum of new lower limb amputations, external fixations and spinal cord injuries (some duplicate counting will occur)*

Are there any indications of a potential outbreak?

☐Yes (if so, what outbreak: _____ and where: _____)

☐No

E. Other Issues

Consider, for example, Safety and Security situation, Environmental issues, Remote Area Access, Gender issues etc.

Report Compiled by: _____ **Signature:** _____

Position: _____

END OF REPORT

ANNEX 11-3

F. EMT Arrival and Departure List (Supplement)

Reporting Period: dd/mm/yyyy to dd/mm/yyyy

EMT Arrivals this Period

Team Name (Country)	Type	Deployment Location	Date of Arrival
Insert Rows as Needed			

EMT Departures this Period

Team Name (Country)	Type	Deployment Location(s)	Date of Departure
Insert Rows as Needed			

ANNEX 12-1

Insert MOH Logo

Insert EMT Logo

Country, Event, Year

EMERGENCY MEDICAL TEAM EXIT REPORT

Insert Team/Organization Name

A. Team Details

Name of Team Leader: _____
Current or Most Recent

Original Registration: ☐WHO ☐Ministry of Health ☐Other: _____
Select all that apply

Team Classification: ☐Type 1 Fixed ☐Type 1 Mobile
☐Type 2
☐Type 3
☐Special Cell(s): *(Please specify)* _____

Date of Arrival (in-country): dd/mm/20yy
Date Service Provision started: dd/mm/20yy Operational Duration: ### Days
Date (or intended date) of Departure: dd/mm/20yy **Total Duration of Mission: ### Days**
Contact Person post-deployment: *(For follow-up after return home)*

Name: _____ Position: _____
Email: _____ Phone: + ### - ## - ### - ####

B. Activities and Services Provided

Deployment(s):
If the team provided services at a fixed facility, but simultaneously provided mobile or outreach services to another site, please document as separate entries

Dates	**Location**	**Fixed or Mobile**	**On-site Partner(s)** *I.e. with existing agreements*
Start: dd/mm/20yy End: dd/mm/20yy	District: Site: e.g. Name of Facility or Village	☐Fixed Facility ☐Outreach/Mobile	☐MOH/District Health ☐National EMT ☐International EMT
Start: dd/mm/20yy End: dd/mm/20yy	District: Site: e.g. Name of Facility or Village	☐Fixed Facility ☐Outreach/Mobile	☐MOH/District Health ☐National EMT ☐International EMT
Start: dd/mm/20yy End: dd/mm/20yy	District: Site: e.g. Name of Facility or Village	☐Fixed Facility ☐Outreach/Mobile	☐MOH/District Health ☐National EMT

ANNEX 12-2

D. Transition and Exit

1. Services and Facilities of EMT have been:

☐Closed

☐Handed over to MOH

☐Handed over to a National EMT: _____

☐Handed over to an International EMT: _____

☐Other: *(Please specify)* _____

2. Post-operative Surgical Follow-up Arrangements:

☐Yes, specify: _____

☐No, reason: _____

☐Not Applicable

3. Number of Remaining Inpatients at Departure: ###

Transfer Destination, if applicable: _____

*Please complete and attach **Section E. Transferred Patients at Exit** (if applicable)*

4. Have all relevant medical files and notes been handed over? *(Includes medical files of transferred patients, patients requiring follow-up, and patients with ongoing rehabilitation needs)*

☐Yes, specify: _____

☐No, reason: _____

☐Not Applicable

*Please complete and attach **Section F. Patients with Ongoing Follow-up or Rehabilitation Needs** (if applicable)*

5. Equipment and Supplies Donated at Departure?

☐Yes, specify recipient(s): _____

*If yes, please complete and attach **Section G. Donated Medications List** and/or **Section H. Donated Equipment or Supply List***

☐No

6. Waste Management Arrangements completed:

☐Yes, specify: _____

☐No, reason: _____

Report by: _____ **Signature:** _____ **Date:** dd/mm/20yy

END OF **EXIT REPORT**

E. Transferred Patients at Exit (Exit Report Supplement)

Name	Age	Gender	Address (Village/Town)	Diagnosis	Transfer Destination	Medical Files Handed over
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐

1

F. Patients with Ongoing Follow-up or Rehabilitation Needs (Exit Report Supplement)

Name	Age	Gender	Address (Village/Town)	Diagnosis	Follow-up or Rehabilitation Needs	Medical Files Handed over
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
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						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐

ANNEX 12-5

G. Donated Medication List (Exit Report Supplement)

Please complete a separate sheet for each Recipient Facility

Recipient Facility Name: _____

Person Responsible for Receiving Donations: _____

Medication *State generic and brand name, dosage and form, e.g. Amoxicillin (Amoxil) 250mg capsules*	**Quantity** *Include units, e.g. tablets, ampules*	**Expiry Date** *DD / MM / YYYY*	**Additional Notes**

H. Donated Equipment or Supply List (Exit Report Supplement)

Please complete a separate sheet for each Recipient Facility

Recipient Facility Name: _____

Person Responsible for Receiving Donations: _____

ANNEX 12-6

Item	Quantity	Training*	User Manual*	Additional Notes

*Please indicate **Yes/No** for whether **training** has been provided to local staff and/or a **user manual** provided in relation to the donated medical equipment; or **N/A** if not applicable.

ANNEX 13-1

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	##

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

ANNEX 13-2

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 and solutions to address the problems/constraints.

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 and solutions to address the problems/constraints.

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

   ☐ YES ☐ NO

ANNEX 13-3

Please describe any problems or constraints and solutions to address the problems/constraints.

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

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

If any problems, please indicate them and solutions to address the problems.

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 constraints and solutions to address the problems/constraints.

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)

ANNEX 13-4

Please describe any problems or constraints and solutions to address the problems/constraints.

8. How did your EMT decide a site for its activities? And if any problems, please indicate them and solutions to address the problems.

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

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 and solutions to address the problems/constraints.

C. On-Site Operations of EMTs

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

☐ YES ☐ NO

Please describe any problems or constraints and solutions to address the problems/constraints.

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

☐ YES ☐ NO

ANNEX 13-5

If "YES", Please specify items and contents provided

Please describe any problems or constraints and solutions to address the problems/constraints.

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

☐ YES ☐ NO

If "NO", Please specify the reasons;

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

☐ YES ☐ NO

If "NO", Please specify the reasons;

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

Number of transferred patients; (##)

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

☐ YES ☐ NO

If "NO", Please specify the reasons;

ANNEX 13-6

Please describe any problems or constraints for the transfer of the patients and solutions to address the problems/constraints.

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 and solutions to address the problems/constraints.

F. Periodic Reporting/Daily Report

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

☐ YES ☐ NO

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

(##) reports in (##) days

Please describe any problems or constraints and solutions to address the problems/constraints.

ANNEX 13-7

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 and solutions to address the problems/constraints.

2) Handover of equipment/medical consumables/medicine

Item No.	Items	To whom	Remark

ANNEX 13-8

Please describe any problems or constraints and solutions to address the problems/constraints.

3) Waste Management and disposal

Please describe the method

Please describe any problems or constraints and solutions to address the problems/constraints.

H. Reporting (Handover and Exit Phase)

23. Did your EMT submit its Exit Report?

☐ YES ☐ NO

If "NO", Specify the reasons;

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	

ANNEX 13-9

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 on AMS I-EMT deployment (in ASEAN)[1].

[1] ASEAN Collective Measures on AMS I-EMT deployment (in ASEAN) 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), and taking advantage of the strength of the existing ASEAN regional network, system and structure.

B-3

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

Version: 2
Date: 19 April 2018

I. Purpose

This document sets out the minimum requirements and qualifications for ASEAN Member States and relevant organizations for the selection and registration of health professionals as members of emergency medical team (EMT). These minimum requirements aim at providing guidance for ASEAN Member States to develop and strengthen their EMTs to be deployed to the affected foreign country in order to realize the vision "One ASEAN, One Response".

The capacity of individual members is equally important as that of the team as a whole and is vital to ensure the quality of care provided by EMTs. These minimum requirements are developed to provide clear and appropriate minimum eligibility standards for EMT members with the aim of ensuring that EMT is composed of eligible members.

II. Scope

As is clear from its purpose, this document focuses on minimum requirements and qualifications for individual EMT members. The minimum requirements for EMT as a team are not covered in this document as they are defined in *the Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters* (Blue Book) (WHO 2013). The Blue Book provides the standards for a team as a whole such as the team composition (e.g. at least three doctors

trained in emergency and primary care for Type 1), but does not refer in detail to the capacity of individual team members.

In addition, given that government military and non-governmental (NGO) EMT organizations have their own criteria to recruit and register their members, these minimum requirements primarily targeted governmental civilian EMTs to be deployed both domestically and internationally.

III. Key Terms and Terminology

For the purpose of this document, the key terms are defined below.

Minimum Requirements

The lowest level of acceptable education, training and experience needed to be enrolled as a member of emergency medical team (EMT) which can be deployed domestically and internationally.

Emergency Medical Teams (EMT)

The term Emergency Medical Teams (EMTs) refers to groups of health professionals and supporting staff aiming to provide direct clinical care to populations affected by disasters or outbreaks and emergencies as surge capacity to support the local health system. They include governmental (both civilian and military) and non-governmental teams and can be subclassified as either National or International dependent on area of response[1].

EMT Members

[1] WHO, Emergency Medical Team Coordination Cell (EMTCC) Coordination Handbook, Version 0.12, June 2017.

In general, EMTs are composed of: 1) Medical Doctors/Physicians, 2) Nurses, 3) Allied Health Personnel, 4) Logistics and Operational Support Staff, and 5) Administrative and Other Staff[2].

IV. Structure of the document

This document is organized based on the three tiers of the minimum requirements as clarified below and in figure 1;

Tier 1. Professional competence and basic knowledge of disaster medicine and EMT operations

Tier 1 has to be ensured by EMT organizations before anyone to be registered as a member.

Tier 2. Adaptation of technical and non-technical professional capacities into low-resource and emergency context

Tier 2 has to be ensured by EMT organizations before domestic deployment of members.

Tier 3. Preparation for an effective team performance in foreign countries

Tier 3 has to be ensured by EMT organizations before international deployment of members.

[2] WHO, Emergency Medical Team Coordination Cell (EMTCC) Coordination Handbook, Draft Version 10, 2016.

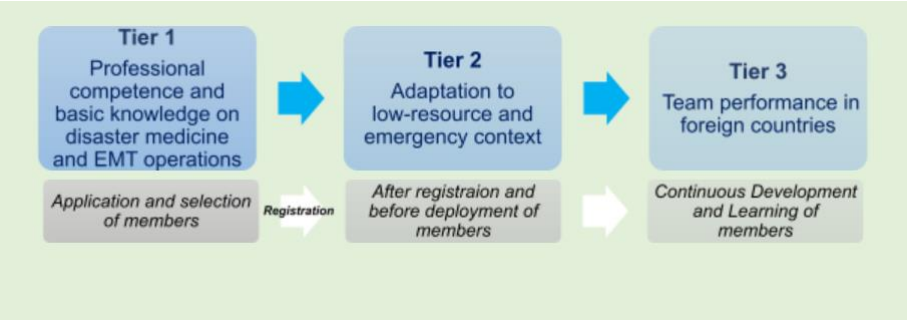


Figure 1. Tiers of Minimum Requirements

Tier 1 (can be registered as a member of EMT)

This section presents the minimum requirements and qualifications of Tier 1, which are relevant to the individuals at the stages of recruitment and selection before placing them on a roster of EMT organizations.

a. Age

Preference between 20 to 60 years old.

b. License

EMT organizations must ensure that all team members are registered and licensed to practice in their home country[3].

c. Specialty

EMT organizations must ensure that all team members are specialists in their field[4].

The specialists required for EMT depend on its size, capability and capacity. The medical specialists include: medical doctors trained in

[3] WHO, Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters, 2013.
[4] Ibid.

emergency and primary care, general surgery, orthopedics, orthoplastic reconstruction, anesthetics, intensive care, obstetrics, pediatrics, and rehabilitation. In addition, nurses, paramedics, laboratory technicians, logistic staff and other support staff are included depending on the type of EMT. The specialty of EMT members must be registered in each country.

d. Practical Experience

EMT organizations must ensure that the majority of EMT members to be deployed internationally have experience in domestic or international deployment to disaster affected area. However, applicants who lack experience in actual disaster response may not necessarily be excluded from registration. By organizing a team of members with different professional backgrounds, skills, grades, qualifications, expertise and experience, or by skill mix, EMT organizations can accept inexperienced applicants with appropriate qualification.

e. Training (as part of requirements)

EMT members are required to successfully complete Basic Life Support (BLS) and Standard
First Aid Training.

f. Training (as part of selection process)

EMT members are required to successfully complete an induction or pre-registration course such as Basic Disaster Management, etc. Applicants are required to undertake theoretical courses and/or workshops, provided by EMT organizations, to enhance their knowledge on disaster medicine and EMT operations. Each ASEAN Member State can set out their own curriculum as appropriate or

collectively develop a standardized curriculum among ASEAN Member States.

g. Physical and Mental Fitness

Deployment to and delivering care in austere and resource-poor environments require physical and mental fitness. EMT organizations must ensure that team members are physically and mentally able to perform required tasks.

The status of physical and mental fitness is often self-declared at the stage of application and will be evaluated in the later stage during an induction course or by a pre-deployment health screening.

V. Tier 2 (ready to deploy domestically)

a. Pre- requisite

EMT members must pass the registration requirement as demonstrated in Tier 1.

b. Training course

EMT members that have successfully completed the registration must undertake field training courses and/or field training exercises such as Incident Command System (ICS), Self-sufficiency in Disaster, Working in Limited Resources, etc. to practice their skills and learn how to operate within low-resource and emergency context. Each ASEAN member state can set out their own curriculum as appropriate or collectively develop a standardized curriculum among ASEAN member states.

c. Teamwork

EMT members must be able to work well with others as a part of the team. Therefore, they should concentrate on building up teamwork and fostering team-to-team communication and collaboration.

VI. Tier 3 (ready to deploy to any members states)

a. Pre- requisite

EMT members must pass the registration requirement and qualification as demonstrated in Tier 1 and Tier 2.

b. Training course

I-EMT members must complete a standardized training curriculum which has been widely accepted by all ASEAN Member States.

As a consequence, the EMT members who have undertaken this curriculum would be qualified to operate in every ASEAN Member States. The content of this training curriculum may consist of relevant topics including Intercultural Management, Resource Management, Communication Skill, Health care System in ASEAN Member States, AADMER, SASOP, Standard Operating Procedure (SOP) for Coordination of Emergency Medical Teams (EMTs) in ASEAN and Team Coordination (e.g. SASOP and EMTCC), etc.

c. Teamwork

EMT members must be able to work well with others as a part of the team. Therefore, applicants should concentrate on building up teamwork and fostering good communication and collaboration with the EMTs of the affected countries and between International Emergency Medical Teams (I-EMTs).

d. Language Skills

For the purpose of international deployments, some EMT members are required to have language skills, especially English language skills. EMT members must have a TOEIC score of a minimum ??? (The issue will be discussed in the 6th Meeting of PWG1). In the case where the

required language proficiency score cannot be met, EMT members can still be deployed internationally if there is a narrator in the team.

e. Vaccination

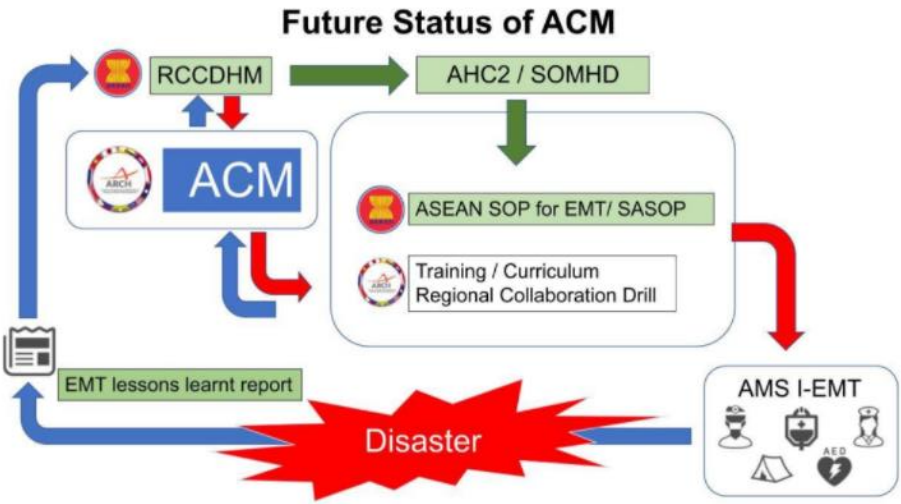
In the case where some vaccine-preventable communicable diseases are found to be endemic to the affected country, EMT members are required to either obtain or provide documented proof that they have received the following vaccinations.

B-4

ASEAN Collective Measures for Emergency Medical Teams in ASEAN

ASEAN Collective Measures (ACM) aims to support ASEAN Member States (AMS) to strengthen the capacity of International Emergency Medical Teams in ASEAN (AMS I-EMT), and the coordination capacity of AMS to receive I-EMTs in the event of disasters or emergencies, by supporting the efforts of AMS to meet the WHO classification and minimum standards for I-EMTs in sudden onset disasters, and by leveraging the strength of the existing ASEAN regional network, system and structure.

The ACM is expected to continue as a problem-solving mechanism to address the challenges identified through hosting and/or participating in the Regional Collaboration Drill (RCD) and through the AMS I-EMT lessons learnt report, which was developed to extract challenges in receiving and coordinating international assistance after occurrence of actual disasters, and thereby contributing to the strengthening the framework for Disaster Health Management in ASEAN.



C. ASEAN Policy Documents on DHM

C-1 *ASEAN Leaders' Declaration on Disaster Health Management*

C-2 *Plan of Action to Implement the ASEAN Leaders' Declaration on Disaster Health Management (2019-2025)*

C-3 *Term of Reference (TOR) of the ASEAN Academic Network on Disaster Health Management*

C-1

ASEAN LEADERS' DECLARATION ON DISASTER HEALTH MANAGEMENT

WE, the Heads of State or Government of the Members States of the Association of Southeast Asian Nations (hereinafter referred to as "ASEAN"), namely Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People's Democratic Republic, Malaysia, the Republic of the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand, and the Socialist Republic of Viet Nam, on the occasion of the 31st ASEAN Summit in Manila, Philippines, on 13 November 2017;

REAFFIRMING our commitment to implementing the ASEAN Community Vision 2025, and pursue the Sustainable Development Goals of the 2030 Agenda for Sustainable Development, of which Goal 3 calls for strengthened capacity of all countries in health risk reduction and management; the Sendai Framework for Disaster Risk Reduction (2015-2030); ASEAN-UN Joint Strategic Plan of Action on Disaster Management (2016-2020) as well as the World Health Assembly Resolutions WHA64.10 Strengthening National Health Emergency and Disaster Management Capacities and Resilience of Health Systems;

REITERATING regional collective commitments in the promotion of Disaster Health Management as emphasized in the Cha-am Hua Hin Statement on East Asian Summit (EAS) Disaster Management of 2009; the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) of 2005 and the AADMER Work Programme 2016-2020; the Declaration on Institutionalizing the Resilience of ASEAN and its Communities and Peoples to Disasters and Climate Change of 2015; the Declaration on One ASEAN One Response: ASEAN Responding to Disasters as One in the Region and Outside the Region of 2016;

EMPHASIZING the importance of strengthening capacity in Disaster Health Management in ASEAN which was identified as an area for collaboration and reflected as a priority area in the ASEAN Post-2015 Health Development Agenda;

RECOGNIZING the critical role of humanitarian assistance in reducing the loss of lives, minimizing disability and preventing infectious disease outbreaks

through rapid deployment with full respect of sovereignty and consent of the affected countries, while appreciating the contribution from the relevant ASEAN Sectors, international, regional or national institutions/agencies, and, various development partners;

RECOGNIZING ALSO the need to take urgent action to strengthen Disaster Health Management System at national and regional levels, which are critical for improving health outcomes from emergencies, minimizing health hazards and vulnerabilities, ensuring access to health care, and that health services remain functional when they are most needed, thus strengthening community resilience;

HEREBY DECLARED TO:

1. **Strengthen** close coordination and collaboration with relevant ASEAN Sectoral Bodies and other partners in enhancing capacities of ASEAN Member States and the region that facilitate rapid deployment of regional and national medical relief, maintain continuous health services and perform disease surveillance that serve to reduce morbidity and mortality due to injury and other non-communicable and communicable diseases in the disaster affected population, including health impact of climate change;

2. **Support** the development of relevant Standard Operating Procedures for Regional Collaboration on Disaster Health Management in order to create effective regional collaboration mechanism of Disaster Health Management and to promote the organization and coordination for International Emergency Medical Team (I-EMT) as appropriate to individual AMS context in line with the AADMER and ASEAN Standard Operating Procedures for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP);

3. **Encourage** the development of national Standard Operating Procedures for the coordination of the International Emergency Medical Team (I-EMT) and effective mechanism to facilitate the operation of I-EMT, including the coordinating body, information management and logistic system.

4. **Strengthen** all-hazards health emergency and disaster risk-management programmes as part of national health systems, supported by relevant legislation, regulations and other measures, as appropriate, to improve health outcomes, reduce mortality and morbidity, protect health infrastructure and strengthen the resilience of the health system and society at large, and mainstream a gender perspective into all phases of these programmes;

5. **Promote** public and private investment in disaster risk reduction to support the resilience of new and existing critical infrastructure, including hospitals and other health facilities, to ensure that they remain safe, effective and operational during and after disasters in order to provide live-saving and essential services;

6. **Endeavor to build** hospitals and health facilities that are safe, resilient, and capable of delivering medical care and life saving services during and after a disaster through structural and non-structural disaster mitigation measures, ensuring these essential services and infrastructures serve the affected communities;

7. **Strengthen** the cooperation and enhancement of active Academic Network among Disaster Health Management Programme to conduct researches and extract lessons learned from Disaster Health Management in multiple events and countries, in support of the development of new solutions and innovation;

8. **Enhance** national and regional capacities in Disaster Health Management, including through the establishment of a Regional Disaster Health Training Center and designed simulation and joint operations, to increase capacities of health workers and disaster health-related personnel;

9. **Increase** efforts to operationalize financial resources to fill gaps in national responses including promoting national and sub-national coherent Disaster Health Management strategic plans and operations; improving efficiency in the use of existing resources;

10. **Call on** development partners, including the UN system, other relevant inter-governmental, regional organizations and other stakeholders as well as concerned ASEAN Sectoral Bodies, to support the implementation of this Declaration, in particular the promotion of designed regional mechanisms, resource mobilization and the priority actions stated in this Declaration;

11. **Task** the concerned ASEAN Sectoral Ministerial Bodies as well as other relevant bodies to monitor the implementation of this declaration towards achieving the aspirations of this Declaration.

Adopted in Manila, the Republic of the Philippines on this Thirteenth Day of November in the Year Two Thousand and Seventeen, in a single original copy, in the English Language.

C-2

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

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

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

Goal: Disaster resilient health system in the ASEAN community

To achieve the goal of the POA, this POA proposes to address five priority areas which are implemented through a coordination mechanism, as follows:

PRIORITY AREAS

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

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

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

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

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

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

2. Multi-sectoral participation in disaster health management

2.1 Deepen engagement with global, regional and national health and non-health sectors in participating in disaster health management activities.

2.1.1 Strengthen close collaboration and involvement with the ASEAN Committee on Disaster Management (ACDM), ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre), ASEAN Center of Military Medicine (ACMM) and other regional collaboration platforms.

2.1.2 Support the operation on health aspects of AHA Centre.

2.1.3 Collaborate with relevant ASEAN Sectoral Bodies in enhancing capacities of ASEAN Member States.

2.1.4 Collaborate with development partners, including the United Nations, other relevant inter-governmental, regional organizations and other stakeholders for technical and financial support.

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

3.1 Promote the integration of disaster health management framework/concepts into national and sub-national legislation, policies, strategies, plans, protocols, guidelines, evaluation framework, etc.

3.1.1 Create enabling environment for the development of national and sub-national legislation, policies, strategies, plans, protocols, guidelines, evaluation framework and other relevant mechanisms on disaster health management.

3.1.2 Emphasize the issues on gender and on needs of specific vulnerable groups in the national and sub-national disaster health management framework.

3.1.3 Integrate disaster risk reduction into health education and trainings curricula, as appropriate

3.1.4 Apply monitoring and evaluation frameworks for disaster health management to track and monitor the progress of implementation of plans at all levels.

3.2 Encourage the allocation of financial resources to support and promote the development of legal and regulatory frameworks, projects and programmes on disaster health management at all levels.

3.3 Support project and programme formulation at global, national or sub-national levels that aims to strengthen national capacities on disaster health management.

3.3.1 Support and facilitate the development of effective mechanisms to manage health aspects of disasters that would facilitate the operation of emergency medical teams (EMTs) including the national standard operating procedures (SOP) for the coordination of the international EMT (I-EMT), information management systems, and logistic systems.

3.3.2 Support the establishment of coordinating bodies that would facilitate the collaboration of EMT.

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

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

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

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

4.2.1 Enhance the awareness and preparedness of hospitals and health facilities through safety assessments,

safe hospital initiatives and other activities, while applying the principles of “building back better” in the reconstruction of health facilities as part of post-disaster recovery efforts.

5. Knowledge management on disaster health management

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

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

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

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

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

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

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

MECHANISM

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

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

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

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

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

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

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

4) Facilitate and provide policy guidance in the development of regional collaboration drills on disaster health management in AMS.
Disaster drills aim to pilot and to test the collaborative tools, as well as to perform afteraction reviews for improvement. The drills are expected to involve other health and nonhealth sectors relevant to the collaboration on disaster health management.

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

6) Facilitate the establishment of regional disaster health training centers.
The regional disaster health training centers will be established based on specialty and expertise from ASEAN Member States in Disaster Health Management. The respective centers will develop the standard training

curriculum and provide training courses for specialized disaster health-related personnel in ASEAN and establish network with national academic institutions to provide training services to all ASEAN Member States.

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

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

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

Targets at the Regional Level

1. A Regional Coordination Committee on Disaster Health Management is established.
2. A set of Standard Operating Procedure (SOP) for the Coordination of International Emergency Medical Teams (EMTs) in ASEAN is regularly reviewed, tested through regional exercises or lessons learned from actual disaster responses, and updated every three years.
3. An SOP for the coordination of civil-military EMT operation is developed, regularly reviewed, tested and updated.
4. A database of Emergency Medical Teams (EMTs) in ASEAN is maintained and updated annually for utilization in disaster situations.
5. Standard reporting forms of EMTs, such as Minimum Data Set, Medical record and Health Needs Assessment forms are developed and regularly reviewed, tested and updated.
6. An ASEAN Standard for I-EMTs is developed and regularly reviewed, tested and updated.
7. An ASEAN drill for the coordination of EMT in disasters is scheduled and conducted annually.
8. A Standard Training curriculum of ASEAN I-EMTs, EMT Coordination Cell (EMTCC) and other topics related to disaster health management is developed. E-learning materials are also developed according to the standard curriculum.

9. A curriculum on Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030 is developed.
10. Regional disaster health management training centers are established to support the capacity development (through training programmes, including on-line courses), knowledge management, research and development priorities on disaster health management of AMS.
11. A network of national academic institutions is established to organize training activities at national level.
12. A Regional Conference on Disaster Health Management is organized every two years.
13. At least one joint research is proposed and conducted in a year.
14. An ASEAN Journal/E-Bulletin of Disaster Health Management is established and published twice a year.

Targets at the National Level (Each AMS is expected to achieve these targets)

1. Each ASEAN Member State has at least one I-EMT that is compliant to either ASEAN or WHO I-EMT minimum standards.
2. EMTCC has been established.
3. National SOPs for the Coordination of EMTs which determine the protocol in EMT coordination; such as, the request and offer of assistance, RDC process, CIQ process, or the authorization of healthcare professional have been developed.
4. Standard reporting system for EMTs has been developed.
5. Each ASEAN Member State has a disaster health management training system for capacity development, knowledge management, research and development initiatives in collaboration with other designated training centers of AMS and with relevant academic networks, as appropriate.
6. Disaster health management concept has been introduced in health education for relevant countries.
7. Safe hospital projects and programmes are initiated to enhance hospital preparedness and response along with quality assurance mechanism (continuous assessment).

ANNEX 1

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

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

1. COMPOSITION

1.1. Members.

a. The RCC-DHM shall be composed of two members from each AMS who are appointed by respective Governments of AMS, one member from the ASEAN Secretariat, and one member from the ASEAN Coordinating Centre for Humanitarian Assistance in disaster management (AHA Centre).

b. The two appointed representatives from AMS shall each consist of a primary member and an alternate member.

c. The first appointed representatives from AMS shall have the following backgrounds:
   - The primary representative shall be the Director or Head of Disaster Health Management Department of the Ministry of Health, or their equivalent;
   - The alternative representative shall be the Deputy Director or Head of the Disaster Health Management Department of the Ministry of Health, or their equivalent.

d. The second appointed representatives from AMS shall have the following backgrounds:
   - The primary and alternative representatives shall be officers who have experiences on building/strengthening the capacity on Disaster Health Management of the country.

e. The RCC-DHM Members shall:

- Attend official meetings of RCC-DHM, including relevant events and activities organized by the Committee.
- Contribute to the development and implementation of programmes and plans to fulfill the mandate and functions of the RCC-DHM.
- Facilitate and coordinate at the national level, the implementation and follow up of decisions and agreements of the RCC-DHM.

1.2. Chairperson.

a. The Chairperson of RCC-DHM shall be appointed from among AMS primary representatives in accordance with the two-year chairpersonship rotation of the ASEAN Health Cluster 2.
b. The Chairperson shall preside over all meetings of RCC-DHM and conduct the same in the traditional spirit of ASEAN solidarity and cordiality.
c. The Chairperson shall ensure that the mandate and functions, as well as programmes of the RCC-DHM, are executed, resourced and regularly reviewed.
d. The Chairperson shall report annually to the ASEAN Health Cluster 2, through the ASEAN Secretariat.
e. The Chairperson shall represent the RCC-DHM in meetings or events of bodies of the ASEAN Health Sector, and relevant bodies of ASEAN non-health sectors.

1.3. Coordinating Secretariat.

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

2. COMMITTEE MEETINGS

2.1. The RCC-DHM shall conduct official meetings at least once a year. The official meetings shall be conducted either in person or remotely through video/teleconference.

2.2. The hosting of the official in person (face-to-face) meetings of the RCC-DHM shall be held together with the annual meetings of ASEAN Health Cluster 2.

3. PRINCIPLES

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

4. MANDATE AND FUNCTIONS

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

4.1. Facilitate the development of regional collaboration on disaster health management by sharing, discussing and monitoring progress of the regional collaboration on Disaster Health Management.

4.2. Collaborate with relevant ASEAN Sectoral bodies both in health and non-health sector and other international organization.

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

4.4. Facilitate and provide policy guidance in development of regional collaboration drills on disaster health management in AMS.

4.5. Facilitate~~s~~ and support~~s~~ the academic activities related to disaster health management

4.6. Facilitate the establishment of a regional disaster health training center.

5. DECISION-MAKING

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

6. BUDGET AND FUNDING

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

6.1. In the conduct of official meetings, members shall be responsible for their accommodation, travel expenses and allowances, while the host country shall provide the meeting venue, and facilitate administrative and logistics arrangements.

6.2. AMS shall share the expenses in the conduct of disaster drills and other activities of the RCC-DHM, based on the agreement made in each case.
6.3. Additional funding and resources may also be obtained from external funding sources; including international and regional partners/organizations, and other institutions as deemed appropriate to support the RCC-DHM.

7. REPORTING MECHANISM

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

8. AMENDMENT

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

C-3

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

I. BACKGROUND

The ASEAN Academic Network on Disaster Health Management is established with the objective of promoting and supporting the academic, research and learning initiatives of ASEAN Member States and the ASEAN geared towards strengthening disaster health management. The ASEAN Academic Network on Disaster Health Management, hereinafter referred to as the 'Network', is not an independent legal entity but an informal collaborative mechanism between academic institutions that are engaged in disaster health management in the ASEAN. The operations and functions of the ASEAN Academic Network on Disaster Health Management shall be carried out aligned with the ASEAN Charter; relevant priorities of the ASEAN Socio-Cultural (ASCC) Blueprint and the ASEAN Health Development Agenda (2021-2025); and, the Rules of Procedure on the Engagement of Entities with the ASEAN Health Sector, including the respect over the sovereignty of ASEAN Member States.

Disaster Health Management (DHM) is one of the Health Priorities of the ASEAN Health Development Agenda (2016-2020 and 2021-2025). Under the purview of ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats, DHM aims to strengthen regional prevention, preparedness and response through capacity building as well as enhancing operation at national and regional levels. In the context of the ASEAN Health Cooperation, DHM encompasses the coordinated and organised actions of various sectors and stakeholders aimed at preventing or mitigating the impact of, preparing for and responding to, and facilitating immediate recovery from, disasters, emergencies and other health-related crises. Disaster Health Management as a regional priority has received political commitment through the adoption at the 31st ASEAN Summit in 2017 of the ASEAN Leaders' Declaration on Disaster Health Management.

The establishment of the ASEAN Academic Network on Disaster Health Management is one of the 21 targets described in the Plan of Action to Implement the ASEAN Leaders' Declaration on Disaster Health Management, and is the main mechanism to support the achievement of regional and national targets, as follows:

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.

II. MANDATE AND FUNCTIONS

The ASEAN Academic Network on Disaster Health Management shall support the academic, research and learning components of the capacity building efforts on Disaster Health Management of ASEAN and Member States, while working with networks of academic institutions and relevant stakeholders. The mandates and functions of the ASEAN Academic Network on Disaster Health Management shall be as follows:

1. Foster collaboration between and among network members from different ASEAN Member States;

2. Serves as a communication platform and forum for the coordination and cooperation of institutions involved in Disaster Health Management;

3. Promote and support the educational and training activities of ASEAN and Member States by mobilizing resource persons, developing training curriculums and/or learning materials as requested;

4. Develop and regularly update an inventory of regional academic and learning programmes;

5. Maintain an accessible regional data bank/library of training packages and relevant references;

6. Perform advisory and consultant role on academic, research or training matters related to Disaster Health Management as appropriate;

7. Organize regional conferences on disaster health management every TWO years back-to-back with the annual meeting of the Network;

8. Establish and publish an ASEAN Journal or E-Bulletin on Disaster Health Management twice a year;

9. Conduct joint/cooperative research and studies on Disaster Health Management among Network members, relevant institutes and stakeholders as appropriate;

10. Complement relevant activities with the ASEAN Health Development Agenda for 2021-2025; and other related activities within ASCC, ASEAN Economic Community and ASEAN Political Security Community;

11. Engage in coordination and cooperation with similar academic networks involved in general disaster management; and,

12. Organize and participate in the annual meeting of the Network, which can be face-to-face or virtual platform.

III. STRUCTURE AND MEMBERSHIP

The ASEAN Academic Network on Disaster Health Management shall organize its structure in accordance with the following statements:

1. Each ASEAN Member State shall assign, through the designated representative of the RCC-DHM, ONE Institute1 to be National Focal Point member of the ASEAN Academic Network on Disaster Health Management;
2. The National Focal Point Institute of each ASEAN Member State will be coordinated and facilitated by the ASEAN Institute for Disaster Health Management (AIDHM), which will serve as the Network's secretariat;
3. Members of the ASEAN Academic Network on Disaster Health Management are not limited to only ONE institute from each ASEAN Member State but rather open for non-ASEAN institutes and relevant specialists.
4. The Regional Disaster Health Training Centers shall also be members of the ASEAN Academic Network on Disaster Health Management.
5. Nomination and termination of membership:
    - 5.1 The National Focal Point of each ASEAN Member State shall be nominated and/or replaced by the representatives of RCC-DHM of their respective states and with approval from the RCC-DHM.
    - 5.2 Local institutes of each ASEAN Member State shall be registered, nominated and terminated by the National Focal Point of the relevant ASEAN Member State; and,
    - 5.3 The Non-ASEAN institutes or relevant specialists shall be nominated and terminated by the National Focal Point Meeting.

IV. ROLES AND RESPONSIBILITIES OF THE NATIONAL FOCAL POINT MEMBER

The Institutes which will apply to be National Focal Point of the ASEAN Academic Network on Disaster Health Management shall have the following roles and responsibilities:

1. Collaborate on capacity building with other network members in the ASEAN Academic Network on Disaster Health Management, the ASEAN Institute for Disaster Health Management (AIDHM) and local institutes in each ASEAN Member State;

2. Facilitate or organize training, academic and research 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 or E-Bulletin on Disaster Health Management as appropriate;

6. Support the translation of regional collaboration tools or learning materials to local language if being requested;

7. Conduct of annual monitoring and evaluation of the network's accomplishments and undertakings; and,

8. Establish procedure for registration and request for membership at the country level.

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

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

1. The Regional Coordination Committee on Disaster Health Management (RCC-DHM) shall agree on the TOR of the ASEAN Academic Network on Disaster Health Management and submit for approval from ASEAN Health Cluster 2 and SOMHD;

2. Members of RCC-DHM shall nominate the Institute to become National Focal Points and registered with AIDHM, or the Secretariat of RCC-DHM in case of delayed establishment of AIDHM;

3. Other local institutes shall register with their National Focal Point, if interested, and the National Focal Point will send all information to the secretariat; and,

4. Non-ASEAN Institute or relevant specialists shall declare a request for membership at a meeting of the National Focal Points to seek for an approval; and,

5. The Regional Conference on Disaster Health Management will be organized in 2021 as the first activity of the Network.

VI. AMENDMENT

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