



# Introduction to ARCH Project





# Japan's support to ASEAN on DHM



Japan is a **Disaster Prone Country**, and based on its knowledge and experience,  
“Training courses on Disaster Medicine in Japan” since 1988

JICA accepted international training participants from 53 countries worldwide

⇒ Establishment of **Thai Disaster Medical Assistance Team (DMAT)**  
with reference to the Japan DMAT

“ASEAN-Japan Cooperation Package for Enhancement Disaster Management”  
(Japan-ASEAN Commemorative Summit in Dec 2013)

Survey on the Current Situation of Disaster Medicine/Emergency Medicine in the  
ASEAN region (2014-2015)

⇒ **ARCH Project Formulation**



# Project Overview



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

*Japan- Thailand Technical Cooperation Project/ Officially Endorsed ASEAN Project*

**Project period:** July 2016- December 2021 (1<sup>st</sup> Phase + Extension phase)

**Main C/Ps:** National Institute for Emergency Medicine (NIEM)

and Ministry of Public Health, Thailand

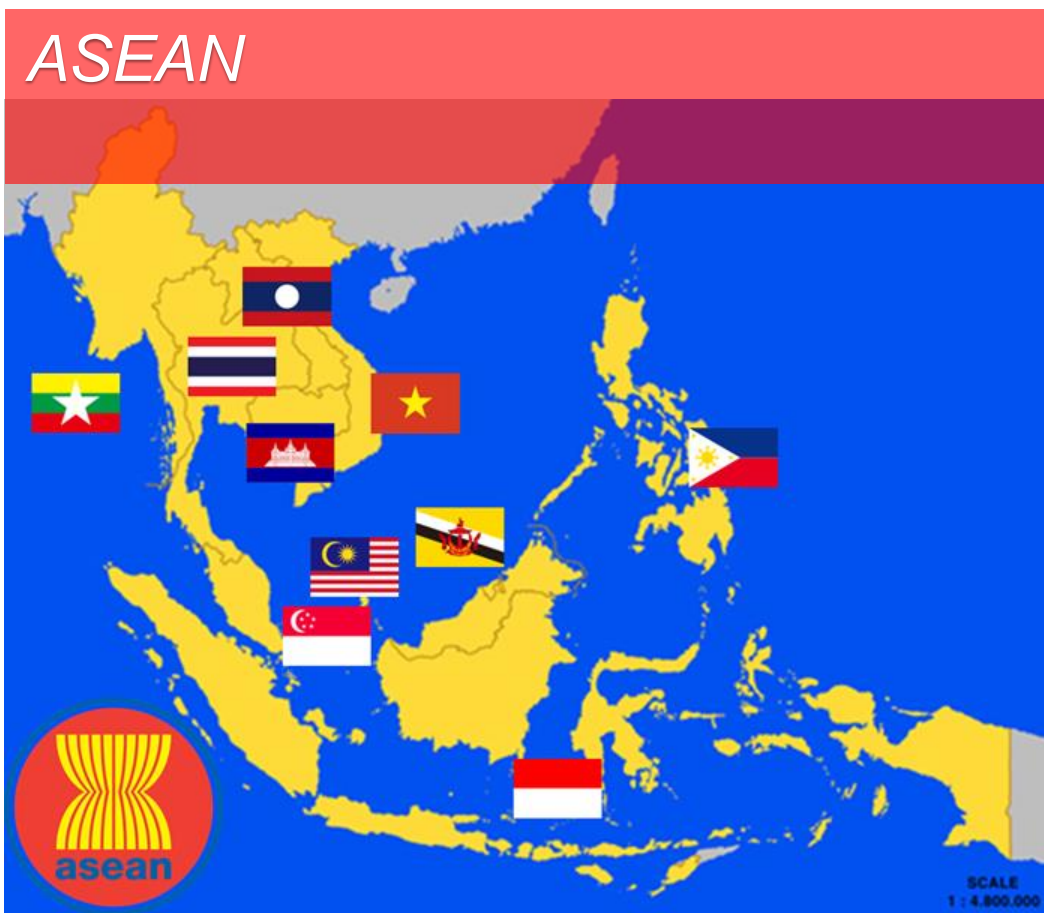
**Other Partners:** Ministry of Health of other ASEAN member states

ASEAN Secretariat, AHA Centre

Overall Goal : ASEAN collaboration mechanism on disaster health management is established

Project Purpose: Regional coordination on disaster health management is strengthened in ASEAN region





Year	Member state
1967	Indonesia Singapore Thailand Philippines Malaysia
1984	Brunei Darussalam
1995	Viet Nam
1997	Myanmar Lao PDR
1999	Cambodia



## ASEAN Community (2015)

ASEAN Political–Security Community (APSC)

ASEAN Economic Community (AEC)

ASEAN Socio–Cultural Community (ASCC)

→ **ASEAN Health Development Agenda (HDA)**

# ASEAN Post-2015 Health Development Agenda

保健開発課題(2015以降)

## ASEAN Post-2015 Health Development Agenda (2016-2020)



Cluster	Goal 2020	Health priorities
1. Promoting healthy lifestyle	a) To achieve maximal health potential of ASEAN Community through promoting healthy lifestyle b) To ensure healthy lives and promote wellbeing for all at all ages	i. Prevention and control of NCDs ii. Reduction of tobacco consumption and harmful use of alcohol iii. Prevention of injuries iv. Promotion of occupational health v. Promotion of mental health vi. Promotion of healthy and active ageing vii. Promotion of good nutrition and healthy diet
2. Responding to all hazards and emerging threats	a) To promote resilient health system in response to communicable diseases, emerging infectious diseases, and neglected diseases b) To ensure effective preparedness for disaster health management in the region	viii. Prevention and control of communicable diseases, emerging infectious diseases and neglected tropical diseases ix. Strengthening laboratory capacity x. Combating antimicrobial resistance(AMR) xi. Environmental health and health impact assessment (HIA) xii. Disaster Health Management
3. Strengthening health system and access to care	a) ASEAN Community has universal access to[essential]health care, safe and good quality medical products including traditional and complementary medicines b) To achieve the unfinished health related MDGs, in light of the SDG	xiii. Traditional Medicine xiv. Health related MDGs (4, 5, 6) xv. Universal health coverage (UHC) xvi. Migrants' health xvii. Pharmaceutical development xviii. Human Resources Development xix. Health Financing
4. Ensuring food safety	a) To promote access to safe food, safe drinking water and sanitation	xx. Food safety

### Health Cluster 2



# ASEAN Post-2015 Health Development Agenda

## ASEAN Post-2015 Health Development Agenda (2016-2020)



Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
<b>HEALTH PRIORITY 12: DISASTER HEALTH MANAGEMENT</b>				
1. Strengthen regional prevention, preparedness and response through capacity building as well as enhancing operation system on disaster/health emergency medicine at national level and disaster medicine in regional level by advocacy on ASEAN collaboration network through strong focal point in each AMS.	1.1. Develop national and community health emergency and disaster risk reduction management through: <ul style="list-style-type: none"> <li>a. Public Health Emergency Operation Centre (PHEOC)/ Committee; and</li> <li>b. Public Health awareness and preparedness through: <ul style="list-style-type: none"> <li>- Advocacy;</li> <li>- Developing Guideline/ TOR;</li> <li>- Capacity Building; and.</li> <li>- Developing Network.</li> </ul> </li> </ul>	<b>EO:</b> Every AMS has PHEOC/ Committee accommodating all hazards by December 2017 (depending on Country mechanism) <b>Indicator:</b> Number of AMS with PHEOC or Committee adopting all hazards approach.  <b>EO:</b> Public health awareness and programmes implemented by AMS. <b>Indicators:</b> Number of AMS implementing programmes; Kind of programmes implemented.	Philippines Co-Lead: Malaysia.	
	1.2. Develop Declaration/Joint Statement on Disaster Health Management.	<b>EO:</b> ASEAN Leaders' Declaration/ Joint Statement adopted in late 2017. <b>Indicator:</b> Adopted Declaration/Joint Statement.	Thailand Co-Lead: Philippines.	
	1.3. Implement the ASEAN-ARCH project (2016-2019) with its regional activities, targets, output and indicators.	<b>EO:</b> ASEAN-ARCH Project activities implemented, and outputs produced. <b>Indicator:</b> Extent of achievement of project objectives and targets as per project review/evaluation.	Thailand Viet Nam Philippines.	JICA.

ASEAN

- *Disaster prone* -



**2004 Indian Ocean earthquake and tsunami**  
(Indonesia, Malaysia, Thailand, Myanmar)

**2005 ASEAN Agreement on Disaster Management and Emergency Response (AADMER)**

**2008 Cyclone Nargis (Myanmar)**

**2009 AADMER ratification**

**2011 ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre)**

**2013 Typhoon Haiyan (Philippines)**

**2014 One ASEAN One Response (AHMM) ⇒ ALD(2016)**



# Emergency Medical Teams in ASEAN

## Role of Assisting Country



CLASSIFICATION AND MINIMUM STANDARDS FOR FOREIGN MEDICAL TEAMS IN SUDDEN ONSET DISASTERS

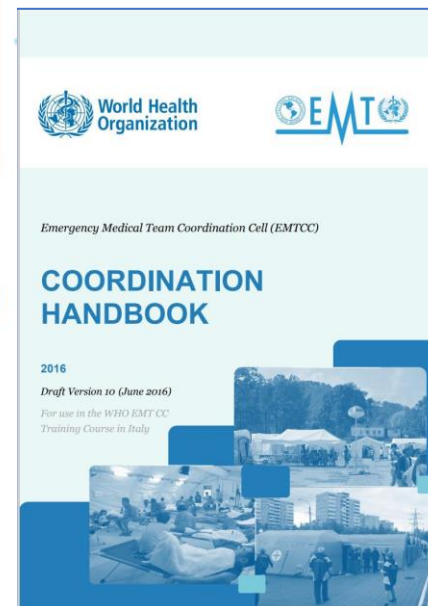
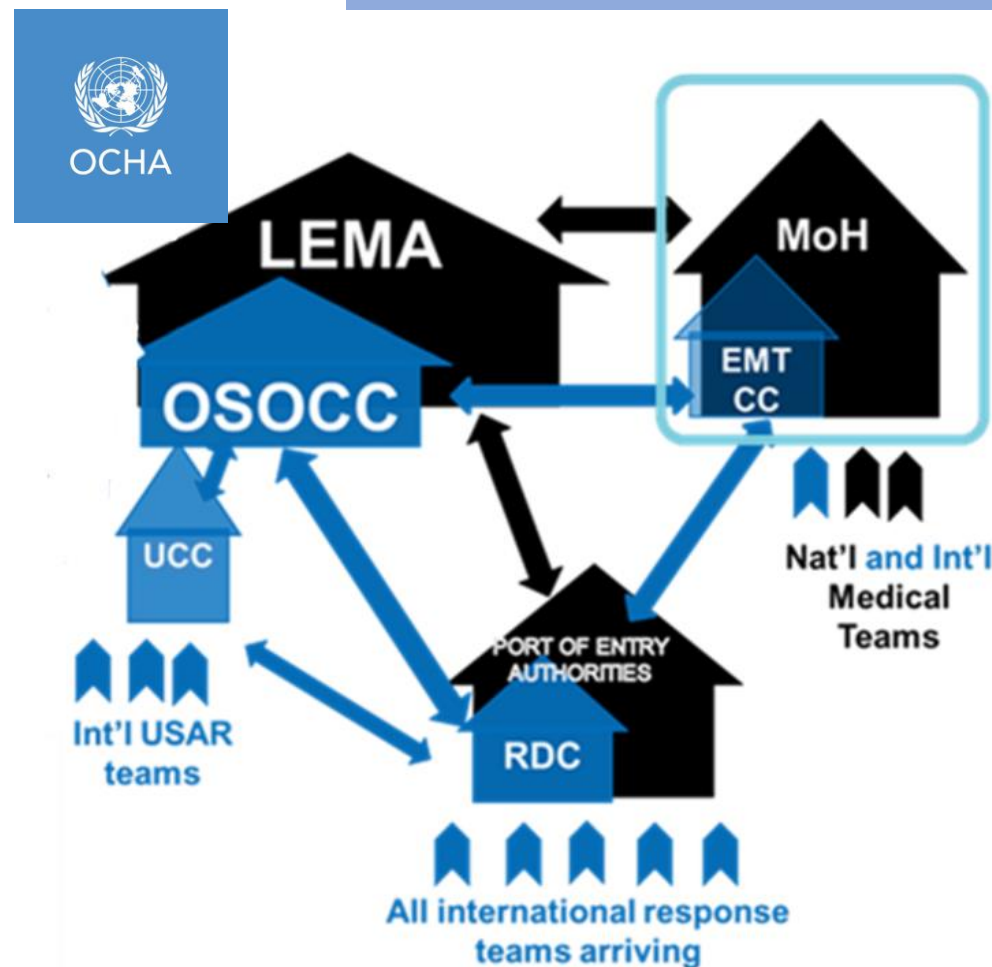


**BLUE BOOK**

CLASSIFICATION AND MINIMUM STANDARDS FOR EMERGENCY MEDICAL TEAMS

DRAFT  
14.02.2020

## Role of Receiving Country



# Emergency Medical Teams in ASEAN

## Emergency Medical Team in ASEAN



## Thailand EMT, WHO verification in 2019





# ARCH Project Activities



ASEAN & JAPAN

- Disaster prone -

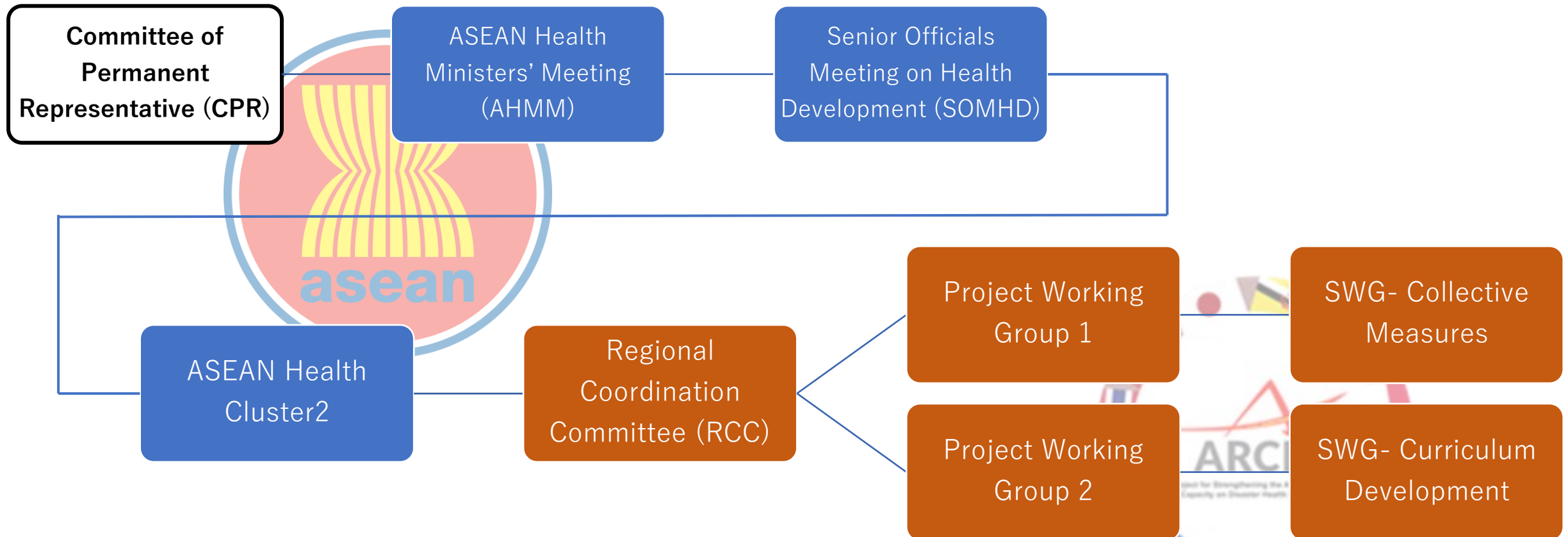


One ASEAN One Response

- Regional Coordination Committee (RCC)  
⇒ ASEAN RCC- DHM (disaster health management)  
(established)
- SOP for Coordination of Emergency Medical Teams (EMTs) in ASEAN
- Regional Standard Tools: Medical Record Template, Minimum Data Set, Health Needs Assessment  
⇒ Integration into ASEAN SASOP (in progress)
- ASEAN Academic Network
- Standard Training Curriculum on DHM  
⇒ ASEAN Institute for DHM (under discussion)
- Trainings on DHM
- Regional Collaboration Drill (RCD)



# ARCH Project Framework



# ARCH Project Framework





# ASEAN Disaster Health Management Framework



**ASEAN Leaders' Declaration on Disaster Health Management (ALD on DHM)**  
*ASEAN Summit, Philippines 2017*



**Plan of Action to implement ALD on DHM (-2025)**  
*ASEAN Health Ministers' Meeting, Cambodia 2019*

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

**Regional target no1)**

**Regional Coordination Committee on Disaster Health Management (RCC-DHM) is established.**





# ARCH Project Framework



ASEAN Health  
Cluster2

Regional  
Coordination  
Committee (**RCC**)

PWG1

SWG- Collective  
Measures

PWG2

SWG- Curriculum  
Development



ASEAN Health  
Cluster2

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

PWG1

SWG- Collective  
Measures

PWG2

SWG- Curriculum  
Development

# ARCH Project Activities



ASEAN & JAPAN

- Disaster prone -



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- Regional Collaboration Drill (RCD)

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



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

Version: 2  
Date: 13 December 2018

### Table of Contents:

#### List of Acronyms & Abbreviations

#### I. Introduction

#### II. Institutions

#### III. Disaster Preparedness

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

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

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

#### IV. Emergency Response

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

B. Mobilisation of Emergency Medical Teams (EMTs)

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

D. (Rapid) Health Needs Assessment

E. Direction and Coordination of Assistance

F. Periodic Reporting/Daily Report

G. Demobilisation of Assistance

H. Reporting (Handover and Exit Phase)

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

#### V. Review

#### VI. Annexes

### III. DISASTER PREPAREDNESS

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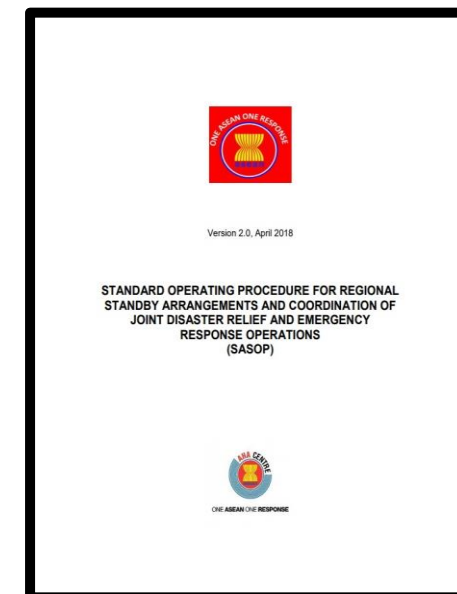
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Integration



ASEAN STANDBY ARRANGEMENTS  
AND COORDINATION OF JOINT  
DISASTER RELIEF AND  
EMERGENCY RESPONSE  
OPERATIONS (**SASOP**)



# ARCH Project Activities



ASEAN & JAPAN

- Disaster prone -



One ASEAN One Response

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- **Regional Collaboration Drill (RCD)**



# Regional Collaboration Drill (RCD)



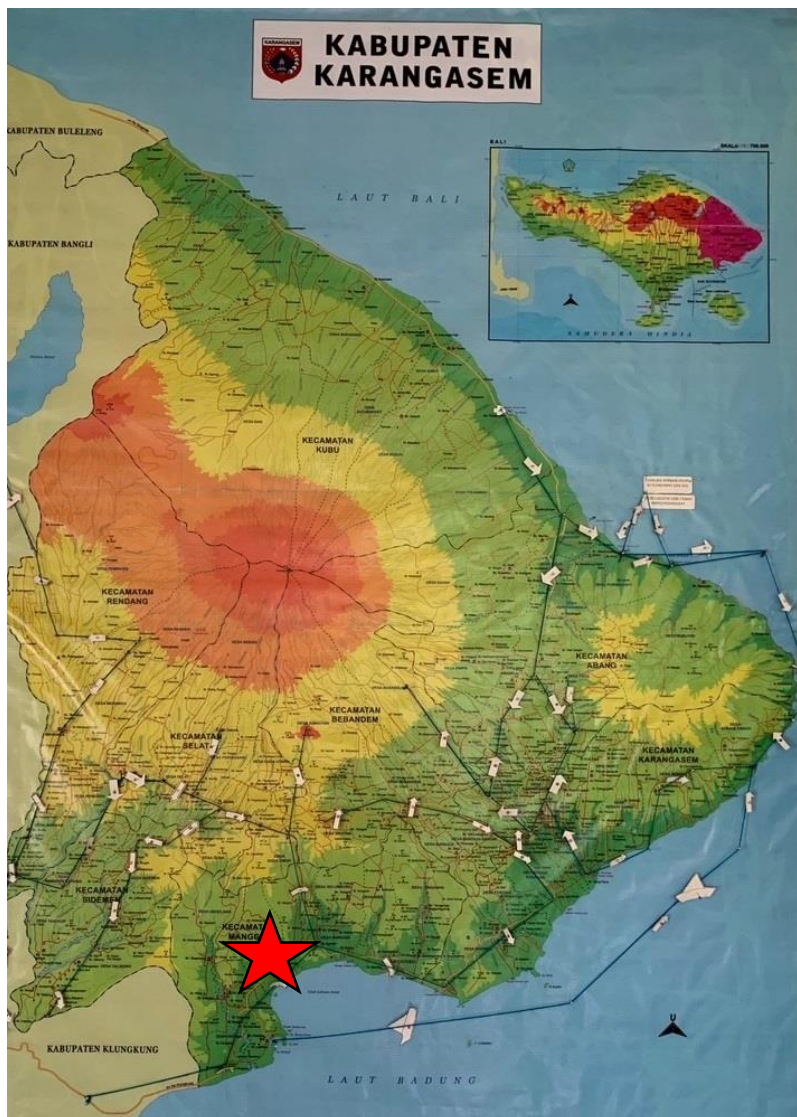
- To simulate host country's strategy, guideline or procedures for its disaster response, including acceptance of I-EMTs.
- For AMS participants to familiarize with the regional tools that were developed by the ARCH project, in order to clarify required measures and directions for capacity development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

Year	Host AMS (Scenario)
Start-Up (2016)	Thailand (Flood)
1 <sup>st</sup> (2016)	Thailand (Tsunami)
2 <sup>nd</sup> (2017)	Viet Nam (Typhoon)
3 <sup>rd</sup> (2018)	Philippines (Earthquake)
4 <sup>th</sup> (2019)	Indonesia (Volcano eruption)
5 <sup>th</sup> (2021) TBC	Myanmar (Earthquake)





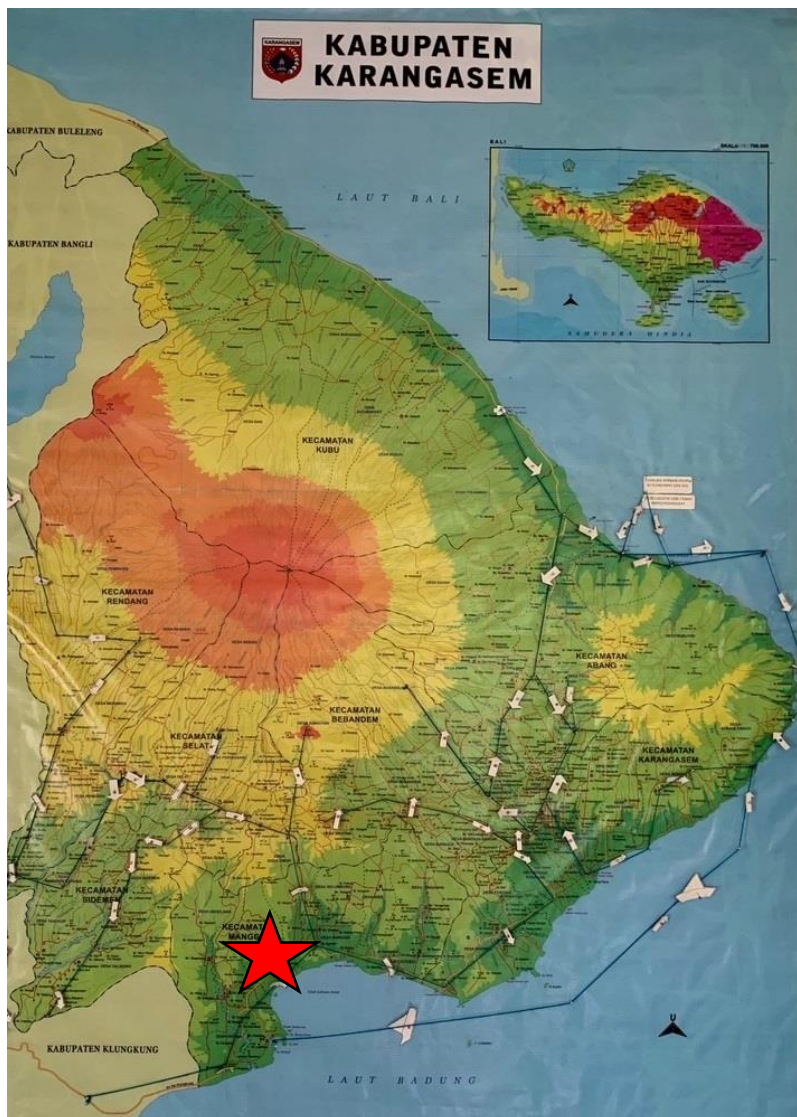
# Regional Collaboration Drill







# Regional Collaboration Drill



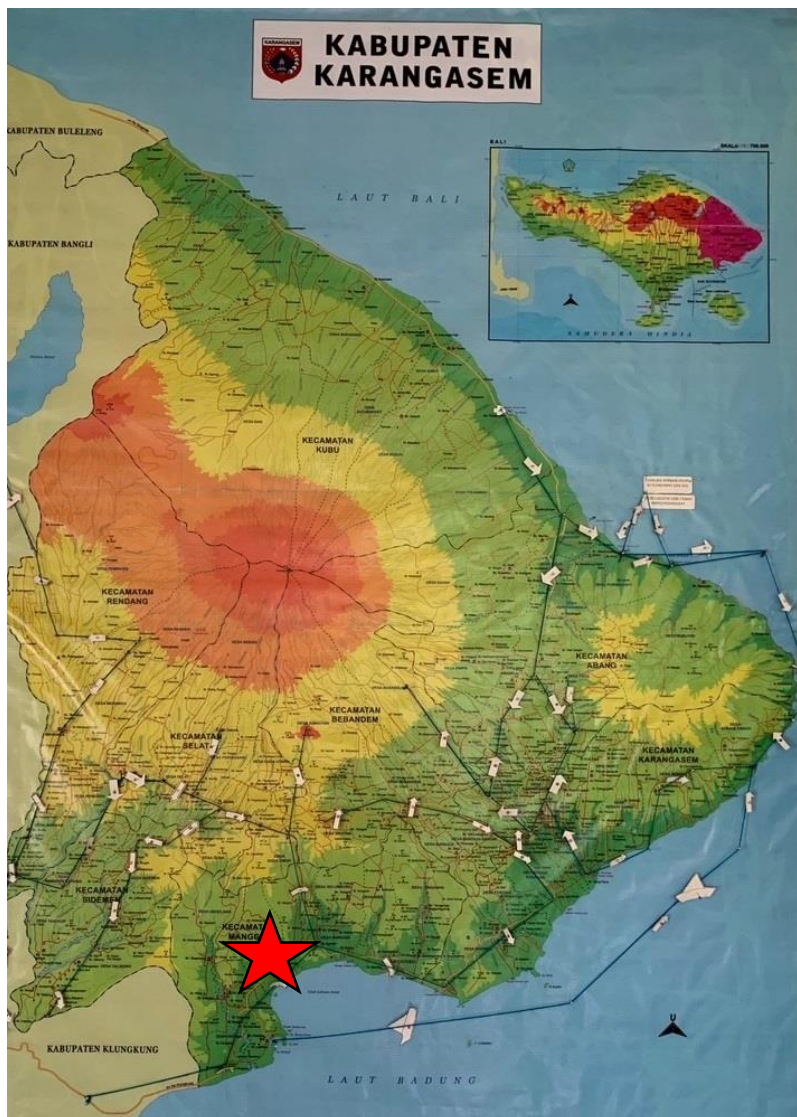
**Scenario: Mount Agung Eruption, Bali/ Indonesia**







# Regional Collaboration Drill







# Regional Collaboration Drill







# Regional Collaboration Drill







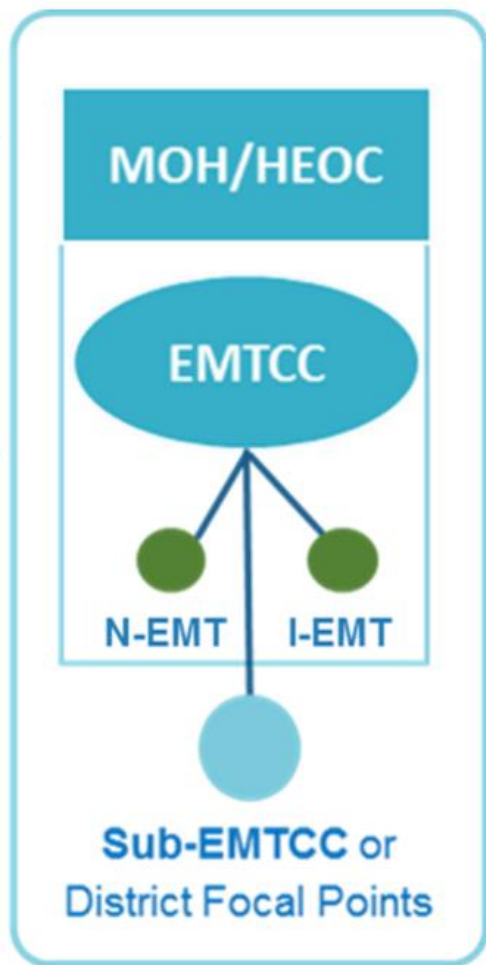
# Regional Collaboration Drill Reception & Departure Center (RDC)





# Regional Collaboration Drill

## EMT Coordination Cell (EMTCC)







# Regional Collaboration Drill

## EMT Quality assurance



### Site Visit Checklist (Quality Assurance)

	 ARCH SIMULATION EXERCISE, 2019	
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EMT Name	#ID EMT Global Classification
EMT Type	Date of Site Visit dd / mm / yyyy

Internal Office Use Only			
Team Status	<input type="checkbox"/> Approved <input type="checkbox"/> Pending Reason:		
	<input type="checkbox"/> Tasked <input type="checkbox"/> Declined Reason:		
Check:	<input type="checkbox"/> Airport <input type="checkbox"/> Field Visit <input type="checkbox"/> Other: Reason:		
Allocated Site:	Allocation Date: dd / mm / yyyy		
Other Comments:	(e.g. reason for changing type vs the self-declaration from the team)		

PREPARATORY CHECKLIST	TEAM COMPOSITION
<input type="checkbox"/> Registration form	1 Name
<input type="checkbox"/> Deviation from EMT Minimum Standards (Y/N)	2 Name
<input type="checkbox"/> Compliance with reporting system (Y/N)	3 Name
<input type="checkbox"/> Data analysis report	
<input type="checkbox"/> Comments/Complaints registered by the Contact Center	
<input type="checkbox"/> Other (please state)	

EMT CAPACITY & CAPABILITY	EVIDENCE CRITERIA	YES	NO	NA	COMMENTS
Direct observations from facility tour including layout and patients flow, questions to staff and patients (please refer to the	Rapidly deployable temporary shelter, outpatient clinic and inpatient facility				
	YES/NO following the below list:				
	• Triage/waiting area				
	• Resuscitation area				
	• Outpatient clinical care areas				
	• Delivery area				







# Regional Collaboration Drill

## Health Needs Assessment



ARCH Project (Draft) HNA Form (5/12/2018Version 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.

<input type="checkbox"/> village/town etc.	—Fill out A: Site Information	<input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
H	Special arrangement required	Transportation (e.g., 4WD, boat) <input type="checkbox"/> No <input type="checkbox"/> Yes
		Communication tool (e.g., satellite phone) <input type="checkbox"/> No <input type="checkbox"/> Yes
I	Any other security concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks/ Notes:

#### B. Shelter Information

A	Shelter Name:	B	Location of Shelter: (GPS Coordinates)
C	Type of Shelter	<input type="checkbox"/> Public <input type="checkbox"/> Pre-existing building <input type="checkbox"/> Temporary structure <input type="checkbox"/> Other (specify) _____	







# Minimum Data Set (MDS)



## WHO EMT Minimum Data Set

Ver 2019 WHO

Sex and Age	Item		Definition
	Age	<1, 1-4, 5-17, 18-64, 65+	Age (estimated age for unknown case)
Sex	1	Male	Sex based on biological sex.
	2	Female non-preg.	
	3	Female pregnant	
Trauma	4	Major head / spine injury	Any major trauma to the scalp, skull, brain and spinal cord requiring hospitalization and/or general anesthesia.
	5	Major torso injury	Any major trauma involving the chest and abdomen requiring hospitalization and/or general anesthesia.
	6	Major extremity injury	Any upper and lower extremity injuries requiring hospitalization and/or spinal or general anesthesia.
	7	Moderate injury	Injury that can be treated as an outpatient requiring conscious sedation or regional anesthesia excluding spinal anesthesia.
	8	Minor injury	Injury that requires first aid and light dressing care with/without local anesthesia.
Infectious disease	9	Acute respiratory infection	Fever and at least one of the following: Rhinitis, Cough, Redness of throat or eyes, Soreness of throat or Fever and fast breath (> 50 breaths/min* or >40 breaths/min**) with cough or difficulty breathing. * for infants aged 2 months to 1 year ** for children aged 1 to 5 years
	10	Acute watery diarrhea	Acute diarrhea is defined as passage of three or more loose or watery stools in the past 24 hours with or without hydration. (WHO Recommended Surveillance Standard WHO/CDS/CSR/ISR/99.2)
	11	Acute bloody diarrhea	Three or more loose stools in the past 24 hours with visible blood in the stool. (WHO Recommended Surveillance Standard WHO/CDS/CSR/ISR/99.2)
	12	Acute jaundice syndrome	Acute onset of jaundice and severe illness and absence of any known precipitating factors. (Communicable disease control in emergencies: A field manual. WHO. 2005)
	13	Suspected measles	Any person with fever and maculopapular (non vesicular) generalized rash and one of the following: cough, runny nose (coryza) or red eyes (conjunctivitis) or any person in whom a clinician suspects measles. (Outbreak surveillance and response in humanitarian emergencies: WHO guidelines for EWARN implementation. WHO. 2012)
	14	Suspected meningitis	Sudden onset of fever (>38.0 °C axillary) and one of the following: neck stiffness, altered consciousness, other meningeal sign or petechial / purpurial rash. In children < 1 year, meningitis is suspected when fever is accompanied by a bulging fontanelle. (Communicable disease control in emergencies: A field manual. WHO. 2005)
	15	Suspected tetanus	Adult: Either of the following signs 3-21 days following an injury or wound: trismus of the facial muscles, painful muscular contractions. Neonatal: Any neonate with normal ability to suck and cry during the first 2 days of life who, between day 3 and day 28, cannot suck normally, or any neonate who becomes stiff or has spasms or both. (Communicable disease control in emergencies: A field manual. WHO. 2005)
	16	Acute flaccid paralysis	Acute flaccid paralysis in a child aged < 15 years, including Guillain-Barre syndrome or any paralytic illness in a person of any age in whom poliomyelitis is suspected. (WHO Recommended Surveillance Standards WHO/CDS/CSR/ISR/99.2)
	17	Acute haemorrhagic fever	Acute onset of fever (duration of less than 3 weeks) and any two of the following: haemorrhagic or purpuric rash, vomiting with blood, cough with blood, blood in stools, epistaxis, other haemorrhagic symptoms. (WHO Recommended Surveillance Standards WHO/CDS/CSR/ISR/99.2)
	18	Fever of unknown origin	Fever (body temperature >38.5 °C) for >48 hours and without other known etiology. (Communicable disease control in emergencies: A field manual WHO. 2005)
Additional	19	(Additional)	Additional are used for context dependent counting following guidelines from the EMTCC/MOH; e.g. for infectious diseases: Malaria / Dengue / TB / Leptospirosis / Rabies; e.g. for hazard: Drowning / Hazmat; e.g. for population: Chronic diseases for elderly etc.
	20		
	21		
	22		
Emrg.	23	Surgical emergency (Non-trauma)	Non-trauma surgical emergencies. e.g.) Gastrointestinal perforation, appendicitis, strangulated ileus
	24	Medical emergency (Non-infectious)	Conditions that require urgent medical intervention. e.g.) Asthmatic attack, gastric bleeding, acute myocardial infarction, hypo glycaemia, pulmonary embolism, poisoning, snake bite

**Standard Daily Reporting Format to be used by Emergency Medical Team**

**50 categories including Age, Sex, Pregnancy, Trauma, Infection, Treatment, Disaster relevancy**

## Development History

*Inspired by the locally introduced SPEED system at the Japan Disaster Relief (JDR) Team's Typhoon Haiyan Operation in the Philippines (2013)*

*Tested through ARCH Project RCDs (Thailand, Viet Nam, Philippines, Indonesia) since 2016*

*Endorsed by WHO as the International Standard Format (2017)*



# ASEAN Disaster Health Management Framework and ARCH 2



**ASEAN Leaders' Declaration on Disaster Health Management (ALD on DHM)**  
*ASEAN Summit, Philippines 2017*



**Plan of Action to implement ALD on DHM (-2025)**  
*ASEAN Health Ministers' Meeting, Cambodia 2019*

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

1. Regional collaborative frameworks
2. Multi-sectoral participation
3. National and sub-national legal and regulatory framework
4. Promotion of investment
5. Knowledge management

## 21 TARGET

**Regional Target (14)**

**National Target (7)**



# Plan of Action to Implement ALD on DHM 21 TARGET



## Regional Target (14)

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





# Plan of Action to Implement ALD on DHM 21 TARGET



## National Target (7)

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



# ASEAN Disaster Health Management Framework and ARCH 2



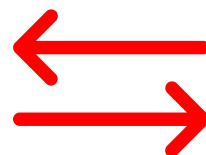
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**ARCH Phase 2**  
**2022- 2026**