タイ王国
保健省
国家救急医療機関

東南アジア諸国連合
公式案件

タイ国
ASEAN 災害医療連携強化
プロジェクト

ファイナル・レポート

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独立行政法人
国際協力機構（JICA）

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ASEAN 災害医療連携強化プロジェクト

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用語集

本報告書における略語・用語	英語	日本語
AADMR	ASEAN on Disaster Management and Emergency Response	ASEAN 防災・緊急対応協定
ACDM	ASEAN Committee on Disaster Management	ASEAN 防災委員会
AHA センター	ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management	ASEAN 防災人道支援調整センター
APCDM	Asia Pacific Conference on Disaster Medicine	アジア太平洋災害医学会
ARDEX	ASEAN Disaster Emergency Response Simulation Exercise	ASEAN 地域災害緊急対応訓練
ASEAN	Association of South-East Asian Nations	東南アジア諸国連合
ASEAN-ERAT	ASEAN Emergency Response and Assessment Team	ASEAN 緊急評価チーム
C/P	Counterparts	カウンターパート
CPRC	Crisis Preparedness and Response Centre (Malaysia)	危機準備・対応センター（マレーシア）
Coordination Cell	-	現場調整セル
DF/R	Draft final report	ドラフト・ファイナルレポート
DMAT	Disaster Medical Assistance Team	災害派遣医療チーム
DSS	Disaster Summary Sheet	災害サマリーシート
EAS	East Asia Summit	東アジア首脳会議
EMT	Emergency medical team	緊急医療チーム
F/R	Final report	ファイナル・レポート
FACT	Field Assessment Coordination Teams	フィールド調査・調整チーム
HADR	Humanitarian Assistance and Disaster Relief	人道支援と災害救援
HCT	Humanitarian Country Team	人道カントリーチーム
HEMB	Health Emergency Management Bureau (Philippines)	保健危機管理局（フィリピン）
IASC	Inter-Agency Standing Committee	機関間常設委員会
IC/R	Inception report	インセプション・レポート
ICT	Information and Communication Technology	情報通信技術
IFRC	International Federation of Red Cross and Red Crescent Societies	国際赤十字・赤新月社連盟
INSARAG	International Search and Rescue Advisory Group	国際捜索救助諮問グループ

本報告書における略語・用語	英語	日本語
JADM	Japanese Association for Disaster Medicine	日本集団災害医学会
JCC	Joint Coordinating Committee	合同調整委員会
JDR	Japan Disaster Relief	国際緊急援助隊
JICA	Japan International Cooperation Agency	独立行政法人国際協力機構
LEMA	Local emergency management authority	現地災害対策本部
MIRA	The Multi-Cluster/Sector Initial Rapid Assessment	マルチクラスター初期迅速アセスメント
MOPH	Ministry of Public Health	タイ国保健省
NFP	National focal point	ナショナルフォーカルポイント
NIEM	National Institute of Emergency Medicine (Thailand)	国家救急医療機関
OCHA	the United Nations Office for the Coordination of Humanitarian Affairs	国連人道問題調整事務所
P/R	Progress report	プログレスレポート
PDCA	Plan-Do-Check-Action	（計画・実施・見直し・修正による継続的改善のサイクル）
PDM	Project design matrix	プロジェクト・デザイン・マトリクス
PO	Plan of operation	計画活動表
PPKK	Center for Health Crisis Management (Indonesia)	保健危機管理センター（インドネシア）
PWG	Project working group	プロジェクトワーキンググループ
RCM	Regional Coordination Meeting	地域調整会議
RDRT	Regional Disaster Response Teams	地域災害対応チーム
SARS	Severe Acute Respiratory Syndrome	重症急性呼吸器症候群
SASOP	Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations	地域待機制度及び共同災害救援・緊急対応活動のための標準運用手続
SOP	Standard operating procedure	標準手順書
TICA	Thailand International Cooperation Agency	タイ国際開発協力機構
TOR	Terms of Reference	仕様書
UHC	Universal Health Coverage	ユニバーサルヘルスカバレッジ
UNCEF	United Nations Children’s Fund	国連児童基金
UNDAC	United Nations Disaster Assessment and Coordination	国連災害評価調整チーム

本報告書における略語・用語	英語	日本語
UNISDER	the United Nations Office for Disaster Risk Reduction	国連国際防災戦略事務局
USAR	Urban Search and Rescue	都市型捜索救助隊
WADEM	World Congress on Disaster and Emergency Medicine	世界災害救急医学会
WHO	World Health Organization	世界保健機関
―	Disaster Health Management	災害医療（ASEAN における用法）
先行調査	the Survey on the Current Situation of Disaster/ Emergency Medicine System in the ASEAN Region	ASEAN 災害医療・救急医療に係る情報収集・確認調査
本プロジェクト	Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH)	ASEAN 災害医療連携強化プロジェクト

1. はじめに

本報告書はプロジェクトの全期間となる 2016 年 6 月から 2018 年 3 月の終了までの活動と成果の要約である。本和文報告書は英文報告書の要点をまとめ、JICA 専門家チームの見解を加えたものである。

2. プロジェクトの背景

東南アジア諸国連合（ASEAN）加盟国は、自然災害による被害を受ける頻度及びその規模が大きい。1975 年から 2015 年までの自然災害よる累計死者数 42．5 万人、負傷者数 67. 5 万人、経済的損失 1,220 億ドル[1]で、経済成長の阻害要因となったり、人々の安全で健康的な生活の妨げとなったりしている。これを受け、ASEAN では、防災及び災害対応に係る地域内の協力を重視しており、2005 年には、ASEAN 域内の防災及び災害対応協力推進のための包括的枠組みである、ASEAN 防災・緊急対応協定（AADMR）が策定された。また、防災協力強化に係る ASEAN 宣言（2013 年）においても、効果的な災害対応のための域内協力の重要性が強調されている。さらに保健セクターでは、ポスト・ミレニアム開発目標（2015 年以降）の優先課題の一つとして、災害医療（Disaster Health Management）が掲げられている。

しかし、上記協定や宣言においては、保健セクターにおける連携についてことさらに強調されているわけではない。また、災害医療に係る地域レベルでの連携体制の構築は緒に就いたばかりであり、そのための国レベルにおける能力強化の進捗やレベルは、各国のニーズや保健セクターにおける優先度が異なる等の理由で大きなばらつきがある。

各国において災害医療に係る体制や能力の強化を図る契機は様々である。主なものとしては、重症急性呼吸器症候群（SARS）大流行（2003 年）、スマトラ沖地震（2004 年）、ミャンマーを襲ったサイクロンナルギス（2008 年）、等があり、これらにおける対応の経験に基づき、災害を含む健康危機への対応体制を整備或いは強化してきた。タイでは、スマトラ沖地震の経験に基づき、日本の災害派遣医療チーム（DMAT）を参考としたタイ版 DMAT が 2008 年に設立された。さらに、タイ政府は、国内の災害医療の体制を強化するとともに、ASEAN 地域としての連携や対応力強化のけん引役となることを目指している。

[1] EM-DAT (the international disaster database) http://www.emdat.be/advanced_search/index.html (2016 年 5 月 2 日アクセス)

日本は、2013 年の日・ASEAN 特別首脳会議において、ASEAN 各国の災害対応能力の向上、及び日本または ASEAN 加盟国が被災した場合の、迅速な救援活動及び災害医療活動の実施のための連携体制の構築にかかる協力を表明した。このために活用可能な、災害医療分野の支援リソースは、国内における自然災害の被災及び DMAT 等の対応体制の整備及び対応の経験、国際緊急援助隊（JDR）医療チームの体制整備及び派遣に係る経験等を通じ、豊富に蓄積されている。

これらの背景を踏まえ、タイ政府より、国家救急医療機関（NIEM）を実施機関とした、ASEAN 地域の災害医療の連携強化に資する技術協力が要請された。これを受け独立行政法人国際協力機構（JICA）は、2014 年から 2015 年にかけて ASEAN 災害医療・救急医療に係る情報収集・確認調査（以下、「先行調査」）を実施し、ASEAN 加盟各国の現状及びニーズに係る情報を収集・整理するとともに、地域会合を通じて各国及び ASEAN 事務局等の、地域内連携の必要性に係る共通認識の醸成を促した。これに基づき、ASEAN と日本が共同で取り組むべき具体的な課題等について関係者との議論を重ね、ASEAN 災害医療連携強化プロジェクト（以下、「本プロジェクト」）が実施されることとなった。

3. プロジェクトの概要

本プロジェクトの概要を「表 1」 に、想定される各国の関係機関を「表 2 」に、それぞれまとめる。なお、プロジェクト・デザイン・マトリクス（PDM）及び計画活動表（PO）は添付資料 1 に示す。本プロジェクトは、JICA と NIEM との合意に基づいて実施されるが (2017 年 8 月、R/D 改訂によりタイ国保健省もカウンターパート機関となった)、成果 1、2、3 及び 5 に係る活動（但し、活動 5-5 を除く）に関しては、地域連携強化の観点から、ASEAN 加盟各国及び関係機関からの参加も得て実施する。

表 1：本プロジェクトの概要

対象地域	ASEAN 加盟 10 カ国（ブルネイ、カンボジア、インドネシア、ラオス、マレーシア、ミャンマー、フィリピン、シンガポール、タイ、ベトナム）	
関係機関	タイ：国家救急医療機関（NIEM） 対象地域各国保健省、ASEAN 事務局（保健課、災害管理人道支援課）、ASEAN 防災人道支援調整センター（AHA センター）	
上位目標	ASEAN 及び日本の災害医療に係る連携メカニズムが構築される	
プロジェクト目標	ASEAN 地域の災害医療に係る調整機能が強化される	
成果・活動		
成果 1	**災害医療に係る ASEAN 地域内の調整プラットフォームが設置される**	
活動	1-1	地域調整会議（RCM）を毎年開催する
成果 2	**災害医療に係る地域連携の実践の枠組みが明確化される**	
活動	2-1	プロジェクトワーキンググループ（PWG）1 とともに地域連携ドリルのプログラムの検討を行う
	2-2	毎年地域連携ドリルを開催する
	2-3	地域連携に関する提言を取りまとめる
	2-4	(実災害が発生した場合)実災害における実践を行う
成果 3	**災害医療に係る効果的な地域連携のためのツールが開発される**	
活動	3-1	PWG 1 を組織/開催する
	3-2	標準手順書(SOP)(案)及びミニマム・リクアイアメント(案)について検討する
	3-3	医療チームデータベースを設置する
	3-4	医療ニーズアセスメントのフレームワーク(案)を検討する
成果 4	**災害医療における学術的ネットワークが強化される**	

活動	4-1	プロジェクトの成果について災害医療の学会で発表する
成果5	**災害医療の能力強化のための活動が実施される**	
活動	5-1	災害医療及び救急医療に関する研修計画、カリキュラム、教材を準備する
	5-2	ASEAN 加盟国に対して災害医療及び救急医療に関する研修を実施する
	5-3	ASEAN 加盟国の災害医療分野における能力強化の状況についてモニタリング調査及び評価を行う
	5-4	本邦招聘プログラムを実施する
	5-5	タイのカウンターパート(C/P) を対象とした本邦研修を実施する

表 2：ASEAN 加盟各国における関係機関

ブルネイ*	保健省：医療サービス部（Department of Medical Services） 保健サービス部（Department of Health Services）
カンボジア	保健省：予防医学部 災害管理・環境保健局（Disaster Management and Environmental Health Bureau, Preventive Medicine Department）
ラオス	保健省：ヘルスケア局（Department of Health Care）
インドネシア	保健省：保健危機管理センター（PPKK）
マレーシア	保健省：危機準備・対応センター（CPRC） 医療開発課（Medical Development Division） 疾病対策課（Disease Control Division）
ミャンマー	保健省：保健局（Department of Health）
フィリピン	保健省：保健危機管理局（HEMB）
シンガポール*	保健省：公衆衛生グループ（Emergency Preparedness and Response Division） シンガポール市民防衛庁：医療部（Medical Department）
タイ	国家救急医療機関（NIEM） 保健省：公衆衛生緊急管理課 (DPHEM)
ベトナム	保健省：災害管理ユニット（Disaster Management Unit） 計画財務局（Department of Planning and Finance）

注： *シンガポール及びブルネイについては、ASEAN 全体としての連携強化の観点からの参画及び研修リソースとしての参加となる。

なお、本プロジェクトは、ASEAN 加盟各国及び日本が連携して災害に対応できる体制の構築を目指す取組み（今後 10 年間程度を要すると想定される）の第一期と位置づけられている。このためまず、既存の地域調整機能を強化し、実効的な連携メカニズムを構築するためのツールやメカニズムの検討を行った。これらの取組みを通じ、将来的な連携メカニズムの構築に向けた関係者間の合意形成プロセスを支援すると

ともに、最終的な目標達成に向けた、次の段階におけるニーズを把握した。結果、延長フェーズ策定へとつながったものである。

4. 業務の実施方法

4.1. 方針

第 1 章に述べた本プロジェクトの背景を踏まえ、成果及び目標を達成すべく、以下の方針を持って実施された（図 1）。

本プロジェクトにおいて期待される 5 つの成果は、互いに関連しつつ将来の連携メカニズムの構築の基盤となる。すなわち、ASEAN 地域内の調整プラットフォームが設置され（成果 1）、地域連携の実践の枠組みが明確になるとともに（成果 2）、そのためのツールが開発されること（成果 3）によって、ASEAN 域内の調整機能が強化される。加えて、この地域調整枠組みへの参加に最低限必要な能力をすべての国が備えるべく、能力強化を行う（成果 5）。また、学術的ネットワークを通じて情報を発信し、議論を促進することによって（成果 4）、本プロジェクトにおける取組みが国際的な関連動向の発展に貢献することも期待される。

以上を踏まえ、これら各成果を達成するための基本方針を設定し、各成果が効率的にプロジェクト目標の達成に貢献するよう取り組んだ。

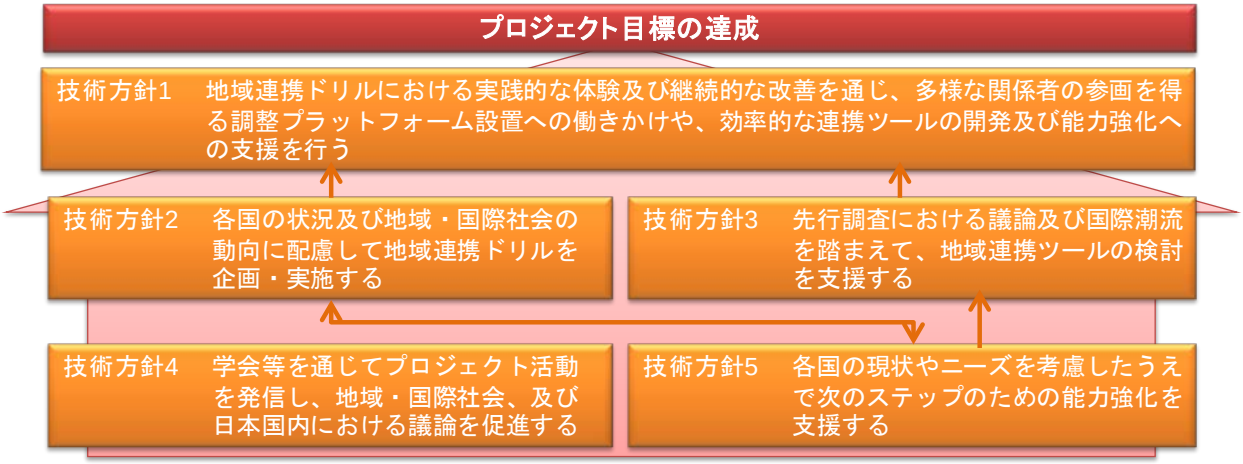


図 1：本プロジェクト実施の基本方針

4.2. プロジェクト実施運営上の課題・工夫・教訓

4.2.1. 技術方針 1

技術方針１	**地域連携ドリルにおける実践的な体験及び継続的な改善を通じ、多様な関係者の参画を得る調整プラットフォーム設置への働きかけや、効率的な連携ツールの開発及び能力強化への支援を行う**

ASEAN 保健セクターにおける 2015 年以降の優先開発課題として、災害医療（Disaster Health Management）が掲げられ、タイ及びベトナムをリード国として取組むこととなり、本プロジェクトは、この課題に係る域内の連携体制の構築を目指す取組みにかかるASEAN の公式案件と位置づけられた。

しかし、ASEAN 加盟各国における災害医療に係る域内連携に対するニーズや意向、国内政策における優先度は多様であり、必ずしもこの ASEAN としての方向性をすべての国が強力に支援していると言う状況ではなかった。依然として母子保健や感染症対策が大きな課題となっている国（ラオス、カンボジア、ミャンマー、等）、疾病構造の変化や高齢化への対応が今後大きな課題となりつつある国（ブルネイ、インドネシア、マレーシア、フィリピン、シンガポール、ベトナム、等）など、それぞれに国民の健康課題への対応が迫られ、特に災害が少なく、財政的に厳しい状況にある国々では、災害医療に対する政府の関心が高いとは言えない。しかし、各国において、災害医療関係者は自国或いは近隣国の有事への備えとして災害医療にかかる能力強化を希望しており、取組みを進めてきた。また、災害医療は、保健のみならず防災や地方行政と、他のセクターとの連携も必要となることから、こうした取り組みには、他セクターからの理解と協力も必要であった。本プロジェクトを通じ、ASEAN 全体としての方向性を示すことによって、各国における災害医療への関心が高まり、域内連携を考慮した体制整備や能力強化への取り組みが一層進んだ。

ASEAN 地域内の調整プラットフォームを設置する（成果 1）ことが、その第一歩であるため、地域調整会議（RCC）において、上記各国の状況を踏まえたうえで、ASEAN 加盟各国の連携に向けた意欲を促し、総意を取りまとめていった。各国の意向や状況を丁寧にくみ取りつつ、ASEAN 事務局との密な連携と情報共有を行った結果である。(RCC の目的、機能、役割についての詳細は「5.2.1 活動 1-1：地域調整会議（RCC）を毎年開催する」を参照のこと。)

また、作業部会として、PWG1 と 2 (Project Working Group 1, 2) を設置した。スタートアップドリルを通じた実践的な体験から抽出された項目を、①ASEAN 全体のルールとしていくものと、②ASEAN 加盟各国の努力目標とするもの、に分類し、①は PWG1 の管轄とし、次回の地域連携ドリルにおけるシナリオ検討や改善、及び SOP（案）等の地域連携ツールの内容策定を行った。②は PWG 2 に引き継がれ、ASEAN 加盟国向け研修内容

の詳細計画の策定や見直しに活用された。これら一連の流れによって、本プロジェクトにおける大きな柱である地域連携ドリルと ASEAN 加盟国向け研修を、計画・実施・評価・改善（PDCA）サイクルによって継続的に改善する取り組みを、タイ側カウンターパート（C/P）と行った。これを通じ、タイ側 C/P の能力強化に貢献した。(PWG 1, 2 の目的、機能、役割についての詳細は「5.2.1 活動 1-1：地域調整会議（RCC）を毎年開催する」を参照のこと)

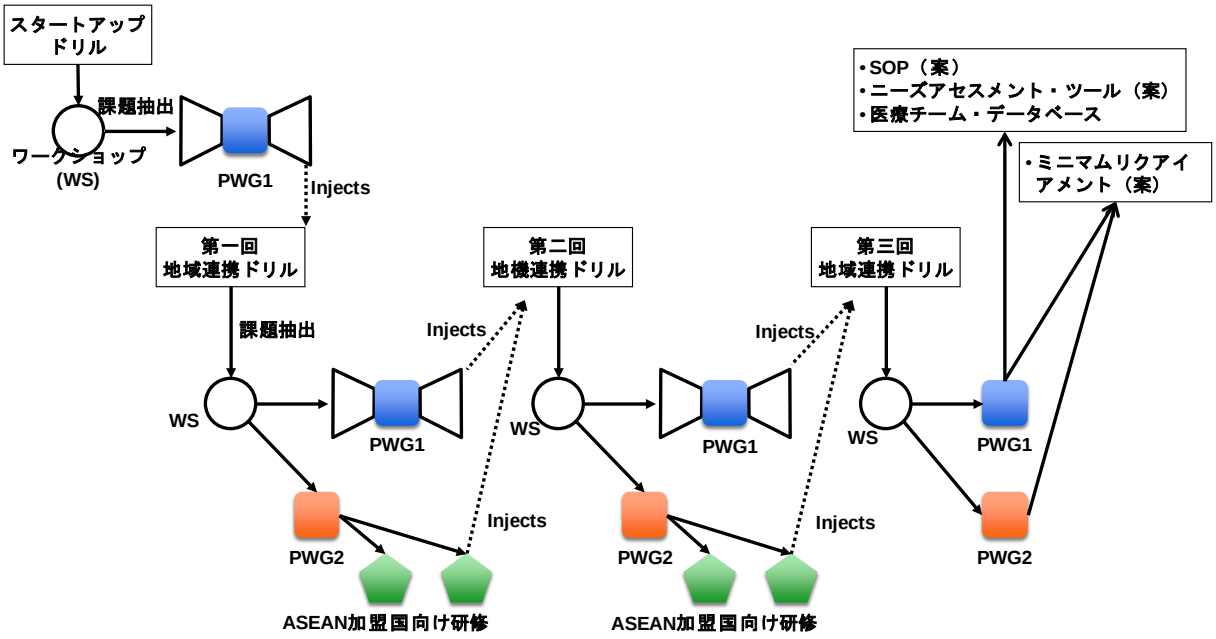


図 2：各ドリル・PWG 1 及び 2・ASEAN 加盟国向け研修と最終成果物との関連性

4.2.2. 技術方針 2

：

技術方針 2	各国の状況及び地域・国際社会の動向に配慮して地域連携ドリルを企画・実施する

先行調査で明らかになった各国の事情を踏まえたうえで、タイ側関係者、及び国際緊急援助隊（JDR）事務局や国内支援委員等、日本側関係者からの支援・協力を得て、スタートアップドリルを企画・実施した。実施後には、参加各国からのフィードバックを集約し、PWG 1 における議論を通じて、第一回地域連携ドリルの企画立案に反映させた。第一回以降も、PDCA サイクルによる継続的な改善を行い、最終回（第三回）では、一連の取組みに基づいて地域連携に関する提言を取りまとめた。また、今後 10 年間と想定される取組みを通じて、段階的な達成を目指す。本プロジェクトは、その第一段階（Step 1）と位置づけている。

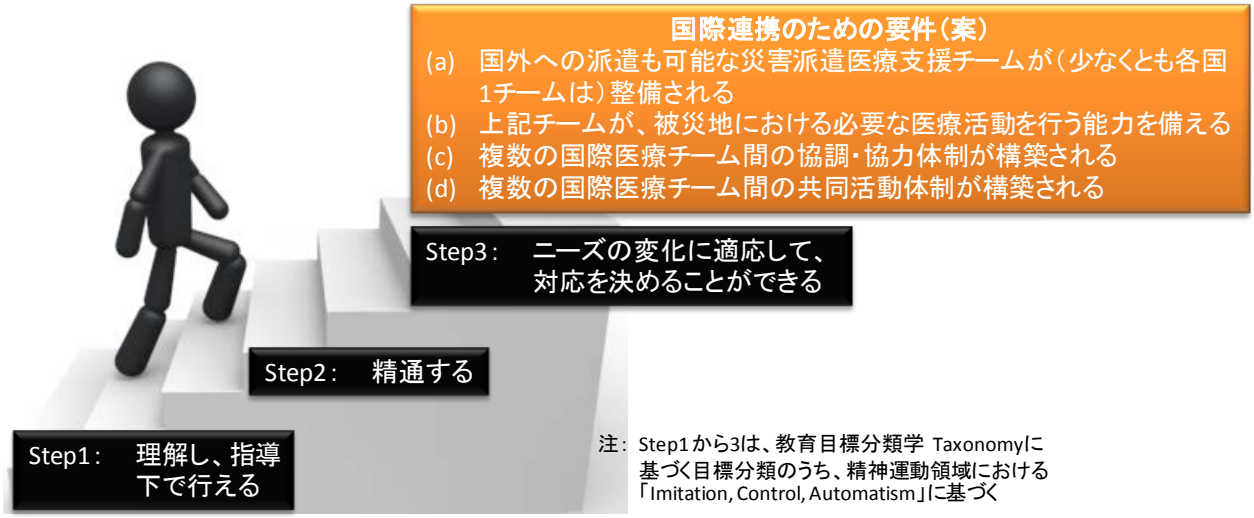


図 3：国際協調・連携によって被災現場のニーズに適した医療提供をする能力を強化するためのステップ

One ASEAN, One Response の理念に基づく地域連携の方向性の検討

これはプロジェクトが拠って立つ“One ASEAN, One Response[2]”という地域連携戦略である。また、2016 年 5 月にトルコで開催された、世界人道サミットの ASEAN 防災大臣非公式会合で承認された共同宣言[3]において、AHA センターが人道支援のネットワークコーディネーターと位置づけられたことも考慮すると、今後同センターが調整メカニズムにおいて重要な役割を担うことになると期待される。

地域連携ドリルの企画・運営に当たっては、ASEAN が目指すこの理念を念頭に置き、異なる事情を抱える各国が災害に一丸となって対応できるような体制の構築に資する経験や学び合いの場となるよう心がけた。

4.2.3. 技術方針 3

技術方針 3	**先行調査における議論及び国際潮流を踏まえて、地域連携ツールの検討を支援する**

近年の大規模な健康危機のたび重なる発生を受け、WHO において健康危機への対応に関する議論や取組みが行われている。ASEAN 地域に関連する動きとしては、EAS の枠

[2] 2014 年 10 月の ASEAN 防災担当大臣会議において採択され、2015 年より適用されるイニシアチブ。これを目指し、2020 年までに、民軍が連携して、域内の災害対応をより一層向上かつ効率化させるための取組みが行われる。

[3] Joint Statement of the ASEAN for the World Humanitarian Summit “National Leadership & Regional Partnership for Resilient ASEAN”, 23 May 2016, Istanbul, Turkey

組みにおいて EAS ツールキットが承認された。このツールキットでは、ASEAN の枠組みにおいて策定された SASOP が尊重されている。

また WHO は、突発性災害および感染症アウトブレイクなどの健康危機の際に、臨床ケアを実施するために国際社会から派遣される EMT の機能別分類、標準化、認証・登録、調整に係るルール作りや、チーム受け入れのための SOP 策定研修などに向けた取り組みを行っている。EMT は従来、突発性災害時の外傷ケアを主に行ってきた。しかし、西アフリカにおけるエボラ出血熱の大流行時の EMT の派遣を契機として、またエボラ出血熱対応不備への反省を踏まえ、WHO では EMT を感染症アウトブレイクも含めた災害・健康危機全般に対応するものとして位置づけている。

本プロジェクトでは、上記国際潮流を踏まえつつ、突発性災害（自然災害、人的災害）、中でも国際連携が必要となる可能性が高い大規模自然災害への対応を想定する旨、関係者との共通理解について、必要に応じ議論や調整を行いつつ、適宜確認した。

4.2.4. 技術方針 4

技術方針 4	**学会等を通じてプロジェクト活動を発信し、地域・国際社会、及び日本国内における議論を促進する**

本プロジェクトにおける取組みは、災害医療に係る国際連携を検討する上で貴重な話題や材料を提供することになると考えられる。参加に当たっては、各学会のテーマや参加者の傾向等を考慮し、プロジェクト及び今後の取組みに資する議論や示唆を得ることができるような発表内容となるよう、関係者からの助言や支援を得つつ検討した。また、参加を通じ、技術的かつ専門的な議論を通じ、各国の災害医療関係者との信頼関係を構築した。

例えば、日本集団災害医学会では、地域連携ドリルの企画・実施における経験を、日本側及びタイ側関係者の双方の視点から発表することによって、地域連携の強化における共通の課題やそれぞれに必要な取組み等について議論した。こうした学会での議論や示唆についても、必要に応じて地域連携強化に関する活動に反映させることにより、幅広い視点からプロジェクトに係る活動を行うことが可能となった。

また、2018 年 10 月に開催された第 14 回 APCDM においては、タイだけではなく、地域連携ドリルの主催国や、過去に医療チームの派遣経験を有する国々の代表者らが登壇した。発表を通してプロジェクト内外の経験を共有し、また WHO との合同セッションでの意見交換などを通じて、ASEAN が目指す地域連携のあり方をプロジェクトの参加者全員が再考する好機となり、その後のプロジェクト活動における域内の基準作りに向けた検討に資するものとなった。

4.2.5. 技術方針 5

技術方針 5	各国の現状やニーズを考慮したうえで、次のステップのための能力強化を支援する

(1) ASEAN 加盟各国の能力強化への支援とリソースの活用

災害医療に係る能力開発・強化の現状は、各国によって大きく異なっている。本プロジェクトでは、将来的な ASEAN 地域における連携を強化するため、各国が備えるべき最低限の能力について、まずは全体の底上げをすることに重点を置いた。

教材や講師については、ASEAN 加盟各国の災害医療分野における強みや他国への応用の可能性があるリソースから、研修テーマによって、日本及び ASEAN 加盟各国（タイ、シンガポール、ブルネイ、マレーシア、フィリピン、インドネシアなど）のリソース（資料、講師）を活用した。

ASEAN 加盟各国及び事務局、AHA センターを対象とした本邦招聘では、地域やセクター間の連携強化の取組みについて議論したり、日本における実務レベルでの動きについてより具体的な理解を促したりするような機会を提供した。

4.2.6. 作業工程表

作業工程表を下記に記載する。大きなスケジュール変更はなく、すべての活動は遅滞なく実施された。なお、当初計画では 2019 年 6 月頃に開催するとしていた国際セミナーは、現フェーズではなく、続く延長フェーズ期間中に実施することとなった。

作業工程表

作　業　計　画

作業項目 ＼ 期間	2016						2017												2018												2019						
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
	Ramadan&Aidurfitri							Tet			*3Thai, Cambodia, Lao, Myanmar			Ramadan&Aidurfitri							Tet			*1		Ramadan&Aidurfitri							Tet			*1		Ramadan&Aidurfitri			
関係者との協議・会合等																																						
JICA/国内支援委員会	△			△			△				△				△				△				△				△				△				△			
JCC		▲1											▲2																▲3									
ASEAN事務局/AHAセンター		▲									▲						▲							▲														
報告書の作成・提出	★ (IC/R)								★ (P/R1)										★ (P/R2)						★ (P/R3)										★ (DF/R)			★ (F/R)
モニタリングシートの作成・提出						■		★						■	★				■	★					■	★				■		★						
日・ASEAN災害医療に係る取組み・議論のレビューを行う																																						
成果1　災害医療に係るASEAN地域内の調整プラットフォームが設置される																																						
1-1　地域調整会議 (RCM) を毎年開催する				▲1									▲2												▲3						▲4					▲5		
議事次第等作成																																						
開催準備																																						
招聘手続き																																						
議事録作成・回付																																						
成果2　災害医療に係る地域連携の実践の枠組みが明確化される																																						
2-1　PWG 1とともに地域連携ドリルのプログラムの検討を行う																																						
2-2　毎年地域連携ドリルを開催する								■ (Start-up)						■1												■2						■3							
招聘手続き																																						
実施準備																																						
2-3　地域連携に関する提言を取りまとめる																																						
2-4　（実災害が発生した場合）実災害における実践を行う																																						
成果3　災害医療に係る効果的な地域連携のためのツールが開発される																																						
3-1　PWG 1を組織/開催する*1								▲1			▲2				▲3				▲4					▲5				▲6				▲7						
3-2　標準手順書 (SOP) (案) 及びミニマム・リクアイアメント(案)について検討する						■			★ (Ver.0)						★ (Ver.1)							★ (Ver.2)								★ (最終案)							
既存のツール、基準等について検討・整理する																																						
3-3　医療チームデータベースを設置する			★ (Ver.0)						★ (Ver.1)						★ (Ver.2)							★ (Ver.3)								★ (最終版)						
既存のデータベースや登録制度について検討・整理する																																						
3-4　医療ニーズアセスメントのフレームワーク(案)を検討する												★ (Ver.1)											★ (Ver.2)								★ (最終案)						
既存のアセスメントツールについて検討・整理する																																						
成果4　災害医療における学術的ネットワークが強化される																																						
4-1　プロジェクトの成果について災害医療の学会で発表する							● (APCDM)				● (JADM)			● (WADEM)											● (JADM)							● (APCDM)						● (JADM)	
参加申請		(WADEM)			(JADM)																(JADM)		(APCDM?)								(JADM)							
発表準備支援				(APCDM)					(JADM)					(WADEM)											(JADM)							(APCDM)						(JADM)	
成果5　災害医療の能力強化のための活動が実施される																																						
5-1　災害医療及び救急医療に関する研修計画、カリキュラム、教材を準備する			（全体計画）																																			
5-2　ASEAN加盟国に対して災害医療及び救急医療に関する研修を実施する																					■1		■2				■3				■4							
PWG 2を組織/開催する*1																						▲1			▲2		▲3			▲4				▲5			
企画立案*2						■			■																													
プログラム策定*2													■								■																	
教材準備																																						
招聘手続き																																						
振り返り																																						
5-3　ASEAN加盟国の災害医療分野における能力強化の状況についてモニタリング及び評価を行う																																						
モニタリングデザイン・計画策定		■	(デザインにかかる協議)																																			
調査準備																																						
報告書作成																																						
結果共有																																					▲	
5-4・5　本邦招聘プログラム及びタイのC/Pを対象とした本邦研修を実施する											● (研修)													● (研修)								● (招聘)						
計画策定																																						
招聘手続き																																						
振り返り																																						

凡例：　□国内作業（但し、ASEAN各国等とのコミュニケーションを取りながら実施するもの含む）　　■現地作業　△説明・協議(国内)　▲説明・協議(現地)　★成果品提出

注：　会議・研修・ドリル等の開催時期は、地域連携会合や関係者との協議により、柔軟に対応するものとする。　*1 - 準備及び議事録の回付等は、基本的にRCMと同じ　*2 - ASEAN加盟国向け研修は、2回分の企画及びプログラムを同時に起案する。

4.2.7. 専門家派遣実績

専門家派遣実績については添付資料 2 を参照のこと。

5. プロジェクトの活動内容および成果

本章では作業工程表におけるプロジェクト活動の項目・順序に従い各活動の概要および成果の要約を述べる。 プロジェクト実施期間に予定されていた活動はおおむね計画通り実施された。

5.1. 全体の流れ

成果 2 及び 3 に関する活動は、PWG 1 において実施し、成果 5 に関する活動は PWG 2 において実施するものである。いずれも、繰り返し実施する活動であり、成果 3 のために起案される連携ツールは成果 2 の地域連携ドリルにおける試行を通じて改訂を重ねるものである。また、成果 5 の研修についても、テーマは異なるが、受講者の理解や動機づけを促すための工夫や、NIEM 側の研修企画・運営・管理能力の向上に資するべく、実施の都度、プロジェクトチームにおいて研修の効果のみならず、運営・管理等の状況についても見直し、次の改善へとつなげていった。このため、【技術方針 1】に述べたように、PDCA サイクルによって、計画策定から実施、見直しに基づく次期計画の改善、を継続的に行った。

5.1.1. プロジェクト着手

(1) JICA との協議
先行調査終了後から本プロジェクト開始までの経緯や状況の変化について理解を深めるとともに、本プロジェクトの実施方針や留意点等について、JICA 側関係者との共通理解を確立するため、プロジェクト着手時に JICA 関係者との協議を行った。また、各報告書において、ASEAN 向けの版を別途作成する場合の考え方についても、確認を行った。

(2) インセプション・レポート（IC/R）（案）の作成・提出・協議
上記協議に基づき、作業計画等をインセプション・レポート（IC/R）（案）にとりまとめ、提出した。なお、IC/R については、まず、すべての活動を含むタイ向けの版を作成した後、ASEAN 向けの版を作成した。

(3) タイ側関係者への IC/R の説明及び活動計画に係る協議
IC/R について、C/P に説明するとともに、活動計画に係る協議を行った。特に、直近の合同調整委員会会合（JCC）地域調整会議（RCC）及びスタートアップドリルについて、準備及び実施計画、役割分担について具体的な協議を行った。

(4) 合同調整委員会 (JCC)会議の設置

上記協議に基づき、プロジェクト運営を円滑に行うための実施体制として、合同調整委員会(JCC) を設置した。具体的な役割は、1) プロジェクト年次活動計画の承認、2) プロジェクト活動進捗の監理、 3) プロジェクトの評価、4) プロジェクト実施中における意見交換・調整、である。本会議を基本構成する参加者は以下のとおり。

議長	NIEM 総裁
タイ側	MOPH
	NIEM
	TICA
日本側	JICA タイ事務所
	専門家チーム
	日本大使館 (オブザーバー)
その他	必要に応じ

初回 JCC 会議は 2016 年 8 月 4 日に開催され、プロジェクトの背景、インセプションレポートの説明、全体及び年次（2016 年）活動計画について説明し、承認を得た。(JCC 会議の全議事録は添付資料 3 を参照のこと。)

5.1.2. 公式会議実施概要

公式会議実施概要は以下のとおり。

表 3：公式会議実施概要

会議名	日程	開催場所	参加者数
第 1 回 JCC	2016 年 8 月 4 日	ノンタブリ県、タイ国	34
第 1 回 RCC	2016 年 9 月 29 日	バンコク、タイ国	62
第 1 回 PWG1	2017 年 1 月 20 日	バンコク、タイ国	38
第 1 回 PWG2	2017 年 1 月 20 日	バンコク、タイ国	29
第 2 回 PWG1	2017 年 5 月 8-9 日	バンコク、タイ国	47
第 3 回 PWG 1	2017 年 7 月 20 日	プーケット、タイ国	38
第 2 回 PWG 2	2017 年 7 月 20 日	プーケット、タイ国	33
第 2 回 RCC	2017 年 7 月 21 日	プーケット、タイ国	63
第 2 回 JCC	2017 年 8 月 28 日	ノンタブリ県、タイ国	27
第 3 回 PWG 2	2017 年 11 月 9 日	バンコク、タイ国	42
第 4 回 PWG 1	2017 年 11 月 28-29 日	バンコク、タイ国	44
第 5 回 PWG 1	2018 年 3 月 29 日	ダナン、ベトナム国	42
第 4 回 PWG 2	2018 年 3 月 29 日	ダナン、ベトナム国	34
第 3 回 RCC	2018 年 3 月 30 日	ダナン、ベトナム国	46
第 6 回 PWG1	2018 年 7 月 5-6 日	バンコク、タイ国	38
第 3 回 JCC	2018 年 10 月 31 日	ノンタブリ県、タイ国	20
第 7 回 PWG1	2018 年 12 月 6 日	マニラ首都圏、フィリピン国	43
第 5 回 PWG2	2018 年 12 月 6 日	マニラ首都圏、フィリピン国	36
第 4 回 RCC	2018 年 12 月 7 日	マニラ首都圏、フィリピン国	53
第 5 回 RCC	2019 年 3 月 4 日	バンコク、タイ国	45

5.1.3. R/D、PDM の改訂

ARCH 開始当初は当時の保健省国際担当副次官との調整の結果、災害も含めた緊急医療システムの専門機関で ASEAN 等との国際協力活動も組織目的の一つに掲げるタイの独立行政法人である NIEM のみを協力実施機関として、適宜保健省内及び保健省傘下の国立病院等の医療専門家を NIEM が個別に委嘱し、プロジェクト活動に参画させる体制でプロジェクトを 1 年程度実施してきた。しかしながらプロジェクト活動を実施する中で、ASEAN が主催する各レベルの地域委員会や地域会議に対し、保健セクターのみならず、防災・災害対応分野も含め、プロジェクトの進捗や成果を適切に共有、報告し、提案することの重要性、加えて災害医療に関する枠組み形成や人材開発における WHO との連携の重要性が認識されるようになり、ASEAN 及び WHO との連携強化のためには、ASEAN の保健開発全般及び WHO に対する正式な窓口機関である保健本省の本プロジ

ェクトに対する組織的な関与と貢献が不可欠であることが明確となった。以上からASEAN 広域案件としての本プロジェクトをより円滑に進め、またその成果のより効果的発信と持続性拡大のため、タイ側協力実施機関としてNIEMに加えタイ保健省を明示的に位置づけることとなった。また本プロジェクト推進に向けて、NIEMと保健省間の役割の明確化と組織間協力の改善、ASEAN事務局、AHAセンター、ASEAN各種委員会、そしてWHOとの連携強化などを目的として長期専門家を追加でJICA直営にて派遣することとなった。なお保健省についてはタイ国内の災害医療対応に係る責任部署である DPHEM(次官部局）が本プロジェクトでもその中心的組織になることも明確にした。

2017年8月、Record of Discussion(R/D)が改訂され、保健省(MOPH)も正式カウンターパートとしてプロジェクトに関与することとなり、保健省次官が共同プロジェクト・ディレクターを担うことで三者（NIEM, MOPH, JICA）が合意した。

以下、主要変更点を記載する。R/D初版、改訂版については添付資料 4を参照のこと。

表 4：R/D 改訂概要

	変更前 2016 年 2 月 19 日付第 1 版	**変更後** 2017 年 8 月 30 日付第 2 版
実施体制	(1) NIEM a. プロジェクトディレクター NIEM 総裁 b. プロジェクトマネージャー NIEM 次官 c. カウンターパート NIEM 職員	(1) NIEM a. プロジェクトディレクター NIEM 総裁 b. カウンターパート NIEM 職員 (2) MOPH a. プロジェクトディレクター 保健省次官 b. カウンターパート MOPH 職員 (3) プロジェクトマネージャー (NIEM) 共同プロジェクトマネージャー (MOPH)

同時に、PDM も一部改訂され、成果 5 の指標に、「5-4　カウンターパート研修参加人数（ターゲット 20 名)が」加筆された。(改訂版 PDM は添付資料 5 を参照のこと)

5.2. 成果 1： 災害医療に係る ASEAN 地域内の調整プラットフォームが設置される

5.2.1. 活動 1-1：地域調整会議（RCC）を毎年開催する

ASEAN 加盟各国の合意形成及びプロジェクトの方向性を議論することを目的として、概ね予定どおり RCC を 5 回開催した。なお、第 1 回 RCC において同会議が担う 6 つの役割が明確化され、うち一つとして、将来的な災害医療の連携体制について、Health Cluster 2　ならびに Senior Officers' Meeting for Health Development を通じ、適宜 ASEAN に対し提言を行っていくことが盛り込まれた。
(RCC 会議の TOR については添付資料 6 に収録されている第 1 回 RCC 会議議事録を参照のこと)

参加者の要件、実施概要は下記のとおり。各回議事録は添付資料 6 を参照のこと。

表 5：地域調整会議（RCC）実施概要

参加者	ASEAN 加盟国より各 2 名（ASEAN 事務局経由で、各国に対し任命・登録を依頼する。） 1. 災害時の医療チームの組織・派遣・運営などに係る政策或いは実務の担当者 2. 災害医療にかかる人材育成の関係者 3. 少なくとも 1 名は英語でのコミュニケーションが可能であること。 ASEAN 事務局（AHA センター含む）・プロジェクトチーム国内支援委員・JICA

回	時期	場所	主な議題
1	2016 年 9 月 29 日	バンコク(タイ)	- プロジェクトの実施体制、全体概要、及び活動計画の説明 - PWG 1 及び 2 の仕様書（TOR）説明及びメンバー選定依頼 - スタートアップドリル実施計画説明及びチーム派遣依頼 - 第二回、第三回地域連携ドリル開催地の候補 - ASEAN 加盟国向け研修の概要説明及び講師の候補 - 第一回及び第二回 ASEAN 加盟国向け研修への参加申請依頼
2	2017 年 7 月 21 日	プーケット(タイ)	- プロジェクトの進捗報告 - 第一回地域連携ドリル実施総括 - 地域連携強化に向けた課題及び提言 - 第二回地域連携ドリル開催地の確認とチーム派遣依頼 - 第一回及び第二回 ASEAN 加盟国向け研修への参加及び講師派遣確認

回	時期	場所	主な議題
3	2018 年 3 月 30 日	ダナン (ベトナム)	- プロジェクトの進捗報告 - 第二回地域連携ドリル実施総括 - 地域連携強化に向けた課題及び提言 - 第三回地域連携ドリル開催地の確認とチーム派遣依頼 - 第一回及び第二回 ASEAN 加盟国向け研修実施総括 - 第三回及び第四回 ASEAN 加盟国向け研修への参加及び講師派遣確認 - ASEAN Leaders' Declaration、POA にかかる議論
4	2018 年 12 月 7 日	マニラ (フィリピン)	- プロジェクトの進捗報告 - 第三回地域連携ドリル実施総括 - 地域連携強化に向けた課題及び提言 - プロジェクト延長にかかる説明 - プロジェクト評価結果 - 第三回及び第四回 ASEAN 加盟国向け研修実施総括 - ASEAN Leaders' Declaration、POA にかかる議論
5	2019 年 3 月 4 日	バンコク (タイ)	- プロジェクトの進捗及び成果 - 各地域連携ツールの最終案 - プロジェクト評価結果報告 - ASEAN Leaders Declaration POA にかかる手続き進捗確認 - プロジェクト延長フェーズについての承認

上記概要表のとおり、初回 RCC 会議では作業部会 Project Working Group (PWG) 1 と 2 について、目的、作業と活動範囲、期待される成果等が協議された。結果、両部会の仕様が確定し AMS により承認された。概要は以下のとおり。(PWG1、2 の仕様詳細については添付資料 6 に収録されている第 1 回 RCC 会議議事録を参照のこと)

表 6：PWG1 と 2 の仕様概要

	PWG1	PWG2
作業と活動範囲	- 地域連携ドリルの企画運営 - 各種地域連携ツールの策定(SOP、ヘルスニーズアセスメント等) - 地域連携ドリルを通じたこれらツールのテスト - ASEAN 各国の EMT データベース構築	- AMS 研修、本邦研修の実施 - これら研修用テーマ、カリキュラム策定
期待される成果	- 上記各種地域連携ツールのドラフト案が策定され、データベースが構築される	- 研修計画、カリキュラム、研修教材が策定され、報告書がまとめられる。

5.3. 成果 2：災害医療に係る地域連携の実践の枠組みが明確化される

5.3.1. 活動 2-1：PWG 1 とともに地域連携ドリルのプログラムの検討を行う

ドリル企画の方向性には、課題解決型と課題抽出型の二つのタイプがある。課題解決型は、企画側が定まった標準的方法に準拠した出題を行い、参加者側の活動と標準的方法との差違を点数化してチーム間で順位を競うものである。他方、課題抽出型では企画側は状況設定と参加者の活動の結果として生じる変化を提供し、参加者側は活動終了後により良い活動を行うための方策を考え、その実現のための課題を抽出するものである。本プロジェクトでは、ASEAN 加盟各国が“One ASEAN, One Response”の理念のもと、現場のニーズに適した医療提供を行うために、各国が協調・協力する基本素地を醸成することが目標である。これを踏まえ、課題抽出型のドリルを企画した。

(1) スタートアップドリルの企画・実施

まずプロジェクトチームの日本側関係者が、国内支援委員会及び JDR 事務局の助言及び支援を得つつ企画立案を行った。この案について、JCC に先立って実施する NIEM 関係者との打ち合わせにおいてその概要を説明し理解を促しつつ、プロジェクトチームとして企画・実施可能なデザインを作り上げた。実施概要は以下のとおり。

表 7：スタートアップドリル実施概要

目的	災害保健医療分野の地域連携関わる既存メカニズム・プラットフォームおよび WHO EMT 認証の内容を理解し、必要となる手段について整理し理解を深める
開催日	2017 年 1 月 17-20 日
参加者	ASEAN 加盟 8 カ国、日本、ASEAN 事務局、 AHA センター、タイ側関係者（NIEM、保健省）、日本側関係者（JICA、国内支援委員会）、専門家チーム
場所	ラジソン・ブルー　バンコク(1,3 日目), 保健省 (2 日目) バンコク（タイ）
日程	1 日目：　机上ワークショップ 2 日目：　実地演習 3 日目：　課題抽出ワークショップ
期待される成果	- 病院内で行われている診療と被災地で行うべき理想的な診療との違い、および ASEAN の現状における災害時医療との距離感を把握する - チーム、個人、チーム間協力、地域連携の係る能力強化に資するそれぞれの課題を明確化し、ASEAN 全体として取り組むべき課題を抽出する
教訓	- プロジェクトチームの協力体制 - ドリルの計画・実施・課題抽出と反映に係る全過程の共通理解に乖

離があった
- 準備過程における進行状況・資機材・運営スタッフの役割についての情報共有と理解内容の齟齬があった
- 実地演習のワークショップ企画において､国内支援員会と専門家チームとの役割分担と責任範囲が不明確であった
- 実地演習中のスタッフの役割の誤解

現状における災害時医療との距離感と ASEAN 全体として取り組むべき課題
- チームの能力強化
    - EMT・EMTCC チームおよび評価チームへの訓練・研修の実施：リスクマネジメントと災害時の基本的マネージメント、リーダーシップとチームワーク、生活および診療資機材、ロジスティックマネージメントおよび情報管理（無線の基本的な使い方）
- 個人の能力強化
    - 医療技術における ASEAN 加盟国内で標準プロトコールの設定
    - インシデントコマンドシステム､人道支援における質と説明義務に関する国際標準に関する理解の推進
- チーム間協力の能力強化
    - 共通する標準書式の使用規則の設定
    - 情報管理と共有方法の検討
- 地域連携の能力強化
    - “ASEAN 連携 SOP”と既存の WHO の方針に合った標準書式の作成
- ASEAN 全体として取り組むべき課題
    - プロジェクトの成果を ASEAN 加盟国の保健省と医療施設に適宜共有する方策

(2) 地域連携ドリルの計画策定、実施体制検討

地域連携ドリルにおいては、将来構想としての ASEAN One Reponse に資する課題整理の場を提供する。地域連携ドリルの計画概要（案）、実施手法(案)を下記に示す。なお、当初の計画では、全 3 回をバンコクで実施する予定であったが、フィリピン、ベトナムが自国での開催意思を示したため、第 2 回はダナン(ベトナム)、第 3 回はマニラ (フィリピン)で実施された。

タイ国以外での実施判断に至った主な理由は、1)ベトナム国のリード国として立場を強化する必要があったこと、2) 2 回、3 回目のドリル開催の意義を明確にすること、3）AHA Center や ASEC の巻き込みをより図り、それら機関が関与しやすい状況を作り出すこ

と、4)フィリピン国の立場を確定することで、ARCH の次期フェーズへの展望を見出しやすくすること、以上であった。また、ロジ手配の観点から、タイ国で続けた場合、地方において開催する可能性が高くなり、場所やホテル探しが難航することが予想されたこともある。

次に、その意義と効果であるが、まず、 ベトナムが国を挙げて取り組んだことで、共同リード国としての自身を勝ち取り ARCH の立ち位置が強化され、また開催するにあたり国と省の関係者を結びつけることができ、その後の能力強化や制度発展の端緒になったことが挙げられる。またフィリピンはマニラ大地震対応国家計画をシナリオとしたことで、より現実的・実戦的なドリルができたことが大きい。AHA Centre や ASEC の関与も高まり、地域連携ツールの内容を修正確定していくプロセスに貢献した。これら経験を経て、両国は国内での災害医療プロセスの見直しにもつながっているはずである。

詳細は、次項にて記載する。

表 8：地域連携ドリル実施計画案

目的	①国際緊急医療チーム（I-EMT）による被災国緊急医療チーム（N-EMT）に対する支援、②I-EMT 同士の相互支援、③EMT と AHA センターとの情報共有、という 3 つの方向での課題抽出
方法	JDR 医療チームの導入研修や EMTCC 訓練等に準じ、過程を体感する。 JDR 医療チームの導入研修を基礎とし、国内・出国・入国に係る手順を組み合わせる。 課題抽出型で行うが、診療の部分は課題解決型とする。 2 回目以降は前回の課題の解決ができているかの確認と新たな課題の抽出の為の訓練想定を入れる。 訓練想定は PWG 1 の中で出てきた話題から取り上げる
場所	バンコク（タイ）：大会議室（1 日目及び 3 日目）、野外会場（2 日目）
日程	準備　予行演習：　3 日間 x 2 回（第一回目）/1 回（第二回、第三回） 　　打合せ：　1 日間 実施　1 日目：　机上ワークショップ 　　2 日目：　実地演習 　　3 日目：　課題抽出ワークショップ
参加者	ASEAN 加盟各国の医療チーム（各 5 名） JDR 登録者チーム（5 名 x 2 チーム） コーチ（日本、タイ、マレーシア、フィリピン、シンガポールなど） ASEAN 事務局（保健及び災害分野から各 2 名） AHA センター（2 名） タイ側関係者（NIEM、保健省） 日本側関係者（JICA、国内支援委員会）

表 9：地域連携ドリルの実施方法（案）

	目的	実施方法
第一日目	相互の関連性や既存ルールの確認を行いながら、以下2点についての共通認識を持つ ① 被災地において必要な医療活動を行うための能力 ② 複数チーム間の協調・協力のために必要な事項。	机上ワークショップ 1テーブル当たり6チームを配置し、2テーブルで行う。 ファシリテーターはタイ及び日本から各1名が務める。 各テーブルに記録担当者を配置（日本人専門家チーム）し、議論の内容や様子を記録する。この記録は、第三日目に活用する。 ドリル開催国を被災地と想定し、以下の派遣に係るプロセスを順次行う。 派遣決定 被災国への入国時の手続き チーム調整セルへの参加 各国による、活動現場におけるチーム活動の準備
第二日目	SOP（案）を使用しつつ、上記2点についての理解を深める。	実地演習 第1日目の最後で行ったチーム活動準備を踏まえて、野外活動を行う。 2つの異なるテーマを設定したサイトにおける演習 各チューターは第3日目の課題抽出に対する話題収集を行う。
第三日目	被災地における、より円滑かつ効果的な医療活動のための、各チーム及びチーム間連携における課題を抽出する。	ワークショップ 第1日目のワークショップおよび第2日目の演習から収集された話題を整理し、改善のための課題抽出を行う。

5.3.2. 活動 2-2：毎年地域連携ドリルを開催する

概ね当初予定どおりの日程で、第1回はプーケット(タイ)、第2回はダナン(ベトナム)、第3回はマニラ(フィリピン)で開催した。各回の実施概要は下記のとおりである。スタートアップドリルを含む全回分のドリルシナリオ詳細内容は添付資料7を参照のこと。

(1) 第1回地域連携ドリル

第1回地域連携ドリルは、2017年7月17日から19日まで、タイ・プーケットにおいて実施された。主たる目的は、「EMTの知識・技術・能力の向上」の第一歩として、「共通した報告書式の使用による被災地内の情報共有を行う」ことと設定し、共通化する予定の報告書式案 (表 11) をプロジェクトチームが起案し、ドリル参加者より書式案に対す

る意見と修正点を収集した。同時に、国内支援委員会は、今後の地域連携ドリルの実施方法および保健医療緊急対応センター（PHEOC）の運用体制整備に関する提言を作成した。実施成果は、EMT 活動概要と共通報告書式について合意形成ができ、さらには、ASEAN 事務局・ AHA センターがプロジェクト開始当初より積極的に関与したことであった。教訓として、1) プロジェクトチームの協力体制に関して、準備過程における進行状況・資機材・運営スタッフの役割についての情報共有と理解に乖離が生じ、さらには、実地演習中のスタッフの役割に誤解があったため、参加者と運営側との間にドリル中に求められる行動規範に関する共通理解が得られず、ドリル運営に支障がでた。また、2) 参加者が共通書式案や"Health Needs Assessment"に関する概念や方法論に習熟する時間を用意する必要があった。さらには、3) 入国審査・税関・検疫といった過程をドリルに組み込むことや被災状況や医療施設に関する情報の被災国のより詳細な情報提示が求められた。

以上の教訓をふまえて、第 2 回、第 3 回の連携ドリルに向けて、準備行程表 (添付資料 8 2nd RCD Network Diagram+Current Situation, Drill Planning を参照のこと) を共有し、主催国の責任範囲と開催経験国およびプロジェクトチームが支援する範囲の明確化を行った。第 1 回地域連携ドリルの概要は下記のとおり。

表 10：第 1 回地域連携ドリルの概要

名称	第 1 回地域連携ドリル
目的	緊急医療チーム（EMT）の知識・技術・能力の向上： ・共通した報告書式の使用による被災地内の情報共有を行う
開催日	2017 年 7 月 17 日から 19 日
参加者	ASEAN 加盟 10 カ国、日本、ASEAN 事務局、 AHA センター、タイ側関係者（NIEM、保健省）、日本側関係者（JICA、国内支援委員会）、専門家チーム
場所	ドゥアンジット リゾート&スパ(1、3 日目)、プーケット鉱山博物館(2 日目)、プーケット（タイ）
日程	1 日目： 机上ワークショップ 2 日目： 実地演習 3 日目： 課題抽出ワークショップ
期待される成果	- 共通化する予定の報告書式案に対する意見と修正点を参加者から収集 - 地域連携ドリルの実施方法および保健医療緊急対応センター（PHEOC）の運用体制整備に関する国内支援委員会による提言

表 11：共通報告様式一覧

Resource material	Form
SASOP	FORM 1: Initial Report/Situation Update to AHA Centre
SASOP	FORM 2: Initial Report/Situation Update of AHA Centre to the National Focal Points
SASOP	FORM 3: Request for Assistance
SASOP	FORM 4: Offer of Assistance
SASOP	FORM 5: Contractual Arrangements for Assistance
SASOP	FORM 6: Report of Status of Provision of Assistance
SASOP	FORM 7: Final Report from Assisting Entity to AHA Centre
WHO MINIMUM DATA SET	EMTCC-MDS Feedback Form
WHO MINIMUM DATA SET	EMT-MDS Tally Sheet
WHO MINIMUM DATA SET	EMT-MDS Daily Reporting Form
EMT Coordination Handbook	Emergency Medical Team Registration Form
EMT Coordination Handbook	EMTCC Situation Report
EMT Coordination Handbook	Emergency Medical Team Exit Report
EMT Coordination Handbook	Patient Referral Form
Thai side new product	Medical Record with MDS Tick box (draft)
Japan side new product	Health Needs Assessment Sheet (draft)

⑵ 第 2 回地域連携ドリル

第 2 回地域連携ドリルは、2018 年 3 月 26 日から 28 日まで、ベトナム・ダナンにおいて実施された。主たる目的である「EMT の知識・技術・能力の向上」を具体的に進めるために、「共通報告様式の使用と評価」「"ASEAN SOP"の使用と評価」「ASEAN 加盟国および日本チームの相互理解の促進」「保健医療緊急対応センター（PHEOC）のベトナム関係者による試行」「地域連携メカニズムに関する課題抽出」の 5 つの目標に取り組んだ。実施成果として、1) 共通報告様式の種類が確定し、2) "ASEAN SOP"・Minimum Requirement という Regional Collaboration Tool の必要性について最終的な合意形成が可能となり、3) EMT の支援調整を行うための PHEOC 運営が必須であり、その方法論としての WHO EMTCC Training の有効性を共有できた。教訓は、1) 共通報告様式の訓練手法に不備があり、参加者の事前知識差ともあいまって習熟に到らなかった。2) EMT 間と EMT と PHEOC 間の情報共有方法や無線機の使用方法について事前教育が必要であり、1 日目のプログラムに取り入れるべきである。 3) ドリル運営上のスタッフの役割分担と責任範囲の不明確さから参加者に戸惑いが生じ進行に支障があった。4)“Health Needs Assessment”の

概念や方法論および EMT の役割と責任範囲の議論を進める必要性が指摘された。

以上の教訓を受け、第 3 回地域連携ドリルにおいては、1 日目に共通報告様式と無線機使用のワークショップを設けることや第 2 回で試せなかった入国審査・税関・検疫の過程を組み入れることとなった。第 2 回地域連携ドリルの概要は下記のとおり。

表 12：第 2 回地域連携ドリルの概要

名称	第 2 回地域連携ドリル
目的	EMT の知識・技術・能力の向上： ・共通報告様式（medical record, WHO forms, SASOP）の使用と評価 ・"ASEAN SOP"の使用と評価 ・ASEAN 加盟国および日本チームの相互理解の促進 ・保健医療緊急対応センター（PHEOC）のベトナム関係者による試行 ・地域連携メカニズムに関する課題抽出
開催日	2018 年 3 月 26 日から 28 日
参加者	ASEAN 加盟 10 カ国、日本、ASEAN 事務局、 AHA センター、ベトナム保健省、ダナン保健局、タイ側関係者（NIEM）、日本側関係者（JICA、国内支援委員会）、専門家チーム
場所	グランド トゥーラン ホテル(１、3 日目)、Hoa Xuan スタジアム (2 日目)、ダナン（ベトナム）
日程	1 日目： 机上ワークショップ 2 日目： 実地演習 3 日目： 課題抽出ワークショップ
期待される成果	- 報告様式に関する修正点の抽出 - Regional Collaboration Tools に関する追加要望の具体化 - EMT の能力強化の内容の具体化 - 第 3 回地域連携ドリルに対しするアイデアの収集

(3) 第 3 回地域連携ドリル

第 3 回地域連携ドリルは、2018 年 12 月 3 日から 5 日まで、フィリピン・マニラにおいて実施された。Regional Collaboration Tools の最終確定に向け、第 2 回と同様に「共通報告様式（medical record, WHO forms, SASOP）の使用と評価」「"ASEAN SOP"の使用と評価」「地域連携メカニズムに関する課題抽出」の継続目標とした。さらに、主たる目的である「EMT の知識・技術・能力の向上」をより一層進めるために、「iSPEED による報告システムの試行」「EMT の活動内容の再定義：指揮命令系統、協力連携体制、情報連絡体制」の 2 つを盛り込んだ。実施成果は、1) 共通報告様式および"ASEAN SOP"に関する最

終修正が行われた。2) 入国審査・税関・検疫といった過程が盛り込まれたことで、EMTの入国に関する諸手続およびロジスティックス上の課題に地域連携の枠組みで取り組む必要性の共通認識が持てた。3)被災地内の医療チームの活動内容を把握する上で、iSPEED が有用であることが確認された。4)各国が EMTCC 研修を行うことで、EMT の調整メカニズムが円滑になることが理解された。5) 将来的には、自然災害に付随するCBRNE も配慮したシナリオを望む声もあがるなど、スタートアップドリルで抽出されたほとんどの課題に関して合意形成と文書起案が行なわれた。教訓として、地域連携ドリルは開催国の受援体制の整備強化に直結するが、EMT の Mobilaization には、MOH 以外の NDMO (National Disaster Management Offices)を代表とする関連機関の関与が必要であり、その調整に多大な労力が必要であったことである。今後、開催国のメンバーを含めたプロジェクトチームの作業分担および支援体制について熟慮が必要であることが明らかになった。第 3 回地域連携ドリルの概要は下記のとおり。

表 13：第 3 回地域連携ドリルの概要

名称	第 3 回地域連携ドリル
目的	緊急医療チーム（EMT）の知識・技術・能力の向上： ・共通報告様式（medical record, WHO forms, SASOP）の使用と評価 ・"ASEAN SOP"の使用と評価 ・iSPEED による報告システムの試行 ・地域連携メカニズムに関する課題抽出 ・EMT の活動内容の再定義：指揮命令系統、協力連携体制、情報連絡体制
開催日	2018 年 12 月 3 日から 5 日
参加者	ASEAN 加盟 10 カ国、日本、ASEAN 事務局、 AHA センター、フィリピン保健省、タイ側関係者（NIEM）、日本側関係者（JICA、国内支援委員会）、専門家チーム
場所	デュジット・タニ・マニラ(１、3 日目)、Philippine Army Grandstand (2 日目)、マニラ（フィリピン）
日程	1 日目： 机上ワークショップ 2 日目： 実地演習 3 日目： 課題抽出ワークショップ
期待される成果	- 報告様式に関する修正点の抽出 - Regional Collaboration Tools に関する追加要望の具体化 - EMT の能力強化の内容の具体化 - 次回地域連携ドリルに対しするアイデアの収集

5.3.3. 活動 2-3：地域連携に関する提言をとりまとめる

【技術方針 2】に沿って、ドリルを通じた経験から得られた教訓及び参加者による議論から、地域連携に関する提言を取りまとめた。加えて、第一回より、次回のよりよい実施のための提言を蓄積させ、第三回目までの試行錯誤や経験に基づき、最終的に、ASEAN の災害医療連携強化を目指すための提言及び次のステップに進むための提言をそれぞれ取りまとめた。なお、一連のドリルからの成果として、マニラでの第 3 回ドリル終了後に開催された RCC において、インドネシアが次回ドリルをホストする意向を示した。

地域連携を進めることは「支援」と「受援」という 2 つの体制整備を行うことである。「支援」を進めていくには、まず ASEAN の共通プロトコルである SASOP に対する共通理解を機会がある度に醸成する必要がある。同様に、国際潮流である WHO EMT 認証で求められる報告書式、および WHO 国際標準となった MDS についても理解を広げていく必要がある。プロジェクト参加者は保健省や保健医療施設に所属する人物であるため、今後も災害支援全体の基本原則である SASOP や WHO 関連文章を通読する機会には恵まれないであろう。そのために、各国は Regional Collaboration Tools を遵守した教育を推進していき、共通のプロトコルに則って効率的に被災地内で活動できる EMT を整備する必要がある。

「受援」を進めるためには、EMT の調整メカニズムの構築が必須であり、各国が EMTCC システムを保健省内に導入する必要がある。EMT 間の情報共有を進める手段は MDS を基本とし、さらには iSPEED による情報の可視化を指向することは大きな利点があると考える。また、WHO EMT 認証と ASEAN 加盟国の現状の差を乗り越える取り組みとして、 “ASEAN I-EMT agreement” や“National SOP for I-EMT Coordination”といった概念をより深化させ、派遣要請から入国そして被災地への派遣の過程に係る事務処理および時間を最小限にしていく努力も必要である。

このような具体的な地域連携メカニズムを考えていくために、ASEAN 加盟国が共通の体験を通じて、現状の能力差に関わらず意見表明を行い、試行錯誤をしながらも合意形成に到る配慮が特に大切である。地域連携ドリルの存在意義は継続的な試行錯誤の場、別の言い方をすれば、ASEAN が抱える課題の抽出とその解決方法の合意形成を推進する場を提供することにある。この場は、1) 共通報告書式を用いた訓練を提供し、ASEAN 加盟国の医療従事者に浸透させていく基礎的な役割を持ち、2) 開催経験国による助言・助力を受けながら各国の受援体制を整え、開催国の災害対応事情を ASEAN 加盟国に共有する機会でもあり、さらには、3)受援国の負担軽減のために、各国独自がチーム派遣する形態以外にも、被災国内チームと協力して 1 チームとして活動することや ASEAN 加盟国同士が共同して 1 チームを運営するなどの可能性を模索する過程にもなると考える。

5.3.4. 活動 2-4：（実災害が発生した場合）実災害における実践を行う

いくつか比較的規模の大きい災害も発生したが、AMS 諸国の EMT が正式に要請され派遣される機会はなかった。

5.4. 成果 3：災害医療に係る効果的な地域連携のためのツールが開発される

5.4.1. 活動 3-1：PWG 1 を組織・開催する

PWG 1 の概要を下記に示す。【技術方針 2】に則り、地域連携ドリルとの緊密な連携によって PWG 1 の活動を行った。

まず、PWG 1 開催に先立ち、既存のアセスメントツール及びフレームワーク等について確認・整理した。これに基づき、第一回会合において、ASEAN として必要なフレームワークの目的、アウトプット、活用方法等について議論を行った。加えて、アセスメントについては、結果の報告方法やそのためのツール、情報共有のプロセスについても、既存の状況について確認したうえで、必要に応じて報告のためのツールやプロセスについても検討することを提案した。上記によって PWG 1 で提案されたツール、フレーム案については、地域連携ドリルにおいて、試行と改善を行い、次回会合において改善案について議論の上、合意案を次回の地域連携ドリルに先立って提案し、試行を通じてさらなる改訂を行い、最終案を作成した。PWG 1 会議開催概要は下記のとおり。

表 14：PWG 開催概要

目的	地域連携ツールの検討・起案、及び改善 地域連携ドリルの企画・運営		
期待される成果物	災害医療活動に係る連携のための SOP（案） 医療チームに参加する医療従事者のミニマム・リクアイアメント（案） ASEAN 加盟各国の医療チームのデータベース 災害発生時の医療ニーズアセスメントのフレームワーク（案）		
場所	バンコク（タイ）（ただし、連動する会議等の開催場所によって変更の可能性あり）		
参加者	ASEAN 加盟各国の代表（各 2 名） 災害時の医療チームの組織・派遣・運営などに係る政策或いは実務の担当者 災害時の受援に係る政策或いは実務の担当者 少なくとも 1 名は英語でのコミュニケーションができることが望ましい 日本側関係者（国内支援委員 2 名、その他 JICA 等）		
主な議題 （各 1 日間）	**回**	**実施日**	**議題**
	1	2017 年 1 月 20 日	全体活動計画 SOP（案）Ver. 0 の内容 医療チームデータベース（案）の項目、登録方法 スタートアップドリル開催計画
	2	2017 年 5 月 8-9 日	第一回地域連携ドリル開催計画 SOP（案）、医療チームデータベースの改訂 医療ニーズアセスメントのフレームワーク（案）の内容
	3	2017 年 7 月 20 日	SOP（案）、医療ニーズアセスメントのフレームワーク（案）、及び医療チームデータベースの改訂版の確認 第一回地域連携ドリルからの課題・提言
	4	2017 年 11 月 28-29 日	SOP（案）、医療ニーズアセスメントのフレームワーク（案）、及び医療チームデータベースの改訂 第二回地域連携ドリル開催計画 ASEAN Leaders' Declaration にかかる決議報告
	5	2018 年 3 月 29 日	SOP（案）、医療ニーズアセスメントのフレームワーク（案）、及び医療チームデータベースの改訂版の確認と情報収集の開始 第二回地域連携ドリルからの課題・提言 ASEAN Leaders' Declaration にかかる POA 着手
	6	2018 年 7 月 5-6 日	第三回地域連携ドリル開催計画 SOP (案)、医療ニーズアセスメントのフレームワーク (案) 医療チームデータベース用情報収集 ASEAN Ledars' Declaration にかかる POA 内容の詰め
	7	2018 年 12 月 6 日	第三回地域連携ドリルからの課題・提言 SOP、医療ニーズアセスメントのフレームワーク、及び医療チームデータベースの改訂と情報収集確認、それぞれ最終案作成 地域連携に係る提言と今後の取組み プロジェクト延長フェーズについての打診 プロジェクト評価結果報告

5.4.2. 活動 3-2：標準手順書（SOP）（案）及びミニマム・リクアイアメント（案）について検討する

先行調査では、現場レベルでの多国間医療チームの協調・協力にかかる活動手順を示す標準手順書（SOP）等の存在は確認されておらず、地域会合を通じてその必要性が確認された。併せて、多様なチームによる協調が求められる被災現場において、SOP に準拠し、連携に必要な最低限の知識等を定めることによってある程度の質の統一を図る必要があ

るとの認識も示された。本プロジェクトでは、すでに国際社会、ASEAN 地域、及び東アジア地域において開発されている手順書やツールに準じて、医療チーム間の協調・協力に係る SOP を起案した。以下に、本プロジェクトで考慮した既存のツール等についてまとめる。

地域待機制度及び共同災害救援・緊急対応活動のための標準運用手続（SASOP）[4]

SASOP は、ASEAN 地域における災害・危機対応に関し、以下 4 点を提示しているが、主眼は災害発生直後の被災状況・ニーズ評価及び捜索救助活動であり、医療活動については触れられていない。

地域における待機制度確立のための指針
合同災害・危機対応活動のプロセス
民軍のリソース動員及び活用のプロセス
SASOP の有用性確認のための ASEAN 地域災害緊急対応訓練（ARDEX）実施方法

「表 15: SASOP 概要」に示すように、SASOP は 6 部構成だが、2008 年に ASEAN 防災委員会（ACDM）により承認されたのは第 5 部までである。最後の第 6 部については作成中で、人道支援と災害救援（HADR）にかかる合同タスクフォースにおいて検討されることになっている。また、ARDEX 開催に際して、その内容及び適用性を検討することになっており、継続的に更新されることになっている。

[4] JICA、2015 年、ASEAN 災害医療・救急医療にかかる情報収集・確認調査　最終報告書

表 15：SASOP 概要

I. 導入	VI. 軍の資機材・人材の活用（作成中）
II. 関連機関 A. 適用範囲（ASEAN 各国） B. AHA センター	VII. 別添 A - 書式 1： 各国のフォーカルポイント及び担当機関の任命 B - 書式 2： 緊急対応及び捜索救助関連機関リスト C - 書式 3： 民・軍の資機材・人材 D - 書式 4： 緊急支援物資にかかる備品 E - 書式 5： 災害管理にかかる専門性・技術 F - 書式 6： 派遣予定サイトの連絡先、エントリーポイント、等 G - 様式 1： AHA センターに対する第一報及び続報（更新） H –様式 2： AHA センターから各国フォーカルポイントに対する第一報及び続報（更新） I - 様式 3： 支援要請 J - 様式 4： 支援の申し出 K - 様式 5： 支援にかかる合意 L - 様式 6： 支援実施にかかる報告 M - 様式 7： AHA センターに対する最終支援報告 N - ASEAN 地域災害緊急対応訓練（ARDEX）
III. 災害への備え A. 各国のフォーカルポイント及び担当機関	
B. 関連する資機材・人材にかかる情報提供 (i) 緊急対応及び捜索救助関連機関リスト (ii) 民・軍の資機材・人材 (iii) 緊急支援物資にかかる備品 (iv) 災害管理にかかる専門性・技術 C. 派遣予定サイトの連絡先、エントリーポイント、等	
IV. アセスメント及びモニタリング A. 災害発生通知 B. 続報（更新）	
V. 緊急対応 A. 救援の要請／申し出 B. 要請された支援にかかる合同アセスメント C. 資機材・人材の動員 (i) 対応チーム (ii) 税関、入国管理及び検疫 (iii) ブリーフィングと調整 D. 支援現場における資機材・人材の動員 E. 支援にかかる指示と統制 F. 被災状況にかかる情報の更新 G. 支援の撤収 H. 報告 I. 運営、経験、教訓のレビュー	

出典： JICA、2015 年、ASEAN 災害医療・救急医療にかかる情報収集・確認調査 最終報告書

EAS 緊急災害対応ツールキット [5]

2015 年 6 月に、東アジア首脳会議（EAS）加盟国 [6]において策定されていた、「EAS 緊急災害対応ツールキット」が承認された。これは、国家間合意を尊重しつつ、国際緊急人道支援の派遣、受入れ及び調整方法等についての指針を示すとともに、EAS 参加各国において検討或いは整備されている、SASOP をはじめとする国際緊急人道支援に係る重要事項、及び緊急医療チーム（EMT）等、関連する国際的な議論や合意事項について考慮しつつ相互に情報を共有することを目的としている。

「表 16」に示すように、同ツールキットは、各国のフォーカルポイント、災害対応ガイド、及び各国の災害支援受け入れにかかる法律・規定等の情報、の 3 つのツールで構成され、災害対応に関連するセクターを総合的にカバーしている。医療支援については、EMT 分類等を参照するようにとの記載（TOOL 2）や、各国における持込み医薬品及び医療チームのメンバーの認証に関する規定等の情報（TOOL 3）はあるが、医療支援にかかる具体的な要請方法等についてあまり具体的には触れられていない。

表 16：EAS 緊急災害対応ツールキットの概要 [7]

前書き	ツールキット概要
TOOL 1: 各国フォーカルポイント	各国の国際緊急災害救援受け入れ及び管理担当機関の連絡先
TOOL 2: 緊急災害対応のためのガイド	被災国／支援国／中継国の災害管理にかかる意思決定者のためのガイド 上記意思決定者が緊急災害対応及びその備えの際に考慮すべき重要事項
内容	第 1 部：　導入
	第 2 部：　被災国の意思決定者のためのガイド
	フェーズ 1：　モニタリング、通報、警報 準備　早期計画及び活動の開始 税関、入国管理及び検疫の簡便化 対応要員への通知と準備

[5] JICA、2015 年、ASEAN 災害医療・救急医療にかかる情報収集・確認調査　最終報告書
[6] AMS、豪国、中国、インド、日本、ニュージーランド、韓国、ロシア及び米国（18 カ国）
[7] http://www.ag.gov.au/eastoolkit よりダウンロード可能。

フェーズ 2： アセスメント、支援要請	国際社会への通知 迅速インパクト／ニーズ評価 EAS 各国に対する被災状況の通知 正式な災害支援要請 税関、入国管理及び検疫の簡便化の発動 状況報告及び災害対応支援者に対する暫定的な活動許可 都市型捜索救助チーム及び外国医療チームへの要請
フェーズ 3： 対応	災害支援の申し出に対する応答
フェーズ 4： 受援	被災状況の評価と結果の通知 災害対応への着手 到着した災害対応支援者へのブリーフィング 必要な施設等の提供と安全確保 専門性の暫定的な確認と登録 輸送手段の暫定的な提供 災害対応にかかる指示、統制及び調整 費用 国際支援の中止・終了
第 3 部：　支援国の意思決定者のためのガイド	
フェーズ 1： 準備	モニタリング、通報、警報 早期計画及び活動の開始 税関、入国管理及び検疫の簡便化 対応要員への通知と準備
フェーズ 2： 始動	被災国（及び AHA センター）からのすべての情報の検討 被災国の標準運用手順およびガイドラインへの照会 支援要請に対する正式な回答／正式な支援提供通知 被災国における必要な許可等の取得プロセス開始 税関、入国管理及び検疫の簡便化の発動 被災国に持ち込む支援物資及び人材にかかる情報リストの提供

	フェーズ 3： 派遣・管理	支援申し出／派遣までの時間 可能かつ要請された支援のタイプ（物資、人材、フィールドホスピタル、外科チーム、軍、資金、等） 入国のための必要事項（税関、入国管理、検疫、人材の専門性にかかる証明・要求事項） 食品及び医薬品の最低品質基準 支援人材の保健、安全、予防接種、免責 自立運営性 モニタリングと報告 撤収 資機材の寄付、廃棄及び持ち帰り（再輸出）
	第 4 部： 中継国の意思決定者のためのガイド 被災国からのすべての連絡事項にかかる検討 税関、入国管理及び検疫の簡便化の発動	
	第 5 部： 別添 西オーストラリア Health Protection Group による災害管理支援チームリストの例 OCHA オスロガイドライン 国際捜索救助諮問グループ（INSARAG）ガイドラインより 別添 F（USAR チーム情報シート）、E（USAR チーム事後報告書）、G（対応概要報告書）	
TOOL 3: EAS 各国の災害対応係る基準等	緊急災害対応にかかる体制、法制度等の概要 意思決定者のための重要事項（入国管理、税関、クラスター適用、食品・医薬品・機材、専門人材の認証・免許にかかる規定、等）	

出典： JICA、2015 年、ASEAN 災害医療・救急医療にかかる情報収集・確認調査 最終報告書

ミニマム・リクアイアメントについて

WHO の Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters（2013 年）（突発性災害の際に派遣される外国医療チームの分類及び最低基準、仮訳）でチームのタイプごとに定められた要件、及び最新の WHO の Global EMT Classification Process（緊急医療チーム国際分類プロセス、仮訳）に係る議論及び進捗を踏まえて検討する必要がある。但し、これはメンバー個々人の能力というよりは、チームとしての構成メンバーの資格要件（救急の訓練を受けた医師など）と人数が

主となっている。一方、本プロジェクトでは、実際に連携する際の、現場での動き方や実践力、コミュニケーション能力等も含む、個々人の能力についても、ある程度の最低基準が必要ではないかとの先行調査での議論に基づいて、ミニマム・リクアイアメントを起案した。

これらを踏まえ、どこまで個人の能力に踏み込むかについて、PWG 1 や地域連携ドリルの参加者選定、データベースの項目の検討など、様々な場において議論した。

SOP は地域連携ドリル各回において試行運用され、ドリル後に改訂作業を行った。今後プロジェクト延長フェーズにおいては、SASOP への統合を目指し、ASEAN 共通の災害医療チーム派遣時公式手順として認知・利用されていくことが望ましい。

(SOP 全文およびミニマムリクアイアメントは添付資料 9 を参照のこと)

表 17：SOP 目次

SOP Table of Contents:

5.4.3. 活動 3-3：医療チームデータベースを設置する

第 1 回 PWG 1 会合の開催前に、WHO の EMT イニシアチブの Global Classification List（国際分類リスト、仮訳）において用いられている内容・項目を入手した。それらを参考にプロジェクトチームが、医療チームデータベースの内容・項目および運用方法（設置場所、管理者、公開範囲等）を検討し、案を作成した。これに基づき、第一回 PWG 1 会合では、医療チームデータベースの内容・項目および運用方法について合意を得た。データベースは、操作性や将来的な互換性を考慮し、エクセルで作成することを提案した。設置場所は NIEM のプロジェクト事務所内のコンピュータとし、プロジェクトチームが管理し、データ入力、更新などの作業を行った。データ入力については、地域連携ドリルの参加チームをその都度登録した。第 3 回地域連携ドリルまでには

全 10 カ国のデータ収集を完了した。今後は、AHA Center を情報集約先とし、定期的な情報の収集と更新が行われていくことが望ましい。
(データベース様式は添付資料 10 を参照のこと。)

5.4.4. 活動 3-4：医療ニーズアセスメントのフレームワーク（案）を検討する

(1) フレームワーク作成にあたっての考え方

災害発生時及び緊急対策期には、通信やアクセス手段の途絶、情報提供者の被災などにより情報の入手が困難となり、現場の状況とニーズも急速に変化する。そのため、本プロジェクトにおける医療ニーズアセスメントについては、災害時に迅速な対応を可能にすることに目的を集中し、詳細な情報、科学的な正確さよりも、必要な医療ニーズの概略を、災害発生後極力速やかに把握し、行動・対応につながる実用性を重視した。また、信頼できる情報源の確保に努め、既存データを含め可能な情報源と収集手段をできるだけ活用する。

(2) 既存アセスメント様式のレビュー

迅速アセスメントはマルチセクトラルなアプローチで実施されることが多い。このため、セクターごとに特化して詳細な情報を収集することは難しいと考えられるが、本案件の医療ニーズアセスメントのフレームワークの検討には、他のセクターとのバランス及び関連性を考慮した上で、災害の種類により予測される医療ニーズ・対応等も参考に、より有用な案を議論した。なお、フレームワークの検討に際しては、以下のデータの収集手法・ツールについて検討した。

第一次データ：災害現場において収集されたデータ・及び質的情報 [8]
第二次データ：災害前の既存データ、及び災害時に収集可能なデータ・情報

WHO など国際社会における緊急医療対応では感染症のアウトブレイクに関する議論も含まれている。本プロジェクトは、基本的には突発性災害の発生直後における医療活動

[8] 被災地の直接観察、核となる情報提供者へのインタビュー、グループディスカッション等の手法が使われる。第一次データ収集は、各セクター（及びサブセクター）の主要なイシューと優先事項、影響が最も大きいグループ、被災者の数と場所、深刻さ、その理由等を明らかにして、ニーズに基づいた戦略的支援活動を行うことを目的とする。

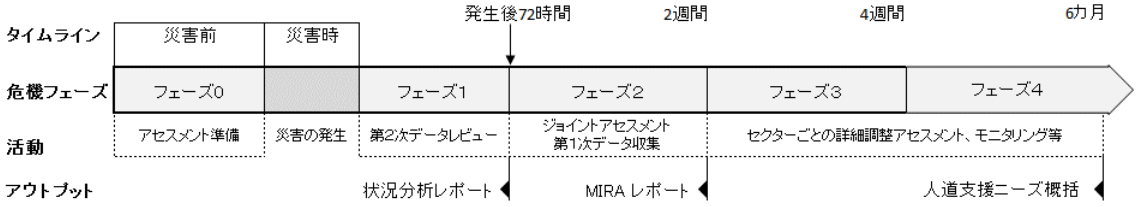
に重点が置かれているが、上記を考慮し、第一回会合においてアセスメントツールの範囲について議論した。

上記を踏まえ、本案件で確認・検討した迅速アセスメントツール及び手法の概略を以下にまとめる。

マルチクラスター初期迅速アセスメント（MIRA）

国連人道問題調整事務所（OCHA）が管理する国際災害評価調整チーム（UNDAC）は、緊急事態の発生の最初のフェーズにおいて、国連組織と被災国を支援する任務を持つ。UNDAC チームは、災害発生後の初期において派遣され、被災状況及びニーズのアセスメント、調整、情報管理を主要な任務とする。

UNDAC が採用する、マルチクラスター初期迅速アセスメント（MIRA）[9]は、自然災害に最も適する手法で、2011 年に作成された”The IASC[10] Operational Guidance on Coordinated Assessments in Humanitarian Crises”[11]（人道危機におけるニーズ評価に関する機関間常設委員会運営ガイドライン、仮訳）に沿って行われ、その最初の 2 フェーズ（災害発生時から最初の 2 週間）をカバーする。この手法は、災害発生から最初数週間の優先的な人道支援を戦略的に決定するためにデザインされている。MIRA は主にＵＮＤＡＣ及びその他関係アクターによって、災害発生から 72 時間以内に状況分析レポートを作成し、2 週間以内に最終レポートを作成する。



出所： IASC, “The Multi-Cluster/Sector Initial Rapid Assessment (MIRA) Guidance-Revision July 2015”

図 4：MIRA のアプローチとフェーズ

9 https://www.humanitarianresponse.info/programme-cycle/space/page/assessments-overview/

10 The Inter-Agency Standing Committee (IASC) is the primary mechanism for inter-agency coordination of humanitarian assistance. It is a unique forum involving the key UN and non-UN humanitarian partners. The IASC was established in June 1992 in response to United Nations General Assembly Resolution 46/182 on the strengthening of humanitarian assistance

11 ttp://www.who.int/hac/network/interagency/news/ocha_operational_guidance_coordinated_assessments_v7.pdf

MIRA のプロセスは以下の通り。

(a) 第二次データ分析（災害前、及び災害時）
(b) 第一次データ収集 : コミニュティレベルアセスメント（直接観察、核となる情報提供者へのインタビュー、グループディスカッション）
(c) セクター間分析と戦略的人道支援の優先活動の決定
(d) アウトプットの準備（状況分析レポート、MIRA レポート）と共有

なお、上記、(b) の直接観察[12]、及び核となる情報提供者インタビューのフォーマット[13]、及び(d) MIRA レポートのテンプレートは、サイト[14]から参照可能である。MIRA レポートは、人道カントリーチーム（HCT）、セクター・クラスターの組織、メンバー、政府、ドナー等、必要かつ適切な関係者に共有される[15]。

ASEAN-ERAT（ASEAN 緊急評価チーム）ガイドライン（案）

ASEAN-ERAT は、ASEAN 地域の主要災害の初期フェーズに、被災国の災害対応当局（NDMO）を支援することを目的としている。その機能は、(a) 迅速な被害のアセスメント、(b) 災害の規模・重大性・影響度の推定、(c) 被災者の即時的ニーズに関する情報収集と報告、(d) 域内の災害管理資源・能力・人道支援物資を動員し、対応・展開するために必要な AHA センターとの調整、の 4 つである。ERAT チームの派遣は、AHA センターにより管理されており、現在 90 名以上の訓練を受けた ERAT メンバーが登録されているが[16]、先行調査によれば、そのうち医療従事者は若干名である。

ASEAN-ERAT ガイドライン（案）[17]は、ASEAN 防災委員会（ACDM）の災害対策・対応ワーキンググループが、関係機関とともに作成したものである。本ガイドラインには、被災地での迅速アセスメントの手法、報告、調整、等が説明されている。アセスメントのプロセスは以下の通り。

(a) 第二次データのレビューにより、災害のインパクトの初期分析とアセスメン

12 直接観察は、施設への影響、環境、避難場所、教育、保健医療、水と衛生、食糧、保護等の分野で行われる。
13 保健医療に関する質問項目は、以下の通り。至近の医療施設への距離と施設の種類、医療施設が機能しているか。（機能していない場合の理由）、医療施設で行っているサービスの種類、医療サービスへのアクセスの問題、コミュニティーにおける主要な健康問題、誰が医療サービスを提供しているか。
14 https://docs.unocha.org/sites/dms/Documents/mira_final_version2012.pdf
https://www.humanitarianresponse.info/en/programme-cycle/space/documents
15 https://interagencystandingcommittee.org/system/files/mira_2015_final.pdf
16 http://www.ahacentre.org/
17 http://www.ahacentre.org/download-file/default-file_erat-Kfsz2zpKX8pNEJo0.pdf

トの対象グループ及び場所を選定する。

(b) ベースラインデータと地図を入手する。

(c) 現地でのデータ収集の手法は、状況により判断されるが、通常は直接観察と主要な情報提供者・グループへのインタビューによって情報収集を行う。

ASEAN-ERAT チームは、標準フォーマットを用い直ちにレポートを作成する。レポートの構成は以下の通り。

i. ASEAN-ERATミッションの目的・調査地域
ii. ミッションの限界
iii. アセスメントの主要結果
iv. 地図、表を含む何らかの新しい情報
v. 今後2週間以内に起こりうる最善・最悪のシナリオ
vi. ナショナルフォーカルポイント（NFP）及びAHAセンターへの助言、提案される活動
vii. 情報のギャップとさらなるアセスメントの必要性

迅速アセスメントレポートは、NFP、被災国関係機関、AHA センターに、E メール、ファックス等で、被災地到着の 72 時間以内に送られる。ReliefWeb[18]への掲載、UNDAC、HCT 等とのより幅広い人道支援関係機関との共有は、NFP、現地災害対策本部（LEMA）、及び AHA センターの承認のもと行われる。

ASEAN-ERAT ツールが網羅する項目は、人口動態、水と衛生、保健、栄養、食品安全、生計、教育、保護である。保健医療の項目は、保健医療施設の状況や被災者の健康状態、サービス利用状況だが、具体的には下痢、感染症、母子保健にかかる項目が多少含まれているのみであり、被災者の保健ニーズを十分に把握することは困難である。このため、先行調査において、ASEAN 地域の状況に即した、医療ニーズアセスメントのフレームワークの必要性が確認された。

国際赤十字・赤新月社（IFRC）のフィールド調査・調整チーム（FACT）による迅速アセスメント

IFRC が災害発生時に派遣するアセスメントチームには、地域災害対応チーム（RDRT）、及びフィールド調査・調整チーム（FACT）がある。RDRT は保健、ロジスティクス、水と衛生等の専門家を有する。FACT は、救援、ロジスティクス、

18 人道救済支援組織に情報を提供する国連サイト

保健医療、栄養管理、公衆衛生と疫学、メンタルサポート、水と衛生、財務、行政管理等の専門性を有するメンバーで構成される。これらのチームが、災害発生から 2 週間以内に必要とされる保健医療の情報 [19]（健康と栄養状態、その地域に特徴的な感染症、保健医療施設へのアクセス、保健医療施設への影響、避難所における医薬品と食糧の入手状況）を収集し、ニーズを分析する。フィールドアセスメントの結果は、24 時間以内、72 時間以内に作成される各レポート等 [21, 20]で報告される。

The Assessment Capacities Project (ACAPS)

ACAPS は、2009 年に開始した 3 つの NGO のコンソーシアムから成る非営利プロジェクトである。災害時のアセスメントと独立分析を専門に行う即時派遣が可能な機能で、各国政府と機関間常設委員会（IASC）の人道カントリーチーム（HCT）に、専門家、及び時宜を得たデータとその分析を提供する。ACAP が作成する災害サマリーシート（DSS）は、災害ごと（地震、洪水、サイクロン等）に、起こりうる全般的な影響のプロファイル、実際のインパクト、及び優先ニーズを示しており、保健と栄養の項では、各災害に特徴的な直接的、間接的影響、リスク、典型的な支援ニーズをまとめている。また、アセスメントに関する資料、ツール、教材も提供している。

(3) 策定と試行運用

PWG1 会議各回において本フレームワークの検討が行われ、地域連携ドリル各回において試行運用した。本様式はアセスメントを行うにあたっての「指針」であり、様式に記載されている全項目を必ずしも埋めなくてはならない、ということではない旨、会議の場において周知した。2018 年 12 月に実施された第 3 回地域連携ドリル後に本様式は、本体と報告用サマリーからなる最終案が確定した。(本様式全体は添付資料 11 を参照のこと。)

[19] IFRC, “Operational guidance: initial rapid multi-sectoral assessment” (July 2014)
[20] IFRC and ICRC “Guidelines for assessment in emergencies” (2008)

5.5. 成果 4：災害医療における学術的ネットワークが強化される

5.5.1. 活動 4-1：プロジェクトの成果について災害医療の学会で発表する

プロジェクトの進捗及び成果を災害医療分野の関係者と共有し、国際連携に係る議論を促すため、学会で発表を行った。発表は基本的に C/P が行った。日本人専門家チームから 1 名同行するとともに、必要に応じ参加申請や発表準備への支援を行った。参加した学会の概要は下記のとおりである。

表 18：第 13 回 APCDM 参加概要（開催地：バンコク）

セッションタイトル	ARCH プロジェクトについて
日付	2016 年 11 月 7 日
参加者	- APCDM登録者（約50名） - ARCHプロジェクトチーム（20名）
発表概要	- プロジェクトの背景と目的 - プロジェクト活動の紹介
参加者からのフィードバック・質疑応答	- プロジェクト活動への関心は非常に高かった。 - プロジェクトでの合意形成プロセスについて質問があり、ASECとの関係についても説明を行った。

表 19：アジア緊急被ばく医療ネットワーク（REMPAN）参加概要（開催地：韓国）

セッションタイトル	ASEAN 加盟国における健康危機対応への ARCH プロジェクトの取組みについて
日付	2016 年 12 月 6 日
参加者	16 カ国 24 名
発表概要	プロジェクトの紹介（背景、目的、達成目標、これまでの成果、等）

表 20：第 22 回日本集団災害医学総会・学術集会（JADM）参加概要 (開催地：名古屋)

セッションタイトル	国際災害医療分野における JICA の取組み
日付	2017 年 2 月 14 日
参加者	- JADM登録者（約100名） - オブザーバーとしてタイC/P5名
発表概要	- EMTの国際潮流 - 災害医療チームの活動日報に関するWHO国際基準 - プロジェクトの背景と現状、今後の展望
参加者からのフィードバック・質疑応答	- JDRとの連携への強い関心がもたれた。 - プロジェクトが目指すEMTは →WHOのEMT基準に倣ってASEAN EMTのあり方を検討する。

表 21：第 20 回世界災害救急医学会（WADEM）（開催地：カナダ）

セッションタイトル	ヘルスシステムについて
日付	2017 年 4 月 27 日
参加者	- WADEM登録者（約50名） - オブザーバーとしてタイC/P3名
発表概要	- ASEAN各国の災害医療の現状と課題 - プロジェクトの概要
参加者からのフィードバック・質疑応答	- ARCHプロジェクトの取組みと現行の国際的な災害医療支援メカニズムとの関係性に対し注目が集まった。 - Minimum Requirementは誰が使うことを想定しているのか。 →EMTチームとその構成メンバー - ASEANにおけるEMT認証はどのように行われるのか。 →WHO認証が基準となる。.

表 22：第 23 回 JADM（開催地：横浜）

セッションタイトル	ASEAN 災害医療システムの今後の展望に向けた ASEAN-日本の連携
日付	2018 年 2 月 1 日
参加者	- JADM登録者（約100名） - オブザーバーとしてタイC/P10名
発表概要	- プロジェクトの紹介（背景、活動内容） - 地域連携ドリルの紹介、活動の成果と課題、今後の取組み - プロジェクトが掲げるビジョンの実現に向けた今後の取組み

参加者からのフィードバック・質疑応答	- プロジェクトへの日本の貢献に関心が寄せられた - プロジェクトの訓練のために、JDRの訓練プログラムをカスタマイズすることも可能である（JDR医師からのコメント）

表 23：第 14 回 APCDM（開催地：神戸市）

セッションタイトル	a. プロジェクトを通じた国内の災害医療対応能力強化 b. WHO 基準と ASEAN 各国の災害医療対応の現状との整合性
日付	2018 年 10 月 17 日
参加者	- APCDM登録者（約100名） - 登壇者として8名のプロジェクト関係者および2名の国内支援委員 - オブザーバーとしてAMSのC/P36名
発表概要	- プロジェクト活動を通した域内連携の発展 - 地域連携ドリルでの経験と課題 - マレーシア、インドネシアによる医療チーム派遣の経験共有と課題 - 開発ツールの紹介（背景、目的、等） - ASEAN基準のEMTのあり方（WHO基準とのギャップをどう埋めるのか）
参加者からのフィードバック・質疑応答	- プロジェクト活動の更なる発展に期待を寄せる声が多かった - 地域連携ドリルの経験が、自国の災害医療分野の能力強化に寄与しているという意見が登壇者よりあった。

5.6. 成果 5：災害医療の能力強化のための活動が実施される

5.6.1. 活動 5-1：災害医療及び救急医療に関する研修計画、カリキュラム、教材を準備する

ASEAN 各国の災害医療及び救急医療にかかる能力強化を図るため、①ASEAN 加盟国向け研修、②本邦招聘プログラム、③タイの C/P 向け本邦研修を実施した。ASEAN 加盟各国を対象とする①②については、プロジェクトワーキンググループ（PWG）2 にて、各研修の計画、カリキュラム等の準備を行った。PWG2 の概要は、「表 24: PWG 2 の概要」の通りである。

なお、③についてはタイ C/P のみが対象となっているため、PWG 2 の対象外とし、日・タイ双方の関係者により協議、企画した。

表 24：PWG 2 の概要

目的	ASEAN 加盟国向け研修の企画・運営・振り返り 本邦招聘の内容に係る検討
期待される成果物	ASEAN 加盟国向け研修計画、テーマ毎のカリキュラム、教材 研修実施報告
場所	第 1 回：バンコク、第 2 回：プーケット、第 3 回：バンコク、以上タイ 第 4 回：ダナン（ベトナム）、第 5 回：マニラ（フィリピン）
参加者	ASEAN 加盟各国の代表（各 2 名） 災害医療分野の人材育成係る政策或いは実務の担当者 災害医療分野に関連する教育を提供する機関等のカリキュラム策定或いは教授担当者 少なくとも 1 名は英語でのコミュニケーションができることが望ましい 日本側関係者（国内支援委員、JICA 等） ASEC、AHA センター

5.6.2. 活動 5-2：ASEAN 加盟国に対して災害医療及び救急医療に関する研修を実施する

(1) 第 1 回 AMS 研修

ASEAN 加盟国に対する研修の主な目的は、人材開発、緊急医療チームのオペレーション強化等を通じて、各国のキャパシティを向上することである。第 1 回 PWG2 会議で

は、先行調査で抽出された優先課題を確認し、第1回研修では、緊急医療チームを構成する個人の能力強化をテーマとすることで合意した。
上記を基に、2017年5月、第1回AMS研修が実施された。実施概要は下表のとおりである。

教訓・見解

- 国により研修システムが異なる為、第1回研修では、参加者が、各国の災害医療人材育成分野における取り組みを理解できるよう配慮した。
- 参加者の研修評価は、概ね好評であり、特に、カリキュラム開発、医療人材の認証システム等、実践的な取り組みについて評価が高かった。
- 災害医療の研修システムが整備されていない国にとっては、研修の中身は勿論、カリキュラム開発・導入の過程で、直面する具体的な課題について触れたことが、今後、自国での開発にあたり、おおいに参考になったとのコメントを多く得た。
- 第2回AMS研修への提言
  チームの能力強化がテーマとなるため、より実践的な研修に対するニーズが高かった。
  ・DMATやMERTなど、既存の医療チームの研修プログラムの使用
  ・医療チームが災害現場で使用するツールやデータベースの使用
  ・各国が少なくとも一つのType 1医療チームを有するために必要な目標設定
  ・参加者：実際の医療チームに属する医師、看護師　等

表 25：第1回AMS研修実施概要

タイトル	第1回 AMS 研修
テーマ	人材開発（緊急医療チームを構成する各職種・個人に焦点を当てる）
目的	1. 各国の災害医療における人材育成システムの現況と優先分野を理解する 2. 各国の災害医療分野における課題を抽出する 3. 災害医療分野の能力強化や研修コースに関し、他国の先進的な取り組みを共有する（例：カリキュラム開発、認証制度、医療人材の標準スキル等） 4. 各国の効果的な人材育成プログラムの開発にあたり、優先課題を抽出する。 5. 災害医療の研修システム立ち上げについて学ぶ。
日程	2017年5月22 – 26日
参加者	- ASEAN 加盟各国の代表（各 3名） - 災害医療分野の人材育成係る政策担当者 - 災害医療分野のカリキュラム策定者或いは指導者
講師	災害医療分野の人材育成において実績のあるインドネシア、マレーシア、フィリピン、シンガポール、タイ、ベトナム、日本から招聘

場所	The Empress Hotel 及び チェンマイ大学医学部
活動/ トピック	DAY 1：災害医療人材育成の ASEAN 各国の現状共有 DAY 2：AMS 講師陣による災害医療人材育成の取り組みについての共有 DAY 3：日本の災害医療人材育成の取り組みの共有 災害医療現場マネージメントに関する演習（Thai Sim） DAY 4：チェンマイ大学医学部付属病院への現場視察 DAY 5：今後の災害医療人材育成に関する討議 コース評価、第 2 回 AMS 研修に向けて

⑵ 第 2 回 AMS 研修

2017 年 7 月の第 2 回 PWG2 会議において、第 2 回 AMS 研修が計画された。会議では、第 2 回研修は、国内災害対応に絞り、災害現場で求められるチームマネジメントに焦点をあてることで合意した。プログラム検討にあたっては、ASEAN 域内に標準研修がないことから、緊急医療チームを結成する際、各国が基本的に備えるべき知識・技術について議論された。

2017 年 11 月に実施された第 2 回研修では、第 1 回研修の教訓も踏まえ、既存の研修（例：DMAT）を参考にしつつ、できるだけ ASEAN 域内のリソースを活用した。研修では主に、チーム活動において重視される項目について取り上げたが、各国間の議論を通じ、ロジスティクス等、WHO 基準において ASEAN では満たすのが難しい項目も浮き彫りとなった。

<u>教訓・見解</u>

- 一連の講義・演習を通じて、各国間の差が明らかであった（基本コンセプトの理解、コミュニケーションツールの使用経験等）。今後、ASEAN 全体で能力の底上げを図るには、経験の浅い国（例：CLMV）に更なる支援が必要であること、また、域内で必要とするコアの知識・技術とは何かを明確にする必要がある。
- 多くの参加者が、WHO の基準を正確に理解していないことが判明した。今後、ASEAN が同基準を達成するにあたり、まずはグローバル基準の周知をプロジェクトとして支援する必要があろう。

表 26：第 2 回 AMS 研修実施概要

タイトル	第 2 回 AMS 研修
テーマ	緊急医療チームの能力強化 - 災害現場におけるチームマネジメント-
目的	国内対応 に焦点を当てる。 (1) 医療チームが災害現場で求められる役割を理解する。 (2) 災害医療対応特にチームマネジメントで有効なコンピテンシーを取得する。 (3) 医療チーム対応のコンセプトを理解する (4) 本研修を ASEAN 緊急医療チーム研修の標準化の第一歩として評価する。
日程	2017 年 11 月 5 – 8 日
参加者	ASEAN 加盟各国の代表（各 3 名）
講師	AMS 各国、日本の災害医療専門家 AHA Centre
場所	Grande Centre Point Ploenchit Hotel （バンコク、タイ）
活動/トピック	① 各国の災害医療制度の現状（カントリーレポート） ② 災害現場におけるチームマネジメント（講義/演習/シミュレーション） - 緊急医療チームの定義/ミッション/目的 - 医療チームの役割 - チーム結成にあたっての準備 - 始動及び対応 - ロジスティックス - 災害現場に求められる文書管理技術 - セキュリティと安全性 - 心理的支援、心理的応急処置 - CSCATTT コンセプト - 通信ツール - トリアージ - 搬送/リファラル/調整 - シミュレーション （始動から撤退まで） - 事後評価

(3) 第 3 回 AMS 研修

2017 年 11 月の第 3 回 PWG2 会議において、第 3 回 AMS 研修のテーマ及び研修骨子が協議され、2018 年 3 月の第 4 回 PWG 会議で、研修案が最終化された。第 2 回研修が、国内対応に焦点を当てたのに対し、第 3 回研修は、被災国からの要請に応じて派遣される国際緊急医療チーム（I-EMT）の能力強化を主な目的とした。研修は、ベトナムで実施された第 2 回地域連携ドリルの教訓、研修ニーズを反映し、医療チームが、現場のニーズを迅速に把握するためのヘルスニーズアセスメントや被災国政府が設置する災害対策本部や現地調整会議にかかる講義・演習等を盛り込んだ。

教訓・見解

- I-EMT の派遣及び受け入れに求められる WHO 基準への理解を深めるとともに、各国が実際に順守する立場で、各基準を考えることができたのは有意義であった。研修を通じ、WHO 基準全てを満たすことは厳しいと各国間で共有された。順守が難し

い主な項目として、災害支援に伴う通関手続き、水、医療チームの安全、医療過誤に起因する賠償責任等が挙げられた。

- ASEAN 域内で調整可能な基準に関する議論では、各国の参加者は、受け入れ側は、WHO 基準で示す EMT の要件については、あくまで派遣側の責任とし、一部について厳しく問わないのに対し、派遣する側は、基準が定める 51 項目の殆ど全てを必須要件と認識していた。
- 上記を踏まえ、今後、ASEAN の医療チームの基準については、医療チームが災害現場で迅速かつ効果的な連携をするための標準手順書や、医療従事者が満たすべき最低基準、ミニマム・リクアイアメントの議論とともに、具体化を進めていく。

表 27：第 3 回 AMS 研修実施概要

タイトル	第 3 回 AMS 研修
テーマ	国際緊急医療チーム（International Emergency Medical Team: I-EMT）
目的	1. I-EMT を派遣する際のプロセスや工夫を経験国から学ぶ。 2. I-EMT 派遣に必要な基本要件を理解する。 3. 災害現場で求められる活動を円滑に実施するため、派遣前・後に、最低限必要な要件を理解する。 4. 被災国の役割/被災国の医療チームの調整について理解する。
日程	2018 年 5 月 28 – 31 日
参加者	ASEAN 加盟各国の代表（各 4 名） - 1 名：チームリーダー - 3 名：チームメンバー *各国少なくとも 1 名は、医療チーム派遣責任者か、将来医療チームの研修講師になる可能性のある者が望ましい。
講師	■ I-EMT 派遣/受援の経験国（インドネシア、マレーシア、ミャンマー、フィリピン、シンガポール、タイ、日本）から招聘 ■ ASEC、AHA センター
場所	Pullman Hotel （バンコク、タイ）
活動/トピック	DAY 1： I-EMT 派遣の前提条件 1) WHO 基準 （国際認証、国際認証（Type 1）取得における工夫/教訓、グループディスカッション：WHO 基準達成に向けた課題） 2) I-EMT 受け入れ経験と課題 3) I-EMT 派遣経験と課題 DAY 2 ：EMTCC の役割及び機能 1) EMTCC 2) ASEAN EOC Network の設立 3) ヘルスニーズアセスメント DAY 3： I-EMT マネージメント 1) EMT 要員に求められる準備 (Activation → Deployment) 2) Type 1 EMT に必要なロジスティクス 3) 机上演習： Preparedness -> Activation -> Operations-> Transition Deactivation

4) Safety & security, command & control
5) 各種フォームの記入

DAY 4 ：WHO 基準を ASEAN 域内で調整可能にするために
1) グループディスカッション：WHO 基準順守にあたり、ASEAN 共通の課題とは
2) グループ発表・提言
3) コース評価
4) まとめ、今後に向けて

(4) 第 4 回 AMS 研修

第 1 回から第 3 回 AMS 研修では、主に、派遣側である医療チームの能力強化に焦点を当てたが、同時に、受け入れ側の課題や研修ニーズについても議論されてきた。上記を踏まえ、2018 年 3 月の第 4 回 PWG2 会議では、第 4 回 AMS 研修において、受援側の視点に重きを置き、医療チーム調整セル（Emergency Medical Team Coordination Cell: EMTCC）研修を実施することで合意した。

第 4 回研修は、ARCH プロジェクトと WHO の共同で開催された。特筆すべきは、研修が単に WHO の標準研修パッケージを踏襲するだけでなく、ASEAN SASOP や ARCH プロジェクトで推進してきた各種ツールを盛り込むなど、ASEAN の現状・取り組みを反映した点である。

教訓・見解

- 参加者の研修評価は、非常に高かった（Excellent 66%, Good 34%）。研修を通じて、グローバル（WHO）と ASEAN 地域双方のイニシアチブへの理解が深まり、両者は互いに協調するものと確認できたことは、WHO、ASEAN 双方の関係者にとって有益であった。
- EMTCC コンセプトに沿った受援側の調整について、理解を深めることができた。今後、参加者が、研修での学びを自国での災害医療対応に活かすことが期待される。
- 災害医療に関する ASEAN 宣言（ASEAN’s Leaders’ Declaration on Disaster Health Management）のアクションプラン（2019-2025）でも EMTCC の設置は目標に掲げられており、ASEAN 地域の観点からも、One ASEAN One Response 実現に向け、域内に EMTCC コンセプトを理解する人材を増やせた点は有益である。
- WHO との共同開催により、WHO、ARCH 関係者間のネットワークを強固にできたことも、今後の ARCH プロジェクト活動の運営において、大いにプラスになると思料する。

■ 一方で、更なる課題も浮き彫りとなった。プロジェクトとして、以下の具体的支援が考えられる。

- 災害対応における各国間の差の解消
- EMTCC コンセプトの更なる普及のため、1）TOT 研修、2）ドリルを通じた、個別のトピック（インパクトアセスメント、情報管理等）に関する演習の提供

表 28：第 4 回 AMS 研修実施概要

タイトル	第 4 回 AMS 研修
テーマ	Emergency Medical Team Coordination Cell (EMTCC)
目的	1. ASEAN 域内における EMTCC 要員を育成する 2. 各国、地域、グローバルの EMT responder の調整メカニズムを整備する 3. スキルや実務的課題、ASEAN 各国で起こりうるシナリオ等を盛り込み、EMT 調整ハンドブック他、関連ガイドラインを補完する。
日程	2019 年 2 月 17 – 22 日
参加者	計 32 名 ■ ASEAN 加盟各国の代表（各 2 名） - EMT 育成に関する各国フォーカルポイント及び/または - EMT 派遣/受け入れに関する各国フォーカルポイント ■ ARCH プロジェクト （日本、タイ） ■ WHO 東南アジア地域事務所（SEARO）/同アフリカ地域事務所（AFRO）
講師	■ WHO （本部、SEARO/WPRO、タイ事務所) ■ 専門家 （JDR/JICA） ■ ASEC、AHA センター ■ ARCH プロジェクト
場所	The Sukosol Hotel （バンコク、タイ）
活動/トピック	1. 導入：コース概要 （DAY1） 2. 概説：EMTCC Cycle に関する基本的事項の説明 （DAY2&3） 3. 実践：②に基づき技術習得（DAY3&4） 4. 演習：シナリオに基づく演習の実施（DAY5&6） 5. レビュー・評価：コース全体振り返り＆習熟度テスト（DAY6）

特記事項：モザンビークサイクロン支援

2019 年 3 月に発生したモザンビークサイクロン被害に対し、現地 EMTCC の要請により、JDR から久保専門家、豊國専門家の 2 名が派遣され、EMTCC の確立に貢献した。また久保専門家主導により、日本発の WHO 国際標準 MDS が活用され、EMT から診療日報を収集する情報体制の構築に大きく貢献するなど、現地保健省、WHO 関係者、派遣された I-EMT から、高い評価を受けた。

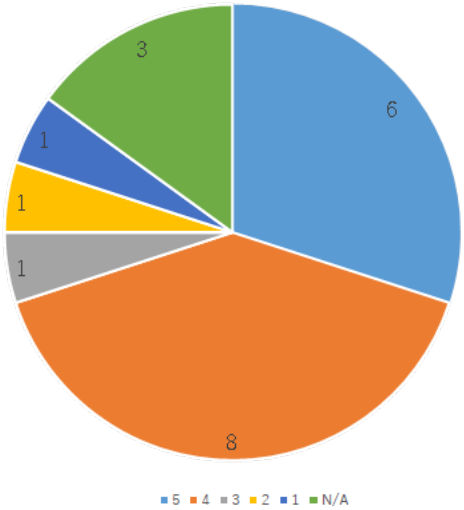
両専門家は、2 月の EMTCC 研修にそれぞれ講師と研修生として参加した。同研修からわ

ずか 1 か月後の実災害において高いパフォーマンスを発揮したことは、EMTCC 研修最大の成果と言えるだろう。また、今回現地 EMTCC コーディネーターをつとめた WHO AFRO 職員は上記研修に参加しており、両専門家が研修を通して同職員とネットワークを築いていたことが、EMTCC をけん引する WHO 職員たちと協働作業をする上で大きな一助となったことも申し添えたい。

5.6.3. 活動 5-3: ASEAN 加盟国の災害医療分野における能力強化の状況についてモニタリング調査及び評価を行う

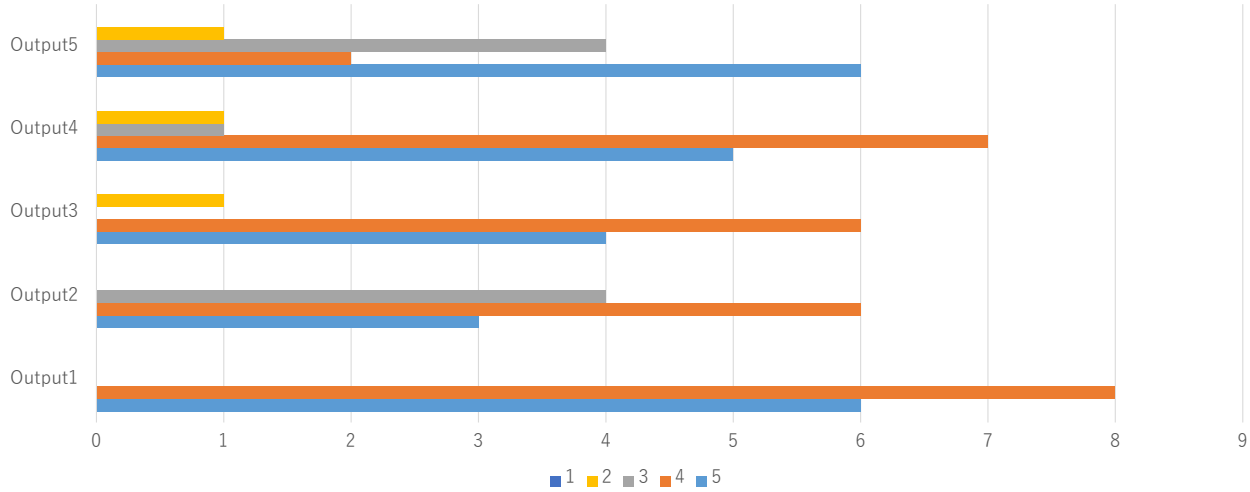
2018 年 10 月に実施された本邦研修の機会を通じ、各国に対してモニタリング調査および評価を行った。事前に質問表を配布の上、回答を回収した。質問の種類は 3 つに分類され、a. プロジェクト進捗と活動についての評価、b. 各国における災害医療対応の現状、c. 今後のプロジェクトに対してのリクエスト、以上である。
a.プロジェクト進捗と活動についての評価概要は下記のとおり。質問に対し 5 段階（1～5）評価をつけるものである。 （調査全回答については添付資料 12 を参照のこと。）

(1) プロジェクト目標「ASEAN 域内での災害医療にかかる連携が強化」されたか?

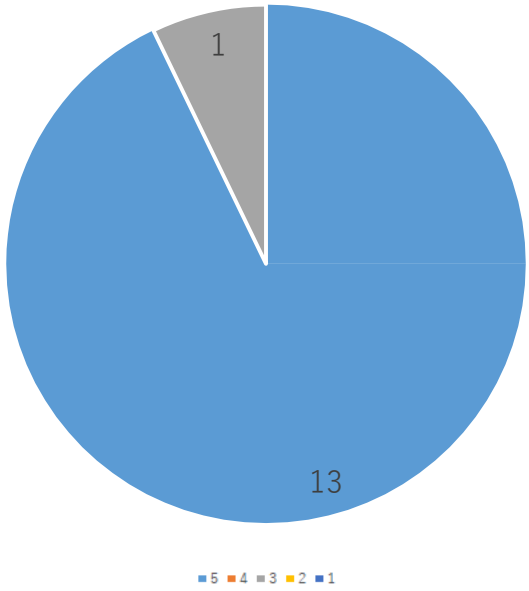


フィリピンは「4」との評価を付け、SOP の開発や研修、また地域連携ドリルを通じ、ASEAN 国間の調整能力が強化された、としている。ベトナムは「5」の評価を付け、他国の災害医療保健セクターについて知ることができた、また EMT の強化より他国への支援能力が高まった、とコメントしている。

(2) 5 つの成果（Output）についての評価

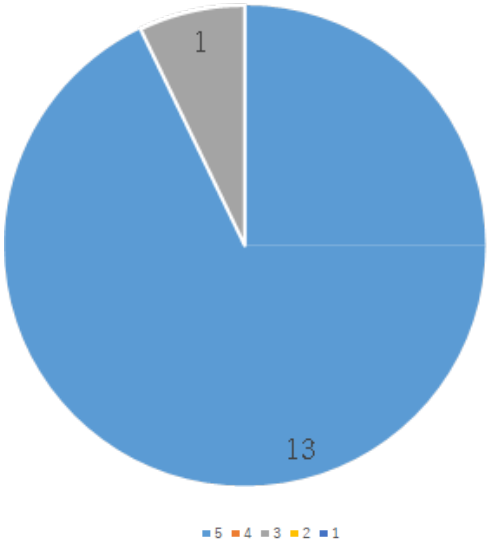


(3) 地域調整会議（RCC）は機能していたか?



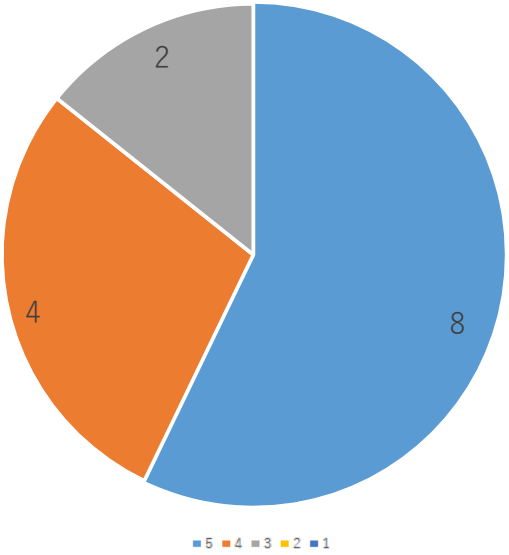
(4) 各成果の主要活動についての評価

成果 1　地域調整会議（RCC）は AMS 間での活発な議論を促進し、意見調整に有効であったか?

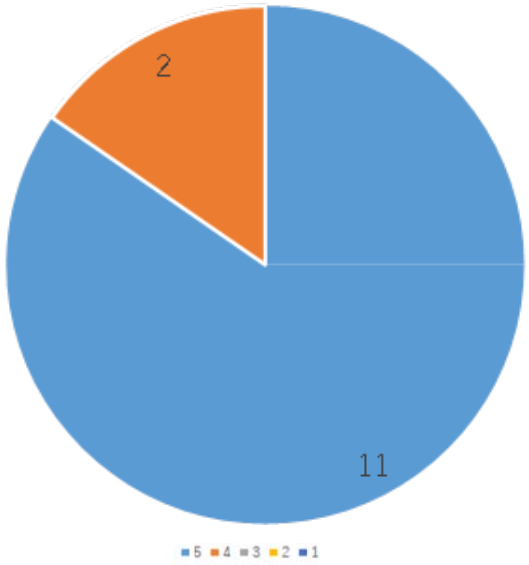


RCC 会議は参加者間の意見をすべて集約することで、連帯感の醸成が可能となった。また、各国は他国の意見に対し常にオープンでありより深い洞察のあるコメントを付加することができた。PWG 会議で協議された事項について、より高次の RCC 会議により合意される決定のうえ運営されることが可能となった。(AMS によるコメント)

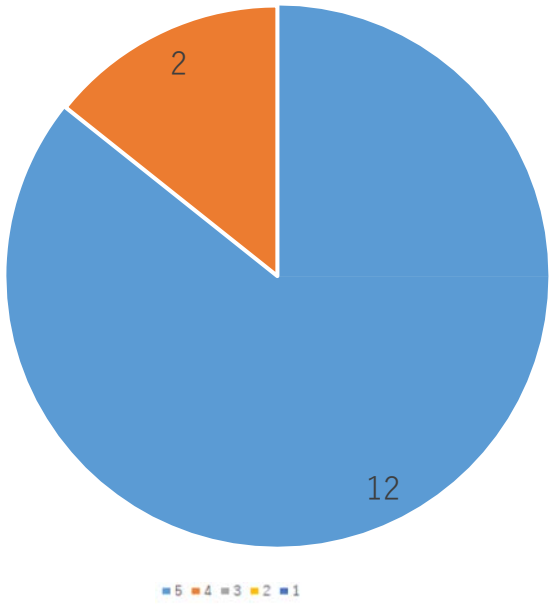
成果 2　地域連携ドリルに参加することで自国内の災害医療対応能力が向上したか?



地域連携ドリルへの参加は SOP の理解に有効だったか?

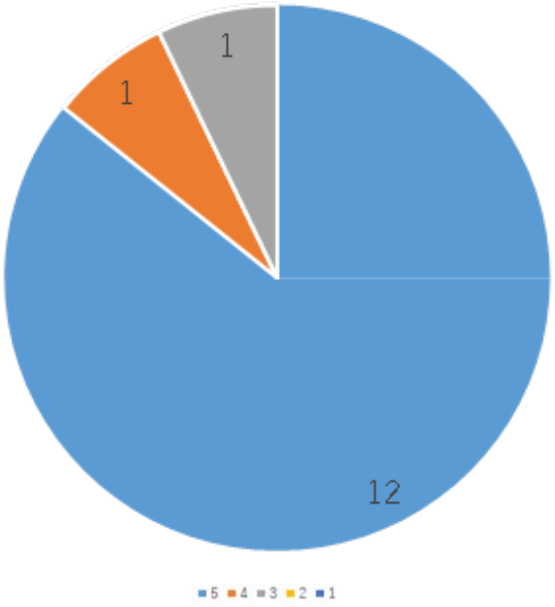


地域ドリルへの参加は、AMS 間の連携を強化を可能にしたか?

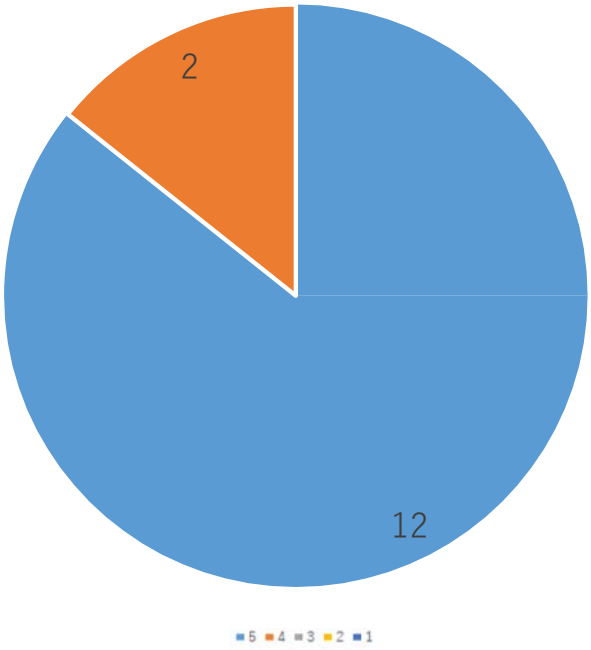


地域連携ドリルを主催したフィリピン、ベトナム両国からはポジティブな評価があった。一方、いくつかの AMS から、実災害への派遣はまだ一度もなされておらず、地域連携を試すところまでは実現していない、とのコメントが出た。

成果５　AMS 研修は自国内の災害医療能力構築に有益であったか?



AMS 研修は ASEAN 全体の災害医療能力を強化したか?



概ね、ほとんどの AMS は研修に対しポジティブな評価であった。実際の災害時からの学びや教訓が研修内容に取り込まれいるという観点から有益であった、とのコメントがあった。

5.6.4. 各国における今後の研修ニーズと中心機関の特定に向けて

2017 年 11 月の第 31 回 ASEAN サミットで採択された「災害医療にかかる ASEAN 宣言（ALD）」及び ALD を実現するための行動計画（POA）を反映し、構想されている ASEAN 地域災害医療訓練センター（ASEAN Institute for Disaster Health Management、以下 AIDHM）とネットワークを形成し、災害医療にかかる地域及び国内研修を担う各国研究機関の特定と、研修ニーズの特定を目的に、AMS 各国を対象に能力開発システム状況・ニーズ確認調査を実施することとなった。

(1) 調査の目的

1) AMS 各国が自国内の人材を対象に実施する災害医療にかかる国内研修を実施する教育訓練機関を特定する。
2) 同国内研修を実施するにあたり、研修ニーズ及び外部からの支援ニーズを確認する。
3) 設置が検討されている ASEAN 地域災害医療訓練センター（もしくは災害医療にかかる ASEAN Institute）を中核に、他の AMS の機関と連携し、災害医療にかかる地域及び自国内の能力強化に貢献するネットワーク参加機関を特定する。

(2) 主な調査項目

1) 各 AMS における医学教育システム、特に救急医療にかかる教育システムの状況
2) 上記教育システムの中で中心となる主な教育機関の情報（特に救急医療に関する教育内容、教授陣容等）
3) 災害医療関係教育の実施状況（Pre-service での授業 ＆ 現職者向け）
4) 災害医療にかかる教育訓練ニーズの内容と量
5) 上記 4 を国内で実施する候補機関と同教育訓練に対し必要な外部支援ニーズ
6) 必要な外部支援
7) その他

(3) 調査の実施方法と手順

1) 日タイタスクフォースメンバーとの協議を基に、各国の現状を把握するための質問票を作成し、PWG2 会議（2019 年 7 月）に内容を確定する。また同会議中もしくは会議

後、質問票の送付方法を各国と調整する。

2) 質問票を全 AMS に送付(2019 年 8 月中)

3）質問票の回収と分析、整理（2019 年 10 月中）

4）PWG2 会議（2019 年 11 月）にて質問票調査結果の共有と現地調査の実施計画の検討

5）現地調査対象国を選定し、2020 年の第 1 四半期に調査を実施。調査団参加者は、PWG2 メンバーから選定。

6) 調査結果を 2020 年の第 2 四半期中にとりまとめ

7) 2020 年 10 月開催予定の ASEAN 災害医療学術会議に招待する AMS 各国の災害医療教育機関を特定（2020 年 7 月まで）

(3) のうち、コンサルタントチームは、1）の質問票作成を担当し、2019 年 7 月の PWG2 会議にて、AMS 各国代表と質問項目を協議、最終化した。（質問票は添付資料 13 を参照のこと）

5.6.5. 活動 5-4: 本邦招聘プログラム及びタイの C/P を対象とした本邦研修を実施する

ASEAN 加盟国関係者が、日本の災害医療の仕組みや現状を理解と日本の災害医療関係者とのネットワーク構築を通じ、ASEAN 域内の災害医療対応について考えることを目的に、本邦招聘プログラムを実施した。実施にあたっては、JICA 関西及び関西地区の災害医療関係機関の協力を得た。

<u>教訓・見解</u>

- 参加者からは、招聘目的は概ね達成され、プログラム及び見学先の選定についても、適切であったとの評価を受けた。特に、復興政策、情報管理、心のケア等は、参加者の関心が高く、自国の課題が明確になったとのコメントを得た。
- 国際学会参加を通じて、ARCH をけん引する各国の代表者、特に日タイ以外の国が、プロジェクト成果を発信したことは、彼らのモチベーションにつながるとともに、国内外の災害医療関係者に ARCH の取り組みを周知する好機となった。
- 一方で、4 日間という短い期間中に、個々のテーマにつき議論を深める時間は、十分に提供できたとは言えない。参加者からは、住民・自治体間連携等、日本の取り組みや強みを ASEAN でどう活かせるのかについての議論や、実務的な研修（例：ロジスティックス、DMAT、病院マネジメント）も取り入れてほしい等の要望があった。今後の参考課題としたい。

表 29：本邦招聘プログラム実施概要

タイトル	本邦招聘
目的	(1) 日本の災害医療システムを理解する。 (2) (1)を通じて、自国の課題を抽出し、自国の災害医療システムの更なる強化と ASEAN 域内の連携に向けた具体策を検討する (3) 日本と ASEAN の災害医療関係者が、良好な関係構築を図る (4) ARCH プロジェクト活動の振り返り、及び、プロジェクトの今後の方向性につき議論する
日程	2018 年 10 月 16 - 19 日
参加者	ASEAN 加盟各国の代表（各 3 名） *うち 2 名は、PWG1 または 2 のいずれかのメンバーであり、これまでのプロジェクトの活動及び成果を熟知し、今後も継続してプロジェクト活動に係わる見込みのある者
場所	神戸市及び淡路島
活動/トピック	DAY 1 1）阪神淡路大震災の経験と教訓、復興政策について 2）災害対応における住民（コミュニティ）・企業・行政の役割と取り組み DAY 2: 第 14 回アジア太平洋災害医学会（Asia Pacific Conference on Disaster Medicine : APCDM)* 1) PART I: ARCH プロジェクトを通じた能力強化と各国における成果 2) PART II: WHO 基準と ASEAN の現状 3) PART III: パネルディスカッション/災害対応にかかる優先課題、アジア地域と世界との連携について *学会の詳細については、成果 4 活動 4-1 参照 DAY 3: 1) 災害と心的外傷(Disaster and Trauma) 2) 人と防災未来センター見学 兵庫県災害医療センター DAY 4: 1) ARCH プロジェクト振り返り 2) 北淡震災記念公園（淡路島）見学

5.6.6. 活動 5-5：タイの C/P を対象とした本邦研修を実施する

【技術方針 5】に示した通り、タイ C/P が ASEAN の地域連携強化を牽引するべく、必要な能力の強化を念頭に、タイ C/P 向け本邦研修を実施した。災害医療人材の育成において、指導的役割を担う人材及び養成機関の役割は大きく、それらの強化は、本プロジェクトが目指す災害医療分野の地域連携においても不可欠であり、タイ側のニーズも高い。タイ C/P 本邦研修は、トレーナーズ・トレーニング（TOT）の位置づけで実施した。

(1) 第 1 回タイカウンターパート本邦研修

第 1 回研修が、2017 年 2 月 22 日から 3 月 7 日の日程で実施された。上述の通り、タイの災害医療人材の育成を念頭に、実施にあたっては、日本の主な災害医療人材育成関連組織の協力を得た。特に、タイの研修生の間では、新潟大学・災害医療教育センターの取り組み（例：次世代高度医療人材養成、災害医療教育カリキュラム）への関心が非常に高く、今後、タイ国内で同種の育成機関を設立・運営する上で参考にしたいと高く評価された。本邦研修の実施概要は、下表の通りである。

教訓・見解

- 研修成果:主なポイントを挙げると、①新潟で受講した「多数傷病者への対応（MCLS）標準化トレーニングコース」のように、標準化された研修コースを学べたこと、②多職種合同で研修を受講することで、多職種連携の重要性、有効性を実感したこと、③日本式の研修方法、運営を学べたことである。いずれもタイにはないもので、研修生の大きな気づきの機会になった。
- 研修参加への意欲・受講態度 : 研修期間を通して、研修生の参加意欲は非常に高かった。特にオブザーバー参加した病院研修では、タイ研修生の積極的な取り組みが、地元の日本人研修生のモチベーション向上につながったと、研修運営関係者に高く評価された。タイ研修生用に準備された研修ではなかったが、逆に日本人研修生に交じり、日本式の研修に参加できたことが、双方の研修生にとってプラスに働いたことは、今後、同様の研修企画において参考になると思料する。
- 第 2 回カウンターパート研修への助言：研修生からは、主に、参加型の実践的な研修機会（JDR、DMAT）や看護師の役割について講義を増やしてほしいとの要望があった。

表 30：第 1 回タイカウンターパート本邦研修実施概要

タイトル	第 1 回タイカウンターパート本邦研修
目的	1) 日本の災害医療の制度・体制への理解を通じ、自国の同分野の制度・体制における課題を抽出し、課題解決のための具体案が検討される。 2) 日本の災害医療教育、人材育成機関の現状や活動への理解を通じ、自国の災害医療分野における能力強化について、具体的な強化策が検討される。 3) 日本の各関係機関へ本プロジェクトにかかる認識の向上と良好な関係構築が図られる。
日程	2017 年 2 月 22 日－3 月 7 日
参加者	タイの災害医療にかかる体制整備や能力強化において、中心的役割を担うタイ政府・病院関係者他　計 11 名
場所	JICA 本部

	JICA 東京 独立行政法人国立病院機構災害医療センター 新潟大学災害医療教育センター 新潟市・下越病院
活動/トピック	① 災害医療研修 ② 講義/演習 - 日本の災害医療の歴史 - 災害派遣医療チーム（DMAT）の概要及び役割、災害拠点病院の役割 - 新潟大学災害医療教育センター概要及び関連研修 - 国際緊急援助隊（JDR）の概要及び役割 - 東日本大震災の教訓 - WHO Minimum Data Set (MDS) ③ タイの災害医療の体制整備､能力強化のためのアクションプラン作成
研修機関/協力組織	- JDR 事務局/JICA - DMAT 事務局 - 独立行政法人国立病院機構災害医療センター - 新潟大学災害医療教育センター - その他災害医療関連機関

(2) 第 2 回タイカウンタパート本邦研修

第 2 回研修が、2018 年 1 月 25 日から 2 月 3 日の日程で実施された。第 1 回研修結果も踏まえ、タイ側との協議を経て、先方の要望をプログラムに反映した。具体的な改善点は、1）災害医療における国レベルの政策・取り組みを理解するため、厚生労働省の担当官を招聘、2）AMS 研修でもその重要性が認識されつつある、ロジスティックスやチームマネジメントについて、研修項目に追加、3）ロジスティックスについては、JDR の成田倉庫と、災害医療センターの倉庫を見学先に追加、4）質疑応答の時間を十分確保した等である。尚、プログラムは、国内の災害医療人材の裾野を広げたいとのタイ側の要望で、前回と同じ研修生へのアドバンスコースではなく、新たな研修生 10 名を選出し、前回同様、基本コースとした。

教訓・見解

- 研修成果：第 1 回同様、①多職種・多機関連携の重要性、有効性を認識したこと、②チームマネジメント、特にロジスティックスの役割が災害医療現場では鍵となること、③様々な研修方法、運営を学べた点等が挙げられる。③については、特に医療従事者を教える立場の参加者にとって、教授法の幅を広げる機会となった。

- 成果の活用：アクションプランでは、研修成果を基に、タイの医療派遣チーム miniMERT の能力強化計画を立てた。この中で、DMAT のコンセプト、新潟大学医学部災害医療教育センターのプログラムや指導方針など、要所要所に今回の研修成果が反映されている。研修後、研修生の一人が所属する Phang-Nga Province で、miniMERT への研修を実施するなど、学びの成果を早速具体化する動きも見られた。研修生には推進役として、各地域・職場で、研修成果を活かすことが期待される。

- 学会（JADM）の ARCH セッションは、立ち見が出るほどの盛況で、日本の災害医療関係者のプロジェクトに対する関心の高さがうかがえた。今後の地域連携ドリル、AMS 研修等で、彼らの更なる参画を促し、関係者間のネットワーク、信頼関係の強化を目指したい。

表 31：第 2 回タイカウンターパート本邦研修実施概要

タイトル	第 2 回タイカウンターパート本邦研修
目的	第 1 回に同じ（表 30 参照）
日程	2018 年 1 月 25 日－2 月 3 日
参加者	タイの災害医療にかかる体制整備や能力強化において、中心的役割を担うタイ政府・病院関係者他　計 10 名
場所	厚生労働省 JICA 本部 JICA 東京 独立行政法人国立病院機構災害医療センター 上越市・上越総合病院 パシフィコ横浜
活動/トピック	1. 災害医療研修 2. 講義/演習 - 新潟大学災害医療教育センター概要 - 災害医療における厚生労働省の役割と機能（災害時及び平時） - 日本の災害医療の歴史 - 災害派遣医療チーム（DMAT）の概要及び役割、災害拠点病院の役割 - ロジスティックス - チームマネジメント - 国際緊急援助隊（JDR）の概要及び役割 - JDR 成田倉庫 - WHO Minimum Data Set (MDS) - 日本での進捗- 3.第 23 回日本集団災害医学会総会・学術総会（JADM）における ARCH プロジェクトの紹介と将来ビジョンの共有
研修機関/協力組織	- 厚生労働省 - JDR 事務局/JICA - DMAT 事務局 - 独立行政法人国立病院機構災害医療センター - 新潟大学災害医療教育センター - その他災害医療関連機関

6. プロジェクト評価

2018 年 6 月末に別途派遣された長期専門家（JICA 直営派遣の池田チーフアドバイザー）が派遣後に ARCH 関係者からのヒアリング、各種関連情報分析、5.6.3 の調査結果、タイ側との協議、RCC での議論等を踏まえ、終了時評価報告書を取りまとめた。同評価報告書は 2018 年 12 月 24 日に NIEM 総裁による承認署名を受けた後、ASEAN 事務局に提出され、SOMHD にも報告されている。下記に、評価結果の概要を記載する。評価全文(英文) は添付資料 14 を参照のこと。

(1) プロジェクトの達成状況

プロジェクト目標に対する達成状況

プロジェクト目標	ASEAN 地域の災害医療にかかる調整機能が強化される。
達成指標	1. 調整会議が定期的に開催される。 2. 連携に必要な活動が特定され、調整会議にて承認される。 3. 連携メカニズムを開発するための提言が SOMHD に提出される。 4. 連携のためのツールが開発され調整会議にて承認される。

指標 1: 達成済み。RCC が 5 回開催された。

指標 2: 達成済み。RCC 及び RCC の下に設置された 2 つの PWG で本プロジェクトで取り組む活動と成果が明確化され、その実施方法と成果品の内容についての吟味が行われた。

指標 3: 達成済み。RCC 及び PWG では、プロジェクトで直接取り組む活動や成果品に関することのみならず、ARCH 終了後を見通し、ALD の採択文章内容や ALD を実行に移す POA の内容案についても議論が行われた。議論を踏まえ作成せれた文書案が HC2 及び SOMHD に提出された。

指標 4: 達成済み。SOP 等連携ツール案が完成。2019 年 4 月開催の SOMHD に提出される予定。

上位目標に対する達成状況

上位目標	ASEAN 及び日本の災害医療にかかる連携メカニズムが構築される。
達成指標	1. ASEAN 連携メカニズムに向けた指針が作成され、SOMHD に提出される。

	2. ASEAN と日本の連携メカニズムの調整機関が特定され、役割が明確される。 3. 連携メカニズムの調整機関において、必要な人員配置及び予算措置がなされる。 4. 実際に起こった大規模災害において連携枠組みに基づいた活動が実施される。

指標 1: 達成済み。2017 年 11 月の ASEAN サミットにおいて「災害医療にかかる ASEAN 宣言（ALD)」が採択された。またこの ALD を実現するための 2025 年までの行動計画（POA）案がタイ主導で作成され、一旦 2018 年 4 月の SOMHD に提出された。同 SOMHD での再吟味指示を受け、同 POA の修正案が本プロジェクトの RCC や PWG1 でも議論され、最終案が再度 2019 年 4 月開催予定の SOMHD に提出される。

指標 2: 達成見込み。上記 POA 案で POA の実施メカニズムとして提案されている RCC と Reginal Training Center がこの指標でいうところの連携メカニズムの調整機関となるため、POA が SOMHD（来年 4 月）で承認されれば、同指標は達成済みとなる。なお日本との連携強化に関しては、本プロジェクトでは ARCH 国内支援委員や JDR 事務局、JMTDR 登録者等と密に協働しながら活動を進めてきたこと、加えて日本災害医療学会や日本で開催されるアジア太平洋災害医療学会への AMS の災害医療関係者の参加や発表を通じ、確実に日本の災害医療関係者との連携関係が強化された。また本プロジェクトは、JDR 要員のフィリピン派遣の経験に基づき提案され、日本主導で進んだ MDS の開発と国際標準化に貢献した。さらに日本の災害時医療情報収集システム J-SPEED をベースに開発された i-SPEED のフィリピンへの導入、ASEAN 域内への普及が RCD 等を通じ今後さらに進むことが期待される。

指標 3: プロジェクト終了後に達成見込み。RCC のホスト国が決定し、実際に RCC 会議の開催され、また Reginal Training Center の機能と役割が整理され、同組織の設立後に達成。

指標 4: 達成未定。

(2) 5 項目評価

妥当性	**妥当性は高い。** ・ASEAN 地域が災害頻発地域である状況は全く変わっていない。ますます防災や迅速な災害対応のためのアセアン内での取り組みは強化されつつある。また ASEAN において防災や災害対応の他の分野に比べてその取り組みが遅れていた災害医療に関しては、昨年 11 月のアセアン首脳会議で ALDDHM が採択されたことで、政策的な優先度はプロジェクト開始前よ

	りさらに高くなっている。
有効性	**有効性は比較的高い。** ・プロジェクト目標の指標はすべて達成済みもしくは達成見込みである。 ・開発された SOP などの連携ツールは EMT の実派遣に必要なものではあるが、それだけでは十分ではない。アセアン各国の EMT にとって WHO 基準すべてを満たすことはロジ面を中心に困難であり、自立完結型の国際展開をできる能力はまだ有していない。 ・AMS 研修や RCD 参加者と各国における災害医療に対する関与が不明確なケースがあり、研修結果の自国内でに適用が今後どの程度進むか引き続きモニターが必要。
効率性	**効率性は中程度** ・実施プロセスに記載したとおり、プロジェクト後半になるまでタイ保健省の本案件への組織的な関与が不明確であった。 ・本案件の日本側の協力実施体制は、国内委員会とコンサルタント専門家チーム、そして JICA 社会基盤部、JDR 事務局といった多くの関係者が関与し、実施してきたが、プロジェクト当初、その役割分担や連絡体制に混乱が見られた。 ・RCC,PWG の各国参加者が変更になることがあり、議論への貢献や連続性に課題があった。 ・RCD や AMS 研修への参加者が今後、自国の災害医療の改善にどのように関与していくのか、引き続きモニターが必要。
インパクト	**インパクトは高い** ・ARCH の成果は、ASEAN 首脳会議、保健大臣会議、SOMHD や防災関連会議等で頻繁に取り上げられ、災害医療のための連携体制の強化の必要性を広く発信し、周知することに貢献。 ・ARCH の RCC や PWG での議論を経て ALD 文書案が作成された。同 ALD は、昨年 11 月のアセアンサミットで採択され、災害医療の取り組み強化を進めることが首脳間で確認された。 ・ALD を実行に移すための行動計画（POA）案が ARCH 内の RCC 及び PWG での検討を踏まえ作成された。同 POA 案はすでに ASEAN 内の承認プロセスに乗っており、これが承認され、計画の実施段階に入ることで、災害医療の連携メカニズムが確立するとともに、徐々に国及び地域の災害医療に対する能力が強化され、実災害に効果的かつ迅速に対応できるようになることが期待できる。 ・JICA が WHO に提案し、開発を主導した MDS は、RCD で試行活用し、有効性を確認し、同結果を踏まえ、2017 年 2 月 7 日に WHO の EMT 戦略諮問委員会で国際標準として正式に採用されており、本プロジェクトは ASEAN 域内を越えた国際的な貢献も果たしている。

	・フィリピンの災害時の医療情報報告手法である SPEED をモデルに開発された日本の災害時報告システム J-SPEED をベースに、国際標準となった MDS にも対応した IT 活用による迅速情報収集システム i-SPEED が日本の企業により開発され、JICA 民間技術普及促進事業案件としてフィリピンへの導入の検討が進みつつある。フィリピンで実施された RCD ではその試行運用がテストされた。今後フィリピン及び ASEAN での災害時医療情報収集システムの改善に繋がることが期待できる。
持続性	**持続性は高い。** ・すでに ALD が採択され、ASEAN 首脳間で、国レベル、地域レベルで災害医療保健管理システムを強化することを確認しており、今後も災害医療に対し高い政策的プライオリティーが継続することが期待できる。 ・POA（～2025）が承認されると、ARCH で開始した ASEAN 加盟国間の調整会議であった RCC は、より役割を拡大し、また ASEAN の公式の常設の会議としての RCCDHM に発展する。 ・ARCH で開発された SOP 等の連携ツールは、SOMHD でエンドースされることにより、ASEAN の公式なツールとして認められる。また ASEAN の災害対応にかかる公式の最重要手順書である SASOP にこれらツールが統合されることで、その活用の普及が担保される。また POA に基づき設置される RCC が引き続き適宜改良検討を行い、常に効果的なツールとして再生し続けることが期待される。 ・ALD に明記された Regional Training Center の設立が将来実現すると、ARCH が開発し、開始した RCD や各種研修は、同 Regional Training Center が引き継ぐこととなる。ARCH を通じ確認された研修ニーズや使用された研修コンテンツ、ドリル実施方法などは、同センターに引き継がれ、さらに改良されることが期待できる。なお ARCH で取り組みを開始した学術的な機会への参加等を通じた学術的ネットワークの強化については、この Reginal Training Center が担うことができないか、引き続き新たに設置される RCC で議論されることになる。 ・ARCH は開始した活動と開発した成果品は、POA が軌道に乗ることにより、この POA の一部として発展統合され、さらに改良、拡充されることが期待できる。

(3) 評価の結論

実施プロセスに若干円滑でない点はあったが、ARCH は予定通り活動を実施し、アウトプットを達成するとともに、プロジェクト目標の指標についても、そのすべてで達成済みもしくは達成見込みとなっている。また本プロジェクトでは、プロジェクトの枠組みを越える取り組みにも積極的に関与し、プロジェクト終了数年後の目標として設定した

上位目標に対してもすでに一定の結果を出しつつあり、想定以上のインパクトの発現と持続性の確保に成功した。当初の想定を上回るインパクトと持続性が期待できる状況となっているのは、昨年 11 月のアセアンサミットで採択された ALD に起因するが、その実行を担保することになる POA が承認され、同 POA に基づくメカニズムである RCC が起動すると、ARCH によるインパクトと持続性はより確実なものとなる。また ALD や POA に言及されている Regional Training Center の役割と機能が RCC で引き続き検討され、同機関の設立が実現に向け動き始めると、ARCH によるインパクトと持続性はより拡大することが期待できる。

一方、プロジェクトを通じ開発した成果品（連携ツール、ドリル）などが、実際の災害時にも効果的に適応可能になるためには、さらなる検証活動が必要である。加えて各国の災害医療にかかる能力の向上や各国の能力を補完する地域的な工夫や基準が必要である。

(4) 提言

評価の結論を踏まえ、ARCH によるインパクトと持続性を確実にするため、また ARCH を通じた努力の結果を最大限にアピールするため、POA が承認され、同 POA を動かすためのメカニズムである RCC が始動し、軌道に乗るまでの間を引き続き側面支援することを目的に、ARCH プロジェクトを一定期間延長することを提言する。また同延長期間を活用し、プロジェクトの有効性を向上させるため、ARCH で開発したツールの ASEAN 内での承認取り付けと普及、各国の災害医療チームの派遣能力を補完する地域的取り組みの検討、各国の災害医療にかかる能力開発ニーズ等の把握を行うことを併せ提言する。本プロジェクトはタイ NIEM を協力実施機関として開始したが、2017 年 8 月に R/D を改定し、NIEM とともに、タイ保健省を共同協力実施機関とするなど協力実施体制を強化した。また 2017 年 11 月にフィリピンで開催された第 31 回 ASEAN サミットにおいて、本プロジェクトの成果や活動が盛り込まれた「ASEAN Leader’s Declaration of Disaster Health Management（ALD）が採択された。さらに同宣言の具体化のために 2025 年までの実現を目指す行動計画（Plan of Action: POA）案が ARCH の協力を得て作成されており、現在すでに ASEAN 内の承認プロセスに進んでおり、今後、災害医療にかかる具体的な取り組みが一層強化されることが期待できる。

添付資料 1：

PDM および計画活動表

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

Version 1
as of 04 Augst 2016

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal ASEAN and Japan collaboration mechanism on disaster health management is developed.	1. Roadmap of ASEAN regional collaboration mechanism on disaster health management is finalized and proposed to SOMHD. 2. Hub organization in-charge of coordination of ASEAN and Japan collaboration mechanism is identified, and its role is clarified. 3. Necessary staff and budget of hub organization of ASEAN and Japan collaboration mechanism are proposed. 4. Activities based on ASEAN and Japan collaboration mechanism works if large scale disaster occurs.	1 Monitoring/review survey report 2 Agreement documents in ASEAN SOMHD 3 Summary of related meetings/ conferences (SOMHD or Summit etc)	
Project Purpose Regional coordination on disaster health management is strengthened in ASEAN.	1 Coordination meetings on disaster health management in ASEAN are held at regular basis. 2 Activities needed for regional collaboration are clarified and approved in the coordination meeting. 3 Recommendations for developing regional collaboration mechanism in disaster health management is proposed to SOMHD. 4 Regional collaboration tools are developed and approved in the coordination meeting.	1 Agreement and/or summary of coordination meeting	1 Policy of ASEAN on disaster health management is not changed. 2 Commitment from AMS is assured. 3 Serious political problem will not happen among ASEAN.
Output			
Output 1 Coordination platform on disaster health management is set up.	1-1 Number of regional coordination meeting during the Project (Target: at least once a year) 1-2 Clarification of focal point of each AMS 1-3 Agreement of set-up of regional coordination platform on disaster health management in ASEAN	1-1 and 1-3 Records of coordination meetings 1-2 List of focal points	1 Commitment of AMS for is assured.
Output 2 Framework of regional collaboration practices is developed.	2-1 Regional collaboration drill is conducted. (basically, once a year) 2-2 Recommendations/lessons learned for the regional collaboration drills are concluded . 2-3 Mechanism of regional collaboration among emergency medical teams in disaster affected area is clarified.	2-1 Records of the regional collboration drills 2-2 Monitoring/review survey report 2-3 Draft regional agreement of the regional collaboration on disaster health management	
Output 3 Tools for effective regional collaboration on disaster health management are developed.	3-1 Standard Operating Procedure (SOP) (draft) 3-2 Minimum requirements for disaster health management personnel (draft) 3-3 Framework of health needs assessment in emergencies (draft) 3-4 Preparation of database of emergency medical teams in ASEAN	3-1, 3-2, 3-3, and 3-4 Regional collaboration tools such as SOP, minimum requirement, framework of health needs assessment, database Records of coordination meetings Monitoring/review survey report	
Output 4 Academic network on disaster health management in AMS is enhanced.	4-1 Number of presentation(s) made at academic conference(s) (Target: at least 1 paper/year)	4-1 Academic conference/journal such as JADM, APCDM, and WADEM Monitoring report	
Output 5 Capacity development activities for each AMS are implemented.	5-1 Number of trainings (Target:4 courses) 5-2 Number of participants to attend to the training courses (Target:150 pax) 5-3 Lessons learned from the training courses was utilized in each AMS	5-1 and 5-3 Training report(s) 5-2 Monitoring/review survey report	

Activities	Inputs	
1-1 Regional coordination meetings are organized every year to share the progress and discuss the direction of the Project. 2-1 Develop and prepare the program of the regional collaboration drill with project working group 2-2 Conduct the regional collaboration drill every year in AMS 2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities 2-4 On site practice is conducted when disaster occurs in ASEAN (if possible). 3-1 Formulate project working groups for regional collaboration tools at the beginning of the project 3-2 Develop a draft regional SOP and minimum requirements for disaster health management with the project working group 3-3 Prepare databases of emergency medical teams of AMS 3-4 Draft framework of health needs assessment in emergencies with the project working group 4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM 5-1 Prepare training plan, curriculum and materials on disaster health management and emergency medical system based on needs survey with the project working group 5-2 Conduct trainings on disaster health management and emergency medical service for AMS 5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS 5-4 Conduct a study tour in Japan for AMS 5-5 Conduct training program in Japan for the Thai counterpart personnel	Japanese side 【Experts】 (1)Expert Consultant team (a) Dispatch of Experts 1.Leader 2.Specialist in medical system 3.Specialist in disaster health management/emergency medicine 4.Specialist in planning/organizing regional collaboration drill 5.Specialist in planning/organizing trainings 6.Project coordinator 7.Others, if necessay (b) Provision of necessary equipment (if necessary) (2)Japanese Advisory Committee 1.Provide advice and technical support to JICA on the project management. 2.Join the project working groups 3.Participate ~~to~~ in the regional collaboration drills 4.Conduct advisory survey 【Local cost】 1.Expense mutually agreed upon as necessary	Thailand side 【Counterpart Personnel】 1.Project Director 2.Project Manager 3.Officer(s) in charge 4.Secretary at the project office 【Facilities and Equipment】 1.Project office space for JICA experts 2.Facilities and equipment necessary for trainings/regional drills 3.Equipment mutually agreed upon as necessary 【Available data and information related to project】 【Local cost】 1.Expense mutually agreed upon as necessary

Plan of Operation

Project Title : PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT

Overall Goal	ASEAN and Japan collaboration mechanism on disaster health management is developed.
Project Purpose	Regional coordination on disaster health management is strengthened in ASEAN.
Duration of the Project	3 years

Ver. 1
(04 August 2016)

Schedule		2016						2017												2018												2019								
		6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Outputs	**Activities**																																								
1. Coordination platform on disaster health management is set up.	1-1 Regional coordination meetings are organized every year to share the progress and discuss the direction of the Project.				■									■							■								■										■		■
2. Framework of regional collaboration practices is developed.	2-1 Develop and prepare the program of the regional collaboration drill with project working group			―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―										
	2-2 Conduct the regional collaboration drill every year in AMS								■S.U					■							■								■												
	2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities								―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―				
	2-4 On site practice is conducted when disaster occurs in ASEAN (if possible).								-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Tools for effective regional collaboration on disaster health management are developed.	3-1 Formulate project working groups for regional collaboration tools at the beginning of the project				―																																			
	3-2 Develop a draft regional SOP and minimum requirements for disaster health management with the project working group					―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	-	-	-	-	-	-	-	-	-	-	-	―	―	―	―	―				
	3-3 Prepare databases of emergency medical teams of AMS								―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―									
	3-4 Draft framework of health needs assessment in emergencies with the project working group									―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―								
4. Academic network on disaster health management in AMS is enhanced.	4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM					■ APCDM				■ JADM			■WADEM								■JADM								■APCDM											
5. Capacity Development Activities for each AMS are implemented.	5-1 Prepare training plan, curriculum and materials on disaster health management and emergency medical system based on needs survey with the project working group			―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―																			
	5-2 Conduct trainings on disaster health management and emergency medical service for AMS											―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―	―								
	5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS																												―	―	―									
	5-4 Conduct a study tour in Japan for AMS															■																								
	5-5 Conduct training program in Japan for the Thai counterpart personnel									■											■																			

添付資料２：

専門家派遣実績

業務従事者の従事計画／実績表

契約件名:ASEAN災害医療連携強化プロジェクト

1. 現地業務

氏名 （担当業務）	格付		渡航回数	2016 6	7	8	9	10	11	12	2017 1	2	3	4	5	6	7	8	9	10	11	12	2018 1	2	3	4	5	6	7	8	9	10	11	12	2019 1	2	3	4	5	6	7	日数合計	人月合計
長井　圭子 （総括/医療システム）	1	計画	13		5	9	2 2 1		4	6	9			4	6 7	5	11	5 8																								84	2.80
		実績	13		10~14 (5)	1~9 (9)	25,26/27,28 1 (2) (2) (1)		6~9 (4)	9~10 (6)	13-21 (9)			3~6 (4)	7~12,25~27 (6) (7)	6-10 (5)	12-22 (11)	6-12, 23-30 (5) (8)																								84	2.80
高吉　筆 （総括/医療システム）	1	計画	21																		10		10	5	15	5	7	7	7		7	12	1			8	4	7	6			111	3.70
		実績	17																		26-30 (5)	1, 10-17 (1) (8)	15-20 (6)	5-11,19-24 (7) (6)	24-31 (8)	1 (1)	25-31 (7)	1, 10-17 (1) (8)	3-7, 19-21 (5) (3)		3-9 (7)	13-21, 29- (9) (3)	1 (1)			10-17 (8)	2-5 (4)	14-20 (7)	26-31 (6)	1-5 (5)		116	3.87
中島　康 （救急・災害医療/ 地域連携ツール(1)）	2	計画	22		1 5		3 1 5				13			3	7	4	4	12	4		7		7	7	15		6			6	6										122	4.07
		実績	21		31 1~5 (1) (5)		28~30 1 (3) (1)		6~10 (5)		9~21 (13)			22~24 (3)	24~30 7~10 (7) (4)		7~10 (4)	11~22 (12)	24~27 (4)		3~11 (9)		16-19 (4)		5-7 22-31 (3) (10)	11-13 (3)		27-31 1 (5) (1)		4-7,19-21 (4) (3)				1-8 (8)			17-23 (7)	3-5 (3)				122	4.07
佐藤　純子 （AMS研修企画・運営）	3	計画	23		1 5		6 5	6 8			10			10		19	6	16	8	5	15		7	7	15	7	19		7		7	30			16		5			7	5	252	8.40
		実績	30		31 1~5 (1) (5)		25~30 1~5 (6) (5)		6~11 (6)	7~14 (8)	12~21 (10)			13~22 (10)		10~28 (19)	19~24 (6)	11~26 (16)	26~31 (6)	1~2 (2)	9-13 30-31 (5) (2)	1~12 26~30 (12) (5)	1~5 (5)	9-12 (4)	19-24 (6)	23-31 (9)	1,7-14,30 (1) (8)(1)	1-3, 22-31 (3) (10)	1-2 (2)	2-8 (7)		2-7, 30- (6) (1)	6 29- (6) (3)	1 30 (1)	8 18-22 (1) (8) (5)	21-31 (11)	1 10-25 (1) (16)	2-5 (4)			7 9-12 (4)	5 8-12 (5)	252	8.40
山田　順子 （地域連携ツール(1)）	3	計画	13		1 9		11 12	6	5		15			9	9	9	9	14		4																					113	3.77
		実績	13		31 9 (1) (9)		20 -5 16-22 (11) (5) (7)		6-11 (6)	6-10 (5)	8-22 (15)			16-24 (9)	3-7,19-22 (5) (4)	2-10 (9)	5-13 (9)	10-23 (14)		27-30 (4)																						113	3.77
樫葉　由美子 （地域連携ツール(2)）	4	計画	18		1 5		6 1	6			10				1	8	5	10		4	5		7		3																75	2.50
		実績	11		31 1~5 (1) (5)		25~30 1 (6) (1)		6~11 (6)		12~21 (10)				19-22 (4)	3~10 (8)	6~10 (5)	13~22 (10)		27~30 (4)			26~30 (5)			22-31 (10)															75	2.50
泉田　隆史 （タイ招聘企画・運営）	4	計画	23		14 16		20 8	12	12		19			14		28	7	22			5		20 8		12 12	25		10	10	15		10	10	20		10	20		5	2		373	12.43
		実績	25		10~15/24~31 (6) (8) 1~16 (16)		11~30 1~8 (20) (8)		6~17 (12)	6~17 (12)	9~27 (19)			12~25 (14)		2~29 (28)	7~13 (7)	5~26 (22)	27~31 ~2 (5) (2)		9-13 30-31 (5) (2)	1~12 19~30 (12) (12)	~2 (2)	14-23 (10)		4-31 (28)	1-2,29-30 (2) (2)	1-8, 21-31 (8) (11)	1-3 27-30 (3) (4)	1-9 (9)	22-25 (4)	2-7 (6)		11-30 -10 (20) (10)		20-26 (7)	6-28 (23)	-8 (8)	21-26 (6)			373	12.43
谷　暢子 （地域連携ドリル企画・ 運営）	5	計画	21		1 5		4 1		3 2		15			4		5	4	13	5				7	8	15		7	8	8	8	8	8	2								140	4.67
		実績	20		31 ~5 (1) (5)		27~30 1 (4) (1)		28~30 ~2 (3) (2)		8~22 (15)			21~24 (4)		7~11 (5)	7~10 (4)	10~22 (13)	23~27 (5)				3-11 26~30 (9) (3)	17~21 (5)	16-20 (5)		5-8,19-31 (4) (13)	1, 15-18 (1) (4)	23-31 (9)	1-2 (2)	3-8 (6)				29-30 -8 (2) (8)				2-6 (5)				140	4.67
若林　真美 （研修・招聘運営補助）	6	計画	3		8 12						10					11																									41	1.37
		実績	3		24~31 ~12 (8) (12)						12~21 (10)					18~28 (11)																										41	1.37
阿部　真也 （研修・招聘運営補助）	6	計画	1															12																								12	0.40
		実績	1															11~22 (12)																								12	0.40
吉満　彩子 （研修・招聘運営補助/ 地域連携ツール(3)）	5	計画	9																		7			7	10		7		7			7			3						48	1.60
		実績	6																		22~30 ~1 (9) (1)				22-31 (10)		25-31 1 (7) (1)		3-7 (5)				29-30 -8 (2) (8)				21-25 (5)				48	1.60
																																								現地業務小計	計画	1371	45.71
																																									実績	1376	45.88

※長井9月末渡航は自社負担にて一時帰国。

氏名 （担当業務）	格付		渡航回数	2016							2017											2018												2019							日数合計	人月合計
				6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
2. 国内業務																																										
長井　圭子 （総括/医療システム）	1	計画		5					3	3		5			10		5	8																								41	2.05
		実績		21-25 (5)					25,28,29 (3)	1,2,19,20,26 (5)		8,9,13-15 (5)			8-19(10)		25-31 (5)	1,3,6,14,21,22,31 (8)																								41	2.05
高吉　肇 （総括/医療システム）	1	計画																			3		3			4			4		4					4				4	20	7.2	53.2	2.66
		実績																			19-21(3)		27-28(2)	1 (1)			15-18 (4)			22-25 (4)		1-4 (4)		2-8 (7)			25-28 (4)		1,5,8-12 (10)	20-24 (5)	24-27 (4)	9-16 (7,2)		55.2	2.76
中島　康 （救急・災害医療/ 地域連携ツール(1)）	2	計画			1	1	3		5	3		5	1	3		5				3			2	2	2				2	4	5								11	8		66	3.30
		実績			4 (1)	17 (1)	7,8,9 (3)		2,5,13,19,24 (5)	15,27,29 (3)		13,14,15, 25,26(5)	6 (1)	7,13,17 (3)		2,5,12, 15,28(5)				4,5,26 (3)		7-8(2)	30-31 (2)	26,27 (2)			13,26 (2)	18 (1)	3,15 (2)	6,12 (2)	3, 15-20 (7)	5 (1)	27 (1)	31 (1)	1 (1)	7, 29-31 (4)	1,2,6,8 (4)	2-3,8 (3)	17 (1)			66	3.30
佐藤　純子 （AMS研修企画・運営）	3	計画		3					5			10	9	3		5		3		7			5	4	3			5		7	15	10			15	7			14	10	4	144	7.20
		実績		22-24 (3)					21,22,24, 25,28 (5)			19-28(10)	1-9(9)	12-14(3)			5-9 (5)		2-4 (3)	4-8,18,19 (7)			25-29(5)	1-2,4-5 (4)	19-20,22 (3)	25-27 (3)	7-11,14,15 (7)	8,20,26 (3)	10-12,25 30-31 (6)	7 (12)	15 (7)	10, 14-20 (1) (7)	6	5	7-9,15-17 (6)	4-8, 26 (6)	7,14,15,18 (4)	1-3 (3)	17,27-28 (3)	7, 24-26 (4)	3-5, 14 (4)	144	7.20
山田　順子 （地域連携ツール(1)）	3	計画					5	5	5	5		5			5	5	6		10	5	2																				53	2.65
		実績					15-19 (5)	12-16 (5)	24-28 (5)	14-18 (5)		9,10,13,14,15 (5)			15-19 (5)	19-23, 26 (6)			1-4,7-9,29-31 (10)	4,5, 20-22 (5)	13, 16 (2)																				53	2.65
樫葉　由美子 （地域連携ツール(2)）	4	計画		3		5	5		5						8	2				5								5		1												45	2.25
		実績		23,26-27 (3)		12,16,17,22,23 (5)	1,2,7,8,13 (5)		1,2,15,16,21 1(5)			9,11,13 (3)	4,16,22 (3)		2,12,13,19,20,26,27 6,27,28 (8)	13, 17 (2)				1-4,6,24,26 (5)			17,18,24 (3)			11,12,19 (3)															45	2.25
泉田　隆史 （タイ招聘企画・運営）	4	計画		3								5					3	1		7		3			5				3					3				9	5		47	2.35
		実績		21-23 (3)								17,21,25, 27,28 (5)					3, 27, 28 (3)	11 (1)		4-8,18,19 (7)	10 (1)	11 (1)	31(1)	1,9 (2)			26(1)				14-20 (7)	9 (1)	14 (1)	11,18,28 (3)	1,5 (2)	15,20,25 (3)	4,8 (2)	10,27,29 (3)			47	2.35
谷　暢子 （地域連携ドリル企画・運営）	4	計画			1	1	3	4	1	2		4		2	3	2	4			1	3		3		2			2	3	3									17			73	3.65
		実績			4 (1)	17 (1)	7,8,9 (3)	11,27-29 (4)	25 (1)	15,27 (2)		13-16(4)		19,27 (2)	15,25,30 (3)	16,19 (2)	3,6,7,28 (4)		6 (1)	10,18,19 (3)	15,16,21 (3)	10,11,23 (3)	9,10,15 (3)	9, 28 (2)	1 (1)		8-10 (3)	13,26 (2)	23-24,27 (3)	10,22,30 (3)	21,25,27 (3)	14-20 (7)	1 (1)		21,22 (2)	25,26 (2)	22,23,25 (3)	2 (1)				73	3.65
若林　真美 （研修・招聘運営補助）	6	計画									5	6																														11	0.55
		実績									9,23-26 (5)	17,20-24 (6)																														11	0.55
阿部　真也 （研修・招聘運営補助）	6	計画																3			0.4																					3.4	0.17
		実績																2,7,21 (3)			1 (うち,0.4)																					3.4	0.17
吉満　彩子 （研修・招聘運営補助/ 地域連携ツール(3)）	5	計画																				5			7					5			5			3			9	17	19,8	75.8	3.79
		実績																				18-22 (5)		1-2,7-9,28 (6)	1 (1)		7-11 (5)			20-24 (5)	18 27 (2)	14-20 (7)	26-28 (3)			12-15, 25-27 (7)	6-8 (3)	1-5,8-12 (10)	20-24,27-28 (10)	19, 24-28 (6)	19 (うち,0.4)		70.4	3.52
																																									国内業務小計	計画	612.4	30.62
																																										実績	609.0	30.45
																																									合計	計画	1983.4	76.33
																																										実績	1985.0	76.33

1,2,8,9,16,21,
22-24,27,29,31

12,14,18,2
0,26-28
計7日

9,16,19,20,
27,28
計6日

11,12,14,17,27

添付資料 3：

JCC 会議全議事録

第 1 回 JCC 会議議事録

MINUTES OF MEETING OF

THE FIRST JOINT COORDINATING COMMITTEE MEETING

FOR

THE PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT

04 August, 2016

Dr. Anuchar Sethasathien
Secretary General
National Institute for Emergency Medicine
(NIEM)

Ms. Keiko Nagai
Team Leader.
JICA Expert Team for
the Project for Strengthening the ASEAN
Regional Capacity on Disaster Health
Management

The first Joint Coordinating Committee (hereinafter "JCC") meeting on the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management was held as follows:

Date:	04 August 2016
Time:	09:00 – 11:30
Venue:	Room 602, Fl. 6, National Institute for Emergency Medicine (NIEM)
Attendance:	A list of attendants is presented in Annex 1.
Chaired by:	Secretary General, NIEM

The meeting was conducted according to the following agenda:

1. Welcome by the Chair, Secretary General, NIEM
2. Opening Remarks
   2.1 Senior Representative, JICA Thailand
   2.2 Secretary General, NIEM
3. Introduction of the Attendants
4. Adoption of the Agenda of Joint Coordinating Committee
5. New Business
   5.1 Background of the Project
   5.2 Outline of the Inception Report (IC/R)
   5.3 Major Activities to Initiate the Project
   5.4 Monitoring System of JICA Project
6. Next Meeting
7. Conclusion

Handouts (Presented in Annex 2):

5.1 Background of the Project
5.2 Overview of ARCH Project
5.3 Major Activities to Initiate the Project
5.4 Proposed revision of Project Design Matrix (PDM) and Plan of Operation(PO)
5.4 Project Monitoring Sheet (1) and (2)

Firstly, the Chair welcomed all the attendants. Then, Senior Representative, JICA Thailand and Secretary General, NIEM made opening remarks. Following to introduction of all the attendants, the agenda was agreed by all the participants. The Chair proceeded the meeting. The points of discussions are summarized as follows:

Points of discussions along with the agenda are summarized below.

Introduction

- Each participant introduced himself or herself.
- Mr. Yanagiuchi mentioned that Thailand and Japan has a long history of collaboration. JICA has been providing technical cooperation to reduce the gap among ASEAN member states (AMS) for the ASEAN economic integration. Based on such good relationship, this project could contribute to further development of priority areas in prevention and mitigation of disasters as one of the main issues among AMS.
- Through the project, the platform of regional collaboration on disaster health management will be developed by mobilizing rich resources accumulated in Thailand. In addition to contribution to ASEAN, the project will contribute the strengthening capacity of Thailand.

5.1 Background of the Project

Dr. Phumin explained the background of the project according to the handout. The Project is the first step to establish regional coordination mechanism in the next ten years. NIEM will invite experts from outside such as academic institutions and other agencies for successful implementation of the Project.

5.2 Outlines of the Inception Report

Ms. Nagai continued by explaining the overview of the project and outline of the Inception Report (IC/R) according to the handout, mentioning that this project is already under the ASEAN Health Cluster 2 work plan. Then, the discussions were made as follows:

- Dr. Phusit believed each of AMS has different level of development and capacity. We should not start from zero for all the countries because some AMS has high capacity in disaster health management.
- Ms. Nagai agreed and explained that the previous survey results clearly presented such differences in level of capacity among AMS. For example, Cambodia, Lao PDR, Myanmar, and Viet Nam seem to be at the starting point, while Singapore has excellent capacity. Brunei has well developed human resources and complete sets of disaster medicines, but the teams have less experiences in actual response. Indonesia and the Philippines have been accumulating experiences of actual responses. Malaysia seems to be accelerating capacity strengthening and it is developing emergency medical team similar to Disaster Medical Assistance Team (DMA) of Japan. Therefore, the trainings to be

conducted in the Project will mainly target the first four countries (CLMV) to raise the level of these countries.

- Dr. Phusit explained that we could not use single approach to train every single country in ASEAN. We should understand the current/actual situation of each country and modify our project. Dr. Wiwat agreed with Dr. Phusit but as there are many gaps among AMS, so we would better move together with any shortcuts could be apply.
- Dr. Liviu Vedrasco congratulated all parties with the successful launch of the project. Dr. Vedrasco highlighted the potential for the project to have not only regional but also global impact by developing tools and successful models that can be replicated outside ASEAN. To realize this potential the project needs to be fully in line with global frameworks and tools (WHO EMT registration, Health Cluster guidelines, SPHERE standards, the Bangkok Principles of implementing the Sendai DRR framework in the health sector). Meanwhile, Dr. Phusit said that if the goal is to strengthening capacity of ASEAN, we have to identify which AMS has higher risk in natural disaster so we could save more lives.
- Ms. Yamada stated that understanding of both common and individual challenges among AMS is essential to develop the regional collaboration tools and the training programs.
- Dr. Narain pointed his view that the Project is to develop common language among emergency medical teams to strengthen collaboration in the affected areas.
- Ms. Nakaji mentioned JICA will provide another scheme of training for capacity development of individual countries targeting the four countries from 2017.
- Dr. Prasit has three questions as followed:
  (1) What would be happen next after the ten years and how to make it sustainable?
  (2) How to set the common standard and who will do the international deployment – we need coordination to receive the flow of deployment as even within the country such as the Philippines, the conflict between central and local government occurs regarding disaster management process.
  (3) Results of the previous survey showed that some AMS has good capacity, but some are not. Could we categorize into groups and manage the training course for each state before the drill and PWG2, so all AMS could have the same standard of exercise.
- Dr. Nakajima clarified we found many gaps in understanding and interpretation of the relevant consents among stakeholders both in Thailand and Japan. Towards *"One ASEAN, One Response"*, we need more discussions among stakeholders, hence we could get the same language in the difficult time, correspondingly, thinking through learning, together.

5.3 Major Activities to Initiate the Project

- Dr. Phumin pointed that in addition to the JCC members designated in the Record of Discussion (R/D) signed in February 2016, the relevant organizations such as the Ministry of Foreign Affairs (MOFA), the Ministry of Interior (MOI), academic institutions and the World Health Organization (WHO) are to be invited by the chair upon necessity.
- Regarding the focal points to be involved in the Regional Coordination Meeting (RCM), Dr. Phumin and Dr. Anuchar concluded that one would be from MOPH and another from the Thai College of Emergency Physicians which was recently established.
- Dr. Phumin explained about the project implementing structure (which works also as the communication line among the regional concerned parties) at both Thailand side and ASEAN side, and all participants accepted it with no specific clarification or objection.
- Dr. Phumin presented that Thai expert team will be assigned to prepare necessary documents in addition to the official members of each project working group.
- Dr. Phumin suggested that for PWG1, two Thai representatives would be from MOPH and Academic side respectively. Ms. Nagai recommended that if possible, one of the members should be the same with members for RCM.
- Suggested by Dr. Anuchar, the Thai expert team (to prepare for the PWG1 meeting) would be 1)Dr. Wiwat Seetananotch, 2)Dr. Prasit Wutthisuthimethawee, and other two persons could be from NIEM to maintain regular communication.
- The PWG2 would also have two Thai representatives from both MOPH and the Thai College of Emergency Physicians. Thai expert team for PWG2 would be Dr. Narain Chotirosniramitand his colleague, the person from Praboromarajchanok Institute for Health Workplace Development, and a person from the Thai College of Emergency Physicians.
- Dr. Anuchar concluded that the Thai side would confirm the names of representatives and inform the Japanese side as soon as possible.
- Dr. Liviu Vedrasco explained that WHO developed a curriculum framework for global disaster health management and this could serve as a reference for AMS training

5.4 Monitoring System of JICA Project

Ms. Nagai explained the proposed modifications of PDM and PO according to the handouts. Those are mainly on terminology and minor modifications in PDM. PO was modified in accordance with the actual schedule. All of those modifications were agreed. The revised PDM and PO are presented in Annex 3. Relevant questions and answers are summarized as follows:

- Dr. Phusit pointed that all the indicators are seemed to be the process indicators; we required the measurable output indicators. Moreover, we could put some tangible outcomes and challenges into the sheet.

- Ms. Nagai explained that JICA's monitoring system is rather process monitoring. In this project, it could be difficult to set quantitative indicators to measure the outcomes. Therefore, we can continue our discussion how to monitor and evaluate the effectiveness of the Project.

6. Next Meeting

Although it was not mentioned in the meeting, the next JCC meeting will be held before the second RCM in July 2017 according to the project work plan.

7. Conclusion

Dr. Anuchar concluded the discussion and the meeting was closed at 11:30am.

Annex 1: List of Participants

Name	Position	Organization
Dr. Suriya Wongkongkathep	Department for Development of Thai Traditional and Alternative Medicine	MOPH
Dr. Anuchar Sethasathien	Secretary General	NIEM
Dr. Wiwat Seetamanateit	Executive Advisor to Board of NIEM	NIEM
Dr. Jirot Sindhvananda	Advisor to the Minister, Medical Doctor Expert Level	MOPH
Dr. Phusit Prakongsai	Bureau of International Health	MOPH
Mr. Sutat Kongkhuntod	Public Health Technical Officer, Bureau of Public Health in Emergency Response (BPHER)	MOPH
Dr. Narain Chotirosniramit	Board of NIEM	NIEM
Dr. Phumin Silapunt	Deputy Secretary General	NIEM
Ms. Sansana Limpaporn	Secretary of Dr. Phumin Silapunt	NIEM
Ms. Nawana Aintharak	Manager, Bureau of Emergency Medical Coordination and Alliance Relation	NIEM
Ms. Kittima Yuddhasaraprasiddhi	Section Chief, Bureau of Emergency Medical Coordination and Alliance Relation	NIEM
Ms. Suvicha Kalandakaphan	Project Coordinator	NIEM
Ms. Pornthida Yampayonta	Section Chief, Bureau of Academic Affairs and Quality Management	NIEM
Ms. Chidchanok Malayawong	Development Cooperation Officer, Chief of Japan/Korea Unit	TICA
Ms. Subhawee Suwaprichapas	Development Cooperation Officer	TICA
Mr. Masanari Yanagiuchi	Senior Representative	JICA Thailand Office
Mr. Masanori Takenaka	Senior Program Officer	JICA Thailand Office
Ms. Suwanna Navacharoen	Program Officer	JICA Thailand Office
Mr. Keisuke Karaki	First Secretary	Embassy of Japan
Ms. Keiko Nagai	Team Leader	JICA Expert Team
Dr. Yasushi Nakajima	Regional Collaboration Drill	JICA Expert Team
Ms. Junko Yamada	Regional Collaboration Tool	JICA Expert Team
Ms. Junko Sato	Capacity Development Planning	JICA Expert Team
Ms. Yumiko Kashiba	Regional Collaboration Tool	JICA Expert Team
Ms. Masako Tani	Regional Collaboration Drill	JICA Expert Team
Mr. Takashi Senda	Capacity Development Planning	JICA Expert Team
Ms. Mami Wakabayashi	Project Coordinator	JICA Expert Team
Ms. Sukrita Tangkunapipat	Project Assistant	JICA Expert Team

Invited by the Chair

Name	Position	Organization
Dr. Liviu Vedrasco	Technical Officer	WHO Country Office for Thailand
Mrs. Siriporn Wasboonma	Head of Disaster Emergency Medical Service, Relief and Community Health Bureau	Thai Red Cross
Dr. Prasit Wuthisuthinuthawee	Chief of Department of Emergency Medicine Songklanakarin Hospital	Prince of Songkla University
Mr. Thanapat Poonsrisawat	Dr. Bhijit's Assistant	NMU
Ms. Chadchadawan Kedsawapitak	Dr. Bhijit's Assistant	ADPC
Ms. Junko Nakaji	Special Advisor Team 2, Urban and Regional Development Group	JICA Headquarters

Annex 2: Handouts

第 2 回 JCC 会議議事録

MINUTES OF MEETING OF

THE SECOND JOINT COORDINATING COMMITTEE MEETING

FOR

THE PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT

28 August, 2017

Dr. Atchariya Pangma
Secretary General
National Institute for Emergency Medicine
(NIEM)

Ms. Keiko Nagai
Team Leader.
JICA Expert Team for
the Project for Strengthening the ASEAN
Regional Capacity on Disaster Health
Management

The second Joint Coordinating Committee (hereinafter "JCC") meeting on the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management was held as follows:

Date:	28 August 2017
Time:	13:30 – 15:30
Venue:	Room 601, Fl. 6, National Institute for Emergency Medicine (NIEM)
Attendance:	A list of attendants is presented in Annex 1.
Chaired by:	Secretary General, NIEM

The meeting was conducted according to the following agenda:

1. Welcome by the Chair, Secretary General, NIEM
2. Opening Remarks
   2.1 Secretary General, NIEM
   2.2 Senior Representative, JICA Thailand
3. Introduction of the Attendants
4. Follow-up of the First JCC Meeting
   4.1 Progress of the Project in the first year
   4.2 First and second monitoring sheets submitted to JICA
   4.3 Progress of the annual plan of the first year
5. New Business
   5.1 Up-coming events for the second years
   5.2 Annual plan for the second year
6. Next Meeting
7. Conclusion

Handouts (Presented in Annex 2):

4.1 Progress of the Project
4.2 Monitoring sheets for first and second terms
4.3 Progress of the annual plan
5.1 Up-coming events for the second year
5.2 Annual plan for the second year

Firstly, the Chair welcomed all the attendants. Then, Secretary General from NIEM and Senior Representative from JICA Thailand made opening remarks. Following to introduction of all the attendants, the agenda was agreed by all the participants. The Chair proceeded the meeting. The points of discussions are summarized as follows:

Points of discussions along with the agenda are summarized below.

Introduction

- Each participant introduced himself or herself.

4.1 Progress of the Project in the first year

- Mr. Surachai Silawan presented the overall progress of the Project in the first year along with five outputs, implementing structure, and the progress of each output.
- Dr. Jirot pointed that some of the activities are currently behind the schedule so we have to notify the AMS again regarding the deadline or we can give them more time to consider. Ms. Nagai replied that as we need to develop 4 tools (SOP, Minimum Requirements, Database, HNA Framework) during 3 years of the Project for PWG 1 so it takes time and consideration. Ms. Nagai added that we also need more participation in PWG 1 members, while PWG 2 members are very participatory and more motivated. Currently there are several drafts and issues to discuss so the Project Team would like to gain more involvement for PWG 1.
- Dr. Phumin agreed with Ms. Nagai due to the last PWG meeting in Phuket was obviously different. Compared to PWG 1, PWG 2 meeting included the brainstorming session. Therefore, we can share the meeting style between these two Project working groups. Dr. Prasit added that most of the tools are nearly finished, just need more comments and suggestion from AMS as we aim to finish before the next PWG 1 meeting in this November also we need to adapt with the next RCD in Viet Nam as well.
- Dr. Jirot added that in PWG 1 many participants kept silent because it was more complicated compared to PWG 2, also some participants have to consult many units internally before making any comments so they cannot explain or show their opinion evidently. Ms. Nagai responded that some countries compiled the comments before they coming to the meeting. So next time we can compile and set the deadline around 4 weeks before bringing the comments to the venue.
- Mr. from TICA inquired regarding the draft version zero, Ms. Nagai responded that version zero is the preparation contents from Project Team but version one includes the comments from AMS in order to compile and bring to Health Cluster II for the endorsement. Dr. Prasit added that version zero can be modified and not finalized by every AMS yet.
- Dr. Anupong recommended that it is better to have the main focal point as the high rank personnel, based on the nomination, which is very important.
- Everyone agreed with Dr Bhijit that Training is an important key for the capacity development, so it should be more strict and intense in the second year of the Project. He advised to include the area

management or medical rescue for the trainings. However, even there are differences among the AMS, the training can increase the capacity building for them properly.

- Regarding the SOP, Dr. Bhijit pointed that it is better to identify more about the SOP on the business side such as an international coordination among the AMS, also with AHA Centre. And when we understand all elements, we can create a master diagram how the Project is demanding along with the tier so other countries understand easily.
- Ms. Nagai added that for the Training, our project is implemented by the framework for emergency medical team in AMS countries. For SOP- focusing on the management of EMT on site and how to collaborate others as we already have SASOP – our SOP can be related linked to the SASOP – it can be the attachment but we consider the consistency of the SASOP as well. Good idea to encourage the commitment of each country. Dr. Bhijit said that AHA centre is revising the SASOP – so it's the good time to consider the SASOP in the local area.
- Dr. Phumin added that when we look at SASOP – it is not enough details for Disaster Health Management, which we aim to establish specific SOP but it has to be in the same line with SASOP, for example, mostly we start the process from the airport as we follow SASOP to avoid the confusion.
- Dr. Boriboon added that regarding the PWG 2 activities; there were differences even within the same team, therefore, we need common language for effective training.

4.2 First and second monitoring sheets submitted to JICA

- Ms. Nagai presented that we have already submitted two monitoring sheets, which consisted of summary sheet and achievement of progress; the video of the Start-Up Drill and the first Regional Collaboration Drill were presented as well.
- The next Project monitoring sheet will be submitted in December 2017.

4.3 Progress of the annual plan of the first year

- Ms. Nagai presented the accomplishments of the first year target along with the handout.

5.1 Up-coming events for the second year

- Mr. Surachai presented the upcoming events for the second year of the Project along with the handout. Ms. Nagai added that the Project Team already visited Da Nang for venue inspection regarding the second Regional Collaboration Drill in March 2018. The Viet Nam side still considers the detailed tasking and budget sharing internally. The Project Team will have several meetings with Viet Nam so the technical group discussion will be finalized before PWG 1 meeting in this November.
- Ms. Sato clarified that regarding the next C/P Training in February 2018; it depends on Thai side for the personnel who would join the Training. If participants will be same as the 1st C/P Training, the course will be an advanced course; while it will be a basic course if new participants attend the training.

5.2 Annual plan for the second year

- Ms. Nagai presented the annual target for the second year along with the handout.
- Dr. Bhijit suggested considering the capacity building and increasing more topics of the training issues. Ms. Sato responded that there are four Trainings for AMS, each training has its own theme, which had been decided according to the previous study. When the Project Team finds out new needs based on the outcomes and lessons learned from other ARCH activities such as drill and tool development, we will modify and adapt with the decided topics appropriately.
- Dr. Bhijit added that we should consider regarding the differences in capacity and experience among each AMS, as we can bring common weakness of some countries. Ms. Sato agreed and responded that JICA has another scheme, which is apart from ARCH Project and focuses on the capacity building of Cambodia, Myanmar, Viet Nam, and Laos in emergency medicine as they have more needs.
- Dr. Bhijit recommended having the same direction for each AMS in order to enhance the capacity development in the region.

6. Next Meeting

The next JCC meeting will be held tentatively around August or September next year according to the Project work plan. Dr. Atchariya informed that the next JCC would be consisted of three main parties, which are MOPH, NIEM, and JICA according to the new MOU, which will be signed soon.

7. Conclusion

Dr. Atchariya concluded the discussion and the meeting was closed at 15.30.

Annex 1: List of Participants

Name	Position	Organization
Dr. Bhijit Rattakul	Senior Advisor	MOPH
Dr. Jirot Sindhavananda	Senior Advisor	MOPH
Flt. Lt. Dr. Atchariya Pangma	Secretary General	NIEM
Dr. Phumin Silapunt	Public Health Technical Officer, Bureau of Public Health Emergency Response (BPHER)	MOPH
Mr. Wattanawit Gajaseni	Representative of TICA	MOFA
Mr. Park Boonnuch	Second Secretary	ASEAN Division, MOFA
Mrs. Suttapak Suksabai	Representative	DDPM
Asst. Prof. Boriboon Chaintanakit	Representative	Thai College of Emergency Physician
	Representative	Thai Red Cross
Dr. Kanda Limitlaohaphan	Representative	Thai Red Cross
Ms. Dutsadee Arunrakthavon	Representative from PWG 1	Price of Songkla
Dr. Prasit Wutthisuthimethawee		University
	Chief of Information Section	Asian Centre of
Sr. Col. Watanauth Sanpanich	Director, Bureau of Emergency Medicine	Military
Mr. Surachai Silawan	Management System	NIEM
Ms. Sansana Limpaporn	Manager, Bureau of Emergency Medicine Management System	NIEM
Ms. Akiko Sanada	Acting Director, Infrastructure and Peace building	JICA Headquarters
Ms. Junko Nakaji	Special Advisor, Infrastructure and Peace building	JICA Headquarters
Mr. Masato Koinuma	Senior Representative	JICA Thailand Office
Ms. Keiko Nagai	Team Leader	JICA Expert Team
Ms. Junko Sato	Capacity Development Planning	JICA Expert Team
Mr. Takashi Senda	Capacity Development Planning	JICA Expert Team
Ms. Sukrita Tangkunapipat	Project Secretary	JICA Expert Team

Observer

Dr. Sanchai Chasombat	Assistant Secretary	NIEM
Dr. Anupong Sujariyakul	Focal Point of Thai Health Cluster II	MOPH
Ms. Suwanna Navajaroen	Program Officer	JICA Thailand Office
Ms. Kittima	Section Chief, Bureau of Emergency	NIEM
Yuddhasaraprasiddhi	Medical Coordination and Alliance Relation	NIEM
Ms. Kunpalee Sopeng	Coordinator	
Ms. Dangfun Promkhum	Project Coordinator	NIEM

Annex 2: Handout

第 3 回 JCC 会議議事録

SUMMARY OF PROCEEDINGS

THE THIRD JOINT COORDINATION COMMITTEE (3rd JCC) MEETING ON THE PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT (ARCH)

31 October 2018

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

I. INTRODUCTION

1. The 3rd Joint Coordination Committee (JCC) Meeting was held on the 31st October 2018 at the National Institute of Emergency Medicine (NIEM) as an annual meeting for the Joint Coordination Committee, constituted in The Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project). The meeting was chaired by Dr. Atchariya Pangma, NIEM Secretary General, with the objective to keep JCC members informed about the ARCH project's amendments, progresses and the up-coming workplans. This JCC meeting was consecutively held after the 1st JCC meeting in 2016, 2nd meeting in 2017. The ARCH project was designed and developed to foster a platform of coordination in Disaster Health Management and Emergency Medicine within ASEAN member states. After its commencement in 2016, several key elements have been achieved such as the Regional Collaboration Tools developed, the ASEAN Leaders' Declaration on Disaster Health Management endorsed, Regional Collaboration Drill conducted and others. Details of project's progress were discussed within this meeting and thus stated in later sections. Please see 3rd JCC Meeting agenda in **ANNEX I**.

2. In the occasion of event's opening, remarks were delivered by the Director of the Division of Public Health Ministry Management, representing Thailand's Ministry of Public Health, and Senior Representative of JICA representing, JICA Thailand's Office. The frequent occurrences of disastrous incidents such as dam collapse, typhoon, tsunami and flood in this past year are evidence of the importance of advance ASEAN collaboration in Disaster Health Management and the role ARCH project can play in enhancing coordination for safe and resilient ASEAN community. Gratitude were well expressed to the key players in ARCH project including JICA, the Project Team, NIEM team, MOPH and other organisations contributing to the on-going success of the project.

3. The 3rd JCC meeting was attended by delegates who act as the Joint Coordination Committee members. Delegates included JICA Head Quarter, JICA Thailand Office, ARCH Project Team, Japan Embassy, Ministry of Foreign Affair, Department of Disaster Prevention and Mitigation, ASEAN Center of Military Medicine, Thailand College of Emergency Physician, Chulabhorn International College of Medicine and others. Please see the Lists of Participant in **ANNEX II**.

4. In the 3rd JCC meeting, the JCC members had reviewed and approved the contents, agreements and amendments of the 2nd JCC meeting held in November 2017.

II. PROJECT FRAMEWORK PROGRESS UP-COMING EVENTS

4. Representative of JICA Thailand explained on the amendment for the Record of Discussions(R/D) s signed on August 30,2017 mainly including MOPH as one of the main counterparts and other associating conditions. The summarised contents of amendment are;
    a. Implementation Structure: to include MOPH as (a) Co-Project Director (b) Counter Personnel (c) Project Manager and (d) Other Organisation (to be added when necessary)
    b. Proposed member of Joint Coordination Committee (JCC): to include Permanent Secretary, Ministry of Public health as Co-Chairperson and to include 9 more members to the Thai side and 1 member to the Japanese side.
    c. Input by JICA: to add input "Dispatch of long-term expert for ASEAN Coordination in DHM to Division of Public Health Emergency Management"

d. Input by Thai side: to add output (3) MOPH will take measure to provide at its own expense the counterpart personnel, suitable office space for long-term expert, and expenses to implement the project limited to only MOPH personnel.
e. PDM: change to PDM version 2.0

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

5. The project team leader had outlined the project's framework, mechanism, progresses and the up-coming events. Within the ARCH project's duration June 2017-August 2019 (phase 1), 5 outputs and their activities are expected to be accomplished to serve project purposes and the overall goal during this duration. The ARCH project 1st phase was the premier portion within the grand design consisting of 3 phases with the expected duration of 10 years. Phase 1 goal is designed to establish and strengthen mechanism within the ASEAN Member States. While phase 2 goal is to develop, implement and validate the mechanism and final Phase; 3 is meant to finalize the sustainable collaboration mechanism in ASEAN country. Please see the presentation on Framework, Progress and Up-coming event in **ANNEX IV**.

6. As stated above, the ARCH Project 1st Phase has 5 outputs to materialize within the timeframe. Outputs as well as their progresses are summarised below.

Output 1: Coordination platform is setup. The indicators for this output are; 1) the host of regional coordination meeting, 2) the clarification of the focal point for each AMS and 3) the setup of the coordination platform on Disaster Health Medicine in ASEAN.

Output 2: Framework for Regional Collaboration Practices is developed. The Indicators for this output are; 1) the host of the Regional Collaboration Drill (1st drill in Phuket, Thailand, 2nd drill in Danang Vietnam, and 3rd (up-coming) Metro Manilla, The Philippines); 2) recommendations and lesson learned are collected and consolidated in activities and tools; and 3) the mechanism of regional collaboration among EMT is clarified.

Output 3: Tools for Effective Regional Collaboration on Disaster Health Management are developed. Indicators for this output are; 1) Standard of Practice (SOP); 2) Minimum Requirement; 3) Health Needs Assessment; and 4) EMT Database. Lessons learned and recommendations received from drills and other activities are consolidated back in tools.

Output 4: Academic conference on Disaster Health Medicine. The indicator for this output is the number of academic conferences attended. ARCH project had just participated in the APCDM conference in Kobe, Japan during 16-17 October 2018.

Output 5: Capacity development activities for each AMS are implemented. Indicators for this output are the number of training (anticipating: 4 AMS training), participant (anticipating: 150 people). Three out of four AMS trainings were already conducted with selected training themes being 1) Human resource development and enhancing individual competency, 2) Capacity development of EMT, 3) International EMT, and 4) EMTCC (to be conducted).

7. The up-coming key events in 2018 include 1) the Regional Collaboration Drill to be conducted in Metro Manilla, The Philippines during 3-5 December, 2) Project Working group 1 and 2 and the RCC meeting to be held during 6-7 December (held after the RCD in same venue), 3) 4th AMS training on EMTCC to be conducted in February 2019, and 4) The final RCC meeting (date and venue to be confirmed). All events are essential for the successful implementation of the ARCH project Phase 1 in maintaining key deliveries before the completion of the project in Aug 2019.

III. PROGRESS ON DISASTER HEALTH MANAGEMENT IN ASEAN

8. Dr. Phumin delivered the updates on ASEAN Health Sector meetings Within Post 2015 Health Development Agenda, four groups of health clusters can be categorized, and Disaster Health Management belongs to cluster 2, speciafically priority 12. ARCH project has been officially recognized as an output for out priority 12 workplan. The ASEAN Leaders' Declaration on Disaster Health Management as one of ARCH projects numerous outputs, has already been adopted during

the ASEAN submit in November 2017. In addition, other key activities delivered by the ARCH project including the Regional Collaboration Drill, ASEAN Member State capacity training and Regional Collaboration Tools, are in the on-going process and are due to be completed soon.

9. The presentation also was drawn upon the ASEAN Disaster Health Management situation after the implementation of the ARCH project. As a result of Regional Collaboration Tools development, Standards Operation Procedures, Minimum Requirement, Health Needs Assessment and EMT Database as well as the Medical Record Form are in the process of revision and finalization. After completion, the tools will be passed forward for consideration, endorsement to circulate within the ASEAN Health Sector Mechanism and SASOP. After 3 AMS trainings already conducted, more than 100 health personnel in ASEAN participated in the training which add valuable skill sets not only on technical practices but only to the coordination mechanism to their own countries. Moreover, 3 Regional Collaboration Drills are in the implementation plan which have already or will be conducted in Phuket, Danang and Manilla Consecutively. The drills are the opportunities for the developed tool to be tested and revised based on comments received. The host cities of the drill gain useful benefits to their home countries in terms of human resource capacity building especially EMTCC, experiencing and recognizing regional mechanism for emergency assistances, testing of the national existing National Disaster Response plan and others.

10. During ARCH project, Thailand had much benefited from organizing 2 drills; one start-up drill (Bangkok) and one Regional collaboration drill (Phuket). Through the course of ARCH project, Thai medical personnel' capacities and skills are built. Some are technical-related skills, many were equipped with the experience in organising the regional drill. Details of the benefits to Thai personnel through ARCH project are the following:

    a. Thai MOPH and NIEM acknowledged by 10 AMS, AHA Centre and ASEC
    b. EMT training by WHO represent 4 provincial health offices, 6 certified personnel for EMTCC
    c. 50 medical personnel get experience and knowledge and technical support by Japanese experts through counterpart training session in Japan
    d. 100 medical personnel get experience for participating in the regional drill
    e. Strong united team of MOPH, Universities and Thai Red Cross is built
    f. Knowledge sharing and dissemination resulting in organised knowledge sharing events such as Drill in Chiang Rai, Drill in Health Region, workshop at Rejvithi hospital, Navamindhthiraj university and others

11. The ARCH project original objectives of each Phases (Phase 1,2 and 3) were revised to appropriately suit the change of certain circumstances, from strengthening collaboration in Phase 1, Develop Mechanism Phase 2, and Establish mechanism in Phase 3. Fortunately, The ASEAN Leaders' Declaration on Disaster Health Management has already been established which was an intended objective in Phase 2 and thus, *there are shifts in the Phases' objectives*. The intended Phase 3 objective "Mechanism Establishment" can be commenced in 2019 in order to become effective mechanism by 2025. Consequently, Extension Phase 1 is proposed to comply with the ASEAN workplan and allow the regional collaboration mechanism establishment objective to be enhanced.

12. The ARCH project had also identified the ASEAN suitable definition of I-EMT. While World Health Organisation (WHO) defines I-EMT as absolute self-sufficient and considered unachievable in the ASEAN context, the ASEAN I-EMT however, compromises logistic support between the host country and the I-EMT upon prior agreement. In this case, if national SOP are developed in the future course of the ARCH project, AMS should have written procedure on the logistic support practices for I-EMT.

13. In the capacity building related support, the setup of the disaster health training centers network with ASEAN Institute for Disaster Health Management (AIDHM) which was proposed based on the POAis planned to be carried out as a part of Extension Phase.

14. After the endorsement of the ASEAN Leaders' Declaration, the Plan of Action (POA) was drafted as guidelines of implementation of the declaration. The goal for the POA is to install disaster resilience and health system in ASEAN community and by 2025 two targets comprising the regional collaboration mechanism and the national capacity target are to be met. In order to meet the target; 2 mechanisms are being finalized including; 1) the Regional Coordination Committee for Disaster Health Management and; 2) ASEAN Institute for Disaster Health Management. The host countries of the 2 mechanisms will be identified at the Health Cluster 2 meeting in July 2019. However, the POA for the declaration is in the process to be reviewed and endorsed by Health Cluster 2 by Feb 2019 and SOMHD on April 2019.

15. The ARCH project Phase 1 is expected to end in 2019, while the Extension Phase 1 will follow on until the end of 2020 (21 months). By 2021 ARCH project Phase 2, the mechanism establishment phase will commence along side the next round of ASEAN work plan which should well complement each other. Please refer to the presentation on Progress on DHM in ASEAN in **ANNEX V**.

IV. PROJECT EVALULATION AND RECOMMENDATION

16. Mr.Ikeda, JICA Chief Advisor explained on the Project Evaluation and Recommendation. Evaluation is a crucial procedure within JICA's projects' implementation to foster lesson learned and improvement in the future. Similarly, the ARCH project's outputs were also reviewed through the questioneire survey for the participants of the Study Tour in Japan from AMS member
Regarding the Project Purpose, four(4) targets were set as verifiable indicators. Present achievement is as follows

Indicator1"Coordination meetings on disaster health management in ASEAN are held at regular basis"; **Expected to be achieved.**

Indicator2 "Activities needed for regional collaboration are clarified and approved in the coordination meeting"; **Achieved.**

Indicator3 "Recommendations for developing regional collaboration mechanism in disaster health management is proposed to SOMHD."; **Expected to be achieved.** The text of ALD and the POA drafted through the discussion in the RCC and the PWG were submitted to the Health Cluster 2 meetings and the SOMHD. The ALD was already adopted in the ASEAN Summit on Nov. 2107.

Indicator4 "Regional collaboration tools are developed and approved in the coordination meeting"; **Expected to be achieved.** The Regional Collaboration tools developed will be submitted to the SOMHD in next April.

Although the overall goals are expected to be achieved a few years after the project end, some of the targets are achieved early such as the endorsement of the ASEAN's Leader Declaration on DHM and the Plan of Action for the declaration, and thus, ensures successful achievement of the project.

17. The overall ARCH project implementation was also evaluated based on the JICA evaluation standards indicators on "Relevance", "Effectiveness", "Efficiency", "Impact", and "Sustainability". The evaluation results are the following:

Relevance: Relevance was evaluated **"High" because** political priority for Disaster Health Management could be risen in this region.

Effectiveness: Effectiveness was evaluated **"Relatively High"** The reason with "Relatively" is because of EMTs of AMS difficulties in meeting some elements of WHO I-EMT minimum standards and their capabilities are not enough for self-sufficient international deployment.

Efficiency: Efficiency was evaluated **"Medium"** due to an unclear organizational commitment from Thai MOPH for the ARCH project as well as the frequent changes of the RCC and PWG participants.

Impact: Impact was evaluated **"High"** mainly because of he ASEAN Leader's Declaration on DHM, Plan of Action and MDS as they made significant contribution to and beyond ASEAN region.

Sustainability: Sustainability was evaluated **"High"** because of the adoption of the ALD. In addition, official adoption of the POA and regional tools to to be integrated into the SASOP , will be ensured the susutainability.

All in all, the overall project activities and outputs have almost been as planned. It has made efforts towards the overall goals which aim to be achieved several years after termination. The ASEAN Collective Approach is planned to be the way forward. Furthermore, if the POA is approved in the near future and the RCC and AIDHM are operationalized, the Impact and Sustainability through ARCH project will further be ensured.

18. As the result of the evaluation, recommendations were provided which included the followings;

Recommendation 1: *The ARCH Project should extend the cooperation period (21months)* until the POA is approved and the main mechanism of the POA (RCC & AIDHM) can start in order to implement activities on track and thus, ensure the Impact and Sustainability.
Recommendation 2: The project should continue testing the regional tools as well as study on the capacity development on each AMS. Consequently, the regional approach to complement the capabilities of ASEAN-EMT can continue discuss**ion** during the extension period.

19. During the Extension Phase 1, the followings are planned activities.
    1) Dissemination of the Outputs of ARCH for relevant ASEAN sectoral bodies
    2) Drafting the Work Plan on the POA of ALD (relating to Output 1 of present PDM)
    3) Conducting the Regional Coordination Drills (RCD) (relating to Output 2)
    4) Collection & Sharing of Lessons Learned from responses for actual disasters in ASEAN
    5) Study on possibilities of ASEAN Collective Approach for ASEAN-EMT (Output 3)
    6) Strengthening Academic network on DHM (relating to Output 4)
    7) Study on needs and potential of Capacity Development for DHM in AMS (Output 5)

20. The steps for 4 ASEAN Collective Approach were proposed steps during the extension period to further enhance ASEAN actions towards the achievement of ASEAN DHM collaboration. The steps are as follows.

    1) Set-up Sub-Working Group (SWG) under the PWG1 on June, 2019
    2) Four issues will be discussed; 1) Customs compliance; 2) Sanitation & Waste Management, 3) Indemnity & Malpractice 4) Other Logistical Support
    3)
    4) Results of the discussion by SWG should be documented as recommendation on ASEAN collective approach and be reported to the RCC and SOMHD.

21. The expected targets during the Extension Phase 1 include;

    1) All developed Regional Collaboration Tools are endorsed by ASEAN.
    2) Draft Work Plan for Plan of Action on Disaster Health Management
    3) Regional Collaboration Drills: More than One time, Feedback on the tools and i-SPEED from the drills
    4) Information Sheet Format for Lessons Learned from Disaster Response, Lessons Learned from an actual case if any
    5) ASEAN regional standards or methods on some necessary issues for deployment of ASEAN-EMT
    6) Study Report on Collaboration Drill on DHM in AMS -Identifying needs for capacity

development and potential core training institutes on DHM
7) Academic International Seminar (One time)
8) Academic and/or training center network on DHM in ASEAN is developed

21. As for the tentative schedule planned for the Extension Phase 1, after the approval for the Project Evaluation and the Extension in the RCC in December 2018, the R/D will be signed up to March 2019 with details to be discussed. The detail plans are to be approved by the next JCC meeting and, hence, the Extension Phase 1 will commence in July 2019 and carried out until March 2021.

Please refer to the presentation on ARCH project evaluation and recommendation in **ANNEX VI**, and the tentative draft on the Extension Phase 1 Plan in **ANNEX VII**.

V. DISCUSSION ON THE REMAINING PERIOD AND FUTURE COOPERATION

22. On the One ASEAN One Response mission, the ARCH project has contributed in terms of synergizing collaboration mechanisms in ASEAN. However, it is recommended that the core value, objectives, approach and positioning in which the ARCH project introduce into ASEAN Disaster Health Management are reevaluated from time to time to optimize the project's impact to ASEAN community, taking into account other health mechanisms, supporting organisation within and outside ASEAN. However, in the ASEAN context specifically, AHA Centre is the key organisation responsible for Disaster Health Management. Therefore, the operation under ARCH project should compliment the role of AHA Centre and work in line with the overall ASEAN overarching structures.

23. It is further commented that opportunities to participate in actual disastrous events such as some which occurs in the past year e.g. flood in Japan, Tsunami in Indonesia, dam collapse in Laos, are good opportunities to extract lesson learned which could be consolidated into the tools. In the occasion of ASEAN Regional Disaster Emergency Response Simulation Exercise (ARDEX), Thai Department of Disaster Prevention and Mitigation will dispatch team of the Thai Red Cross and the Military to join this simulation exercise using the Sulawesi Tsunami as simulation. While, ASEAN Center of Military Medicine (ACMM) reported that they have well-equipped and skilled team who are well connected with other countries in ASEAN.

24. A suggested emphasis was placed to the dissemination of the established mechanism to disaster related agencies around ASEAN in order to be informed and effectively utilize the mechanism. In addition to information dissemination, mechanism for collaboration can be facilitated and maintained using online technology. More importantly, to build a strong regional DHM institution, academic network is important in the way that it foster well-trained and skilled health personnel to operationalise within their counties Resources should be allocated for domestic capacity building as well as fellowships as the Thai College of Emergency Physician has strategize its outputs. In the Extension Phase 1, networks of health personnel, academics and experts from in ASEAN as well as within MOPH organisations could be emphasized as a start of institutional building. Lastly, the current EMT initiative Thailand has been working on with the support of WHO and JICA is an activity parallel to the ARCH project mechanism development, it is encouraged for EMT initiative to be carried out in other ASEAN countries alongside Thailand so EMT works are streamlined.

VI. Closing Remarks

25. The main notification and agreement in the 3rd Joint Coordination Committee (3rd JCC) meeting were the acknowledgment of the progress, achievement and up-coming events, progress within the ASEAN framework, the ARCH project Phase 1 evaluation and recommendations including the agreement in the Extension Phase 1 for the course of 21 months from (2019-2020). The agreement on the Extension Phase will be informed to the Regional Collaboration Committee in the Philippines in December 2019. Details of workplan including budgets and other arrangements are objects for further discussion to steer the phase into proper direction as intended. This had reached the end of points of discussion. The chair then declared the 3rd Joint Coordination Committee meeting successfully closed.

添付資料 4：

R/D 初版・改訂版

RECORD OF DISCUSSIONS

ON

PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT

AGREED UPON BETWEEN

NATIONAL INSTITUTE FOR EMERGENCY MEDICINE

AND

JAPAN INTERNATIONAL COOPERATION AGENCY

BANGKOK, February 19, 2016

Mr. Shuichi Ikeda
Chief Representative
Thailand Office
Japan International Cooperation Agency

Dr. Anuchar Sethasathien
Secretary General
National Institute for Emergency Medicine

In response to the official request of the Government of Thailand (hereinafter referred to as "GoT") to the Government of Japan, the Japan International Cooperation Agency (hereinafter referred to as "JICA") held a series of discussions with National Institute for Emergency Medicine (NIEM) of GoT (hereinafter referred to as "NIEM") and relevant organizations to develop a detailed plan of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (hereinafter referred to as "the Project").

Both parties agreed the details of the Project and the main points discussed as described in the Appendix 1 and the Appendix 2 respectively.

Both parties also agreed that NIEM, the counterpart to JICA, will be responsible for the implementation of the Project in cooperation with JICA, coordinate with other relevant organizations and ensure that the self-reliant operation of the Project is sustained during and after the implementation period in order to contribute toward social and economic development of Thailand.

The Project will be implemented within the framework of the Agreement on Technical Cooperation signed on 5th November 1981 (hereinafter referred to as "the Agreement") and the Note Verbales exchanged on 29h May and 10th June 2015 between the Government of Japan (hereinafter referred to as "GOJ") and GoT.

Appendix 1: Project Description
Appendix 2: Minutes of Meetings signed on on 14th October, 2015

Appendix 1

PROJECT DESCRIPTION

Both parties confirmed that there is no change in the Project Description in the minutes of meetings on the Project signed on 14th October, 2015 (Appendix 3).

I. BACKGROUND

ASEAN region is one of the most disaster prone areas in the world and the importance of strengthening regional capacity has been emphasized among ASEAN leaders. At the Japan-ASEAN Commemorative Summit Meeting in Dec 2013, Japan introduced "ASEAN-Japan Cooperation package for enhancement Disaster Management", which included cooperation on disaster medicine. It will also support for establishment disaster medicine network between ASEAN and Japan

JICA conducted training course on disaster medicine from 1988 to 2008. Inspired by Japan Disaster Medical Assistant Team (DMAT) and the knowledge obtained in the JICA training course, Thai DMAT was established in 2008. The Government of Thailand requested to the Government of Japan a technical cooperation project for establishing collaboration mechanism of disaster medicine in ASEAN region.

Based on the request, JICA conducted "the Survey on the Current Situation of Disaster/Emergency Medicine System in the ASEAN Region" (hereinafter referred to as "the Survey") from November 2014 to August 2015. In ASEAN, it was decided that "disaster health management", which is including the scope of "disaster medicine", was one of the health priorities in ASEAN Post-2015 Health Development Agenda endorsed by the ASEAN Health Ministers Meeting.

Through the discussion in the regional meetings of the Survey, all ASEAN member states (hereinafter referred to as "AMS") representatives reached common understanding on the importance of the regional collaboration mechanism in disaster health management and necessary actions. It is also confirmed that the Project contributes to achieve the health priority of "disaster health management" in ASEAN.

Both side agreed that the Project requested by Thai side will be conducted for strengthening regional collaboration mechanism of disaster health management in ASEAN and NIEM will be involved in the Project as host organization in collaboration with JICA.

II. OUTLINE OF THE PROJECT

Details of the Project are described in the Logical Framework (Project Design Matrix: PDM) (Annex I) and the Plan of Operation (Annex II).

1. Title of the Project

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

2. Expected Goals which will be attained after implementing the Proposed Plan
Regional coordination on disaster health management is strengthened in ASEAN.

3. Outputs
(1) Coordination platform on disaster health management is set up
(2) Framework of regional collaboration practices is developed
(3) Tools for effective regional collaboration on disaster health management are developed
(4) Academic network on disaster health management among AMS is enhanced
(5)Capacity development activities for each AMS are implemented

4. Activities
1-1 Regional coordination meetings and workshops are organized every year to share the progress and discuss the direction of the Project
2-1 Develop and prepare the program of regional drill with project working group
2-2 Conduct Joint regional drill every year in AMS
2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities
2-4 On site practice is conducted when disaster occurs in ASEAN (if possible)
3-1 Formulate project working groups for regional collaboration tools at the beginning of the Project
3-2 Develop a draft regional SOP and minimum requirements for disaster health management with project working group
3-3 Prepare databases of medical assistance teams of AMS
3-4 Draft framework of health needs assessment in emergencies with project working group
4-1 Present outcomes of the Project activities at academic conferences such as JADM (Japanese Association for Disaster Medicine), APCDM (Asia-Pacific Conference on Disaster Medicine) and WADEM (World Association for Disaster and Emergency Medicine)
5-1 Prepare training plan, curriculum and materials on disaster health management and emergency medical system based on needs survey
5-2 Conduct trainings on disaster health management and emergency medical system for AMS
5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS
5-4 Conduct visiting program in Japan for AMS
5-5 Conduct training program in Japan for the Thai counterpart personnel

5. Input
(1) Input by JICA
(a) Dispatch of Experts
i. Leader
ii. Specialist in Medical System
iii. Specialist in Disaster Medicine/Emergency Medicine

iv. Specialist in Planning/organizing regional collaboration drill
v. Specialist in Planning/organizing trainings
vi. Project coordinator
vii. Others, if necessary

(b) Provision of necessary equipment (if necessary)

(2) Input by NIEM

NIEM will take necessary measures to provide at its own expense:

(a) Services of NIEM's counterpart personnel and administrative personnel as referred to in II-6;
(b) Suitable office space with necessary equipment;
(c) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided by JICA;
(d) Information as well as support in obtaining medical service;
(e) Credentials or identification cards;
(f) Available data (including maps and photographs) and information related to the Project;
(g) Part of running expenses necessary for the implementation of the Project, but limited to only Thai personnel;
(h) Expenses necessary for transportation within Thailand of the equipment referred to in II-5 (1) as well as for the installation, operation and maintenance thereof; and
(i) Necessary facilities to the JICA experts for the remittance as well as utilization of the funds introduced into Thailand from Japan in connection with the implementation of the Project

6. Implementation Structure

The project organization chart is given in the Annex III. The roles and assignments of relevant organizations are as follows:

(1) NIEM

(a) Project Director
Secretary General of NIEM will be responsible for overall administration and implementation of the Project.

(b) Project Manager
Deputy Secretary General of NIEM will be responsible for managerial and technical matters of the Project.

(c) Counterpart Personnel
Counterpart Personnel of NIEM will be assigned

(2) Other organization
Other organization will be added when necessary.

(3) JICA Experts
The JICA experts will give necessary technical guidance, advice and recommendations to NIEM on any matters pertaining to the implementation of the Project.

(4) Joint Coordinating Committee

Joint Coordinating Committee (Hereinafter referred to as "JCC") will be established in order to facilitate inter-organizational coordination. JCC will be held whenever deems it necessary. A list of proposed members of JCC is shown in the Annex IV.

(5) Project Steering Committee for ASEAN regional collaboration on Disaster Health Management

Project Steering Committee (hereinafter referred to as "PSC") will be established in order to facilitate coordination among AMS and ASEAN secretariat. PSC will be held at least once a year and whenever deems it necessary. A list of proposed members of PSC is shown in the Annex V.

7. Project Site(s) and Beneficiaries

Project site: Thailand and other AMS

Beneficiaries: organizations in charge of disaster health management and Ministry of Health in each AMS, and people of AMS.

8. Duration

The duration of the Project will be three (3) years from the date of the first arrival of JICA expert(s) in Thailand.

9. Reports

NIEM and JICA experts will jointly prepare the following reports in English.

(1) Monitoring Sheet on semiannual basis until the Project completion
(2) Project Completion Report at the time of Project completion
(3) Soft file of each report above
(4) Education/dissemination material (video and pamphlet)

10. Environmental and Social Considerations

NIEM will abide by 'JICA Guidelines for Environmental and Social Considerations' in order to ensure that appropriate considerations will be made for the environmental and social impacts of the Project.

III. UNDERTAKINGS OF NIEM and Thailand International Cooperation Agency (TICA)

(1) NIEM will take necessary measures to ensure that the technologies and knowledge acquired by the Thailand nationals as a result of Japanese technical cooperation contributes to the economic and social development of Thailand, and that the knowledge and experience acquired by the personnel of Thailand from technical training as well as the equipment provided by JICA will be utilized effectively in the implementation of the Project; and

(2) TICA will take necessary measures to grant privileges, exemptions and benefits to the JICA experts referred to in II-5 above and their families, which

are no less favorable than those granted to experts and members of the missions and their families of third countries or international organizations performing similar missions in Thailand.

Other privileges, exemptions and benefits will be provided in accordance with the Agreement on Technical Cooperation signed on 5th November 1981 between the Government of Japan and the Government of Thailand.

IV. MONITORING AND EVALUATION

JICA and the NIEM will jointly and regularly monitor the progress of the Project through the Monitoring Sheets based on the Project Design Matrix (PDM) and Plan of Operation (PO). The Monitoring Sheets will be reviewed every six (6) months.
Also, Project Completion Report will be drawn up one (1) month before the termination of the Project.

JICA will conduct the following evaluations and surveys to verify sustainability and impact of the Project and draw lessons. The NIEM is required to provide necessary support for them.

1. Terminal evaluation during the last six (6) months of the cooperation term
2. Ex-post evaluation three (3) years after the project completion, in principle
3. Follow-up surveys on necessity basis

V. PROMOTION OF PUBLIC SUPPORT

For the purpose of promoting support for the Project, NIEM will take appropriate measures to make the Project widely known to the people of Thailand.

VI. Misconduct

If JICA receives information related to suspected corrupt or fraudulent practices in the implementation of the Project, NIEM and relevant organizations will provide JICA with such information as JICA may reasonably request, including information related to any concerned official of the government and/or public organizations of the Thailand.

NIEM and relevant organizations will not, unfairly or unfavorably treat the person and/or company which provided the information related to suspected corrupt or fraudulent practices in the implementation of the Project.

VII. MUTUAL CONSULTATION

JICA and NIEM will consult each other whenever any major issues arise in the course of Project implementation.

VIII. AMENDMENTS

The record of discussions may be amended by the minutes of meetings between JICA and NIEM. However, PO may be amended in the Monitoring Sheets.
The minutes of meetings will be signed by authorized persons of each side who may be different from the signers of the record of discussions.

Annex I Logical Framework (Project Design Matrix: PDM)
Annex II Tentative Plan of Operation
Annex III Project Organization Chart
Annex IV A List of Proposed Member of Joint Coordinating Committee
Annex V A List of Proposed Member of Project Steering Committee

PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal ASEAN and Japan collaboration mechanism on disaster health management is developed.	1. Roadmap of ASEAN regional collaboration mechanism on disaster health management is finalized and proposed to SOMHD. 2. Hub organization in-charge of coordination of ASEAN and Japan collaboration mechanism is identified, and its role is clarified. 3. Necessary staff and budget of hub organization of ASEAN and Japan collaboration mechanism are proposed. 4. Activities based on ASEAN and Japan collaboration mechanism work if large scale disaster occurs.	1 Monitoring/review survey report 2 Agreement documents in ASEAN SOMHD 3 Summary of related meetings/ conferences (SOMHD or Summit etc)	
Project Purpose Regional coordination on disaster health management is strengthened in ASEAN.	1 Coordination meetings on disaster health management in ASEAN are held at regular basis. 2 Activities needed for regional collaboration are clarified and approved in coordination meeting. 3 Recommendations for developing regional collaboration mechanism in disaster health management is proposed to SOMHD. 4 Regional collaboration tools are developed and approved in coordination meeting.	1 Agreement and/or summary of coordination meeting	1 Policyof ASEAN on disaster health management is not changed. 2 Committment from AMS is assured. 3 Serious political problem will not happen among ASEAN.
Output			
Output 1 Coordination platform on disaster health management is set up.	1-1 Number of regional coordination meeting during the Project (Target: at least once a year) 1-2 Clarification of focal point of each AMS 1-3 Agreement of set-up of regional coordination platform on disaster health management in ASEAN	1-1 Record of coordination meetings 1-2 List of focal point person	1 Committment of AMS for is assured.
Output 2 Framework of regional collaboration practices is developed.	2-1 Regional collaboration drill is conducted. (once/year) 2-2 Recommendations/lesson learned for regional collaboration drills are concluded . 2-3 Mechanism of regional collaboration of disaster medical team in disaster affected area is clarified.	2-1 Project Working Group report 2-2 Monitoring/review survey report 2-3 Draft regional agreement of the regional collaboration on disater health management	
Output 3 Tools for effective regional collaboration on disaster health management are developed.	3-1 standard operation procedure (SOP) 3-2 minimum requirement for disaster health management workers 3-3 framework of health needs assessment in emergencies 3-4 Preparation of database of medical teams in ASEAN	3-1 Regional collaboration tools such as SOP, minimum requirement, framework of health meeds assessment, datebase 3-2 Record of coordination meetings 3-3 Monitoring/review survey report	
Output 4 Academic network on disaster health management in AMS is enhanced.	4-1 Number of presentation(s) made at academic conference(s) (Target: at least 1 paper/year)	4-1 Academic conference/journal such as JADM, APCDM, and WADEM 4-2 Monitoring report	
Output 5 Capacity Development Activities for each AMS are implemented.	5-1 Number of trainings (Target: ** courses) 5-2 Number of participants to attend to the training courses (Target: ** pax) 5-3 Lessons from training courses was utilized in each AMS	5-1 Training report(s) 5-2 Monitoring/review survey report	

Activities	Inputs		
1-1 Regional coordination meetings and workshops are organized every year to share the progress and discuss the direction of the Project	Japanese side	Thailand side	
2-1 Develop and prepare the program of regional drill with project working group	【Experts】 (1)Expert Consultant team (a) Dispatch of Experts 1.Leader 2.Specialist in Medical System 3.Specialist in disaster health management/Emergency Medicine 4.Specialist in Planning/organizing regional collaboration drill 5.Specialist in planning/organizing trainings 6.Project coordinator 7.Others, if necessay (b) Provision of necessary equipment (if necessary) (2)Japanese Advisory committee 1.Provide advice and technical support to JICA on the project management. 2.Join the WG. 3.Participate to the regional drills 4.Conduct advisory survey 【Local cost】 1.Expense mutually agreed upon as necessary	【Couterpart Personnel】 1.Project Director 2.Project Manager 3.Officer(s) in charge 4.Secretary at the project office 【Facilities and Equipment】 1.Project office space for JICA experts 2.Facilities and equipment necessary for trainings/regional drills 3.Equipment mutually agreed upon as necessary 【Available data and information related to project】 【Local cost】 1.Expense mutually agreed upon as necessary	
2-2 Conduct Joint regional drill every year in AMS			
2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities			
2-4 On site practice is conducted when disaster occurs in ASEAN (if possible)			
3-1 Formulate project working groups for regional collaboration tools at the beginning of the project			
3-2 Develop a draft regional SOP and minimum requirements for disaster health managementwith project working group			
3-3 Prepare databases of medical assistance teams of AMS			
3-4 Draft framework of health needs assessment in emergencies with project working group			
4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM			
5-1 Prepare training plan, curriculum and materials on disaster health management and emergency medical sytem based on needs survey			
5-2 Conduct trainings on disaster health management and emergency medical system for AMS			
5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS			
5-4 Conduct visiting program in Japan for AMS			
5-5 Conduct training program in Japan for the Thai counterpart personnel			

Plan of Operation

Project Title : PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT

Overall Goal	ASEAN and Japan collaboration mechanism on disaster health management is developed.
Project Purpose	Regional coordination on disaster health management is strengthened in ASEAN.
Duration of the Project	3 years

Schedule		2015						2016												2017												2018												2019		
		7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
Outputs	**Activities**																																												
1. Coordination platform on disaster health management is set up.	1-1 Regional coordination meetings and workshops are organized every year to share the progress and discuss the direction of the Project.							■												■												■												■		
2. Framework of regional collaboration practices is developed.	2-1 Develop and prepare the program of regional drill with project working group							▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬			
	2-2 Conduct Joint regional drill every year in AMS								■							■																														
	2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities								▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬			
	2-4 On site practice is conducted when disaster occurs in ASEAN (if possible)							▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪			
3. Tools for effective regional collaboration on disaster health management are developed.	3-1 Formulate project working groups for regional collaboration tools at the beginning of the Project							▬																																				
	3-2 Develop a draft regional SOP and minimum requirements for disaster health management with project working group								▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪			
	3-3 Prepare databases of medical assistance teams of AMS								▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬			
	3-4 Draft framework of health needs assessment in emergencies with project working group																			▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▪	▪	▪	▪	▪	▪	▪			
4. Academic network on disaster health management in AMS is enhanced.	4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM *								■JADM							■APCDM					■JAD	■WADEM										■JADM								■APCDM						
5. Capacity Development Activities for each AMS are implemented.	5-1 Prepare training plan, curriculum and materials on disaster health management and emergency medical system based on needs survey								▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬			
	5-2 Conduct trainings on disaster health management and emergency medical system for AMS											▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬		
	5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS. (Thai and Japan team will visit several AMS)																			▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬			
	5-4 Conduct visiting program in Japan for AMS															■											■																		

* JADM: Japan Association for disaster medicine
APCDM: Asia-Pacific Conference on disaster medicine
WADEM: World Association for Disaster and Emergency Medcine

Annex III Project Organization Chart

Annex IV A List of Proposed Member of Joint Coordinating Committee (JCC)

1. Function

The Joint Coordinating Committee (JCC) will be established in order to facilitate inter-organizational coordination. JCC will be held at least once a year and whenever deems it necessary in order to fulfill the following functions:

(1) Approving an annual work plan,
(2) Reviewing overall progress,
(3) Conducting evaluation of the Project, and
(4) Exchange opinions on major issues that arise during the implementation of the Project

2. Chairperson and Members

(1) Chairperson

Secretary General, National Institute for Emergency Medicine (NIEM)

(2)Members

The Thai side

(a) Ministry of Public Health (MOPH) Thailand
(b) National Institute for Emergency Medicine (NIEM)
(c) Thailand International Cooperation Agency (TICA)

The Japanese side

(a) JICA Thailand Office
(b) JICA Expert Team
(c) Embassy of Japan in Thailand (Observer)

The chair person and the Chief Representative of JICA Thailand Office may invite necessary representative(s) of relevant organization(s) other than described above.

3. Minutes of Meetings

The discussions made in the meetings shall be recorded in the Minutes of Meetings, which shall be circulated to NIEM, JICA and necessary relevant organization to confirm the content before they are made official.

Annex V A List of Proposed Member of Project Steering Committee (PSC) for ASEAN regional collaboration on Disaster Health Management

1. Function

The Project Steering Committee (PSC) will be established in order to facilitate coordination among AMS and ASEAN secretariat. PSC will be held at least once a year and whenever deems it necessary in order to fulfill the following functions:

(1) Exchange opinions on major issues related ASEAN regional collaboration on Disaster Health Management that arise during the implementation of the Project, and

(2) Report the progress and output to ASEAN SOMHD

2. Members

(a) Representative of Lead Countries on Disaster Health Management

(b) National Institute for Emergency Medicine (NIEM), Thailand

(c) ASEAN Secretariat

(d) JICA

Appendix 2

Minutes of Meeting on the Project for Strengthening Disaster/Emergency Medicine System in the ASEAN Region

MINUTES OF MEETINGS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
THE NATIONAL INSTITUTE FOR EMERGENCY MEDICINE OF THAILAND
ON
JAPANESE TECHNICAL COOPERATION
FOR
TECHNICAL COOPERATION FOR STRENGTHENING DISASTER/EMERGENCY MEDICINE SYSTEM IN THE ASEAN REGION

In response to the request from the Government of Thailand (hereinafter referred to as "GoT"), the Japan International Cooperation Agency (hereinafter referred to as "JICA") visited Thailand on 14th October 2015 for the purpose of working out the details of the technical cooperation project "Technical Cooperation for Strengthening Disaster/Emergency Medicine System in the ASEAN Region" (hereinafter referred to as "the Project").

During its stay in Thailand, JICA delegates exchanged views and had a series of discussions with National Institute for Emergency Medicine (hereinafter referred to as "NIEM") and other authorities concerned of Thailand with respect to the design of the Project.

As a result of the discussion, both sides agreed on the matters described in the document attached hereto.

Bangkok, 14 October, 2015

真田 明子

Ms. Akiko Sanada
Advisor
Urban and Regional Development Group
Infrastructure and Peacebuilding Department
Japan International Cooperation Agency

Dr. Phumin Silapunt
Deputy Secretary General
National Institute for Emergency Medicine

ATTACHED DOCUMENT

Both sides agreed on the following issues.

1. Background

Based on the request from the GoT for technical cooperation in disaster medicine, JICA conducted "the Survey on the Current Situation of Disaster/Emergency Medicine System in the ASEAN Region" (hereinafter referred to as "the Survey") from November 2014 to August 2015. On the other hand, in ASEAN, it was decided that "disaster health management", which is including the scope of "disaster medicine", was one of the health priorities in ASEAN Post-2015 Health Development Agenda endorsed by the ASEAN Health Ministers Meeting. Thailand and Viet Nam are designated as the leading countries for the activity in this field.

Through the discussion in the regional meetings of the Survey, all ASEAN member states (hereinafter referred to as "AMS") representatives reached common understanding on the importance of the regional collaboration mechanism in disaster health management and necessary actions. It is also confirmed that the Project contributes to achieve the health priority of "disaster health management" in ASEAN.

Both side agreed that the Project requested by Thai side will be conducted for strengthening regional collaboration mechanism of disaster health management in ASEAN and NIEM will be involved in the Project as host organization in collaboration with JICA.

2. Project Title

Based on the discussion among AMS in the regional meetings in the Survey, it was agreed that the project title should be changed to reflect the result of discussion in the regional meetings as follows.

- Original project name:
  Technical Cooperation for Strengthening Disaster/Emergency Medicine System in the ASEAN Region
- New project name:
  The Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management

3. Framework of the Project

The draft Record of Discussions (hereinafter referred to as "R/D) which stipulates the framework of the Project including background, the expected goals, outputs, activities, inputs, implementation structure, project sites, beneficiaries and duration, is confirmed by both sides as appropriate. The agreed draft R/D is shown in Attachment 1.

A) IMPLEMENTATION AGENCY
National Institute for Emergency Medicine (NIEM)

B) DURATION OF THE PROJECT
Three (3) years from the commencement of the Project

C) SCOPE OF THE TECHNICAL COOPERATION
The scope of the technical cooperation will be detailed in the R/D. The main items of this document are below:

a) Overall goal
b) Project Purpose
c) Outputs

d) Project Activities

4. Implementation Structure
Draft of the Project Organization Chart was prepared and agreed upon through a series of discussions as attached in Annex IV in the R/D.
A) Steering Committee
B) Coordination Meeting
C) Project Working Group

5. Input to ASEAN Health Sector
NIEM informed that all the SOMHD focal points of AMS agreed to regard the Project as an ASEAN Cooperation Project at the SOMHD meeting held in Viet Nam from 14th to 16th September 2015. Following the acknowledgement at the SOMHD, the Project has now been waiting for the final approval from the ASEAN Committee of Permanent Representative (CPR) to be officially endorsed as an ASEAN Cooperation Project.

6. Request of capacity development for Thai counterpart personnel
NIEM requested to conduct a training of trainers for Thai counterpart personnel and JICA responded to convey the request to the JICA headquarter for consideration.

7. Provisional Schedule until the Project Commencement
The both sides confirmed the following provisional schedule up to the commencement of the Project.
(1) Internal procedures for approvals of the R/D signing in both sides (from October to November, 2015)
(2) Signing of the R/D (November, 2015)
(3) Participation to the JDR Medical Team induction course(December, 2015)
(4) Participation to the Annual Meeting on Japanese Association for Disaster Medicine (February, 2015)
(5) Commencement of the Project (March, 2016)

Attachment 1: Draft Record of Discussions (R/D)
Attachment 2: List of Participants

Attachment 2

List of Participants

1. Thai side
Dr. Phumin Sliapunt
Deputy Secretary General, National Institute for Emergency Medicine

Dr.Wiwat Seetamanotch
Executive Advisor, Disaster and Knowledge Management Specialist, National Institute for Emergency Medicine

Dr.Salawoot Herabut
Director, Bureau of Emergency Medical System Management, National Institute for Emergency Medicine

Dr. Prasit Wuthisuthimethawee
Chief, Department of Emergency Medicine Songklanagarind Hospital, Faculty of Medicine, Prince of Songkla University

Ms. Kittima Yuddhasaraprasiddhi
Section Chief, Bureau of Emergency Medical Coordination and Alliance Relation, National Institute for Emergency Medicine

Ms. Nawanan Aintharak
Manager, Bureau of Emergency Medical Coordination and Alliance Relation, National Institute For Emergency Medicine

Ms. Sansana Limpaporn
Secretary to the Deputy Secretary General, National Institute for Emergency Medicine

2. JICA Side
Ms. Akiko Sanada
Advisor, Urban and Regional Development Group, Infrastructure and Peacebuilding Department, Japan International Cooperation Agency

Ms. Junko Nakaji
Officer, Secretariat of Japan Disaster Relief Team, Japan International Cooperation Agency

Mr. Masanori Takenaka
Senior Program Officer, Japan International Cooperation Agency, Thailand Office

Ms. Suwanna Navacharoen
Program Officer, Japan International Cooperation Agency, Thailand Office

RECORD OF DISCUSSIONS

ON

PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT

AGREED UPON BETWEEN

NATIONAL INSTITUTE FOR EMERGENCY MEDICINE

AND

JAPAN INTERNATIONAL COOPERATION AGENCY

BANGKOK, 2015

Mr. Shuichi Ikeda
Chief Representative
Thailand Office
Japan International Cooperation Agency

Dr. Anuchar Sethasathien
Secretary General
National Institute for Emergency Medicine

In response to the official request of the Government of Thailand (hereinafter referred to as "GoT") to the Government of Japan, the Japan International Cooperation Agency (hereinafter referred to as "JICA") held a series of discussions with National Institute for Emergency Medicine (NIEM) of GoT (hereinafter referred to as "NIEM") and relevant organizations to develop a detailed plan of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (hereinafter referred to as "the Project").

Both parties agreed the details of the Project and the main points discussed as described in the Appendix 1 and the Appendix 2 respectively.

Both parties also agreed that NIEM, the counterpart to JICA, will be responsible for the implementation of the Project in cooperation with JICA, coordinate with other relevant organizations and ensure that the self-reliant operation of the Project is sustained during and after the implementation period in order to contribute toward social and economic development of Thailand.

The Project will be implemented within the framework of the Agreement on Technical Cooperation signed on 5th November 1981 (hereinafter referred to as "the Agreement") and the Note Verbales exchanged on 29h May and 10th June 2014 between the Government of Japan (hereinafter referred to as "GOJ") and GoT.

Appendix 1: Project Description
Appendix 2: Main Points Discussed
Appendix 3: Minutes of Meetings signed on on 14th October, 2015

Appendix 1

PROJECT DESCRIPTION

Both parties confirmed that there is no change in the Project Description in the minutes of meetings on the Project signed on 14th October, 2015 (Appendix 3).

I. BACKGROUND

ASEAN region is one of the most disaster prone areas in the world and the importance of strengthening regional capacity has been emphasized among ASEAN leaders. At the Japan-ASEAN Commemorative Summit Meeting in Dec 2013, Japan introduced "ASEAN-Japan Cooperation package for enhancement Disaster Management", which included cooperation on disaster medicine. It will also support for establishment disaster medicine network between ASEAN and Japan

JICA conducted training course on disaster medicine from 1988 to 2008. Inspired by Japan Disaster Medical Assistant Team (DMAT) and the knowledge obtained in the JICA training course Thai DMAT was established in 2008. The Government of Thailand requested to the Government of Japan a technical cooperation project for establishing collaboration mechanism of disaster medicine in ASEAN region.

Based on the request, JICA conducted "the Survey on the Current Situation of Disaster/Emergency Medicine System in the ASEAN Region" (hereinafter referred to as "the Survey") from November 2014 to August 2015. In ASEAN, it was decided that "disaster health management", which is including the scope of "disaster medicine", was one of the health priorities in ASEAN Post-2015 Health Development Agenda endorsed by the ASEAN Health Ministers Meeting.

Through the discussion in the regional meetings of the Survey, all ASEAN member states (hereinafter referred to as "AMS") representatives reached common understanding on the importance of the regional collaboration mechanism in disaster health management and necessary actions. It is also confirmed that the Project contributes to achieve the health priority of "disaster health management" in ASEAN. Thailand and Viet Nam are designated as the leading countries for the activity in this field.

Both side agreed that the Project requested by Thai side will be conducted for strengthening regional collaboration mechanism of disaster health management in ASEAN and NIEM will be involved in the Project as host organization in collaboration with JICA.

II. OUTLINE OF THE PROJECT

Details of the Project are described in the Logical Framework (Project Design Matrix: PDM) (Annex I) and the Plan of Operation (Annex II).

1. Title of the Project

The Project for Strengthening the ASEAN Regional Capacity on Disaster Health

Management

2. Expected Goals which will be attained after implementing the Proposed Plan
Regional coordination on disaster health management is strengthened in ASEAN.

3. Outputs
(1) Coordination platform on disaster health management is set up
(2) Framework of regional collaboration practices is developed
(3) Tools for effective regional collaboration on disaster health management are developed
(4) Academic network on disaster health management among AMS is enhanced
(5)Capacity development activities for each AMS are implemented

4. Activities
1-1 Regional coordination meetings and workshops are organized every year to share the progress and discuss the direction of the Project
2-1 Develop and prepare the program of regional drill with project working group
2-2 Conduct Joint regional drill every year in AMS
2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities
2-4 On site practice is conducted when disaster occurs in ASEAN (if possible)
3-1 Formulate project working groups for regional collaboration tools at the beginning of the Project
3-2 Develop a draft regional SOP and minimum requirements for disaster health management with project working group
3-3 Prepare databases of medical assistance teams of AMS
3-4 Draft framework of health needs assessment in emergencies with project working group
4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM
5-1 Prepare training plan, curriculum and materials on disaster health management and emergency medical system based on needs survey
5-2 Conduct trainings on disaster health management and emergency medical system for AMS
5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS
5-4 Conduct visiting program in Japan for AMS

5. Input
(1) Input by JICA
(a) Dispatch of Experts
i. Leader
ii. Specialist in Medical System
iii. Specialist in Disaster Medicine/Emergency Medicine
iv. Specialist in Planning/organizing regional collaboration drill
v. Specialist in Planning/organizing trainings

vi. Project coordinator
vii. Others, if necessary

(2) Input by NIEM

NIEM will take necessary measures to provide at its own expense:

(a) Services of NIEM's counterpart personnel and administrative personnel as referred to in II-6;
(b) Suitable office space with necessary equipment;
(c) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided by JICA;
(d) Information as well as support in obtaining medical service;
(e) Credentials or identification cards;
(f) Available data (including maps and photographs) and information related to the Project;
(g) Part of running expenses necessary for the implementation of the Project;
(h) Expenses necessary for transportation within Thailand of the equipment referred to in II-5 (1) as well as for the installation, operation and maintenance thereof; and
(i) Necessary facilities to the JICA experts for the remittance as well as utilization of the funds introduced into Thailand from Japan in connection with the implementation of the Project

6. Implementation Structure

The project organization chart is given in the Annex III . The roles and assignments of relevant organizations are as follows:

(1) NIEM

(a) Project Director

Secretary General of NIEM will be responsible for overall administration and implementation of the Project.

(b) Project manager

Deputy Secretary General of NIEM will be responsible for managerial and technical matters of the Project.

(2) JICA Experts

The JICA experts will give necessary technical guidance, advice and recommendations to NIEM on any matters pertaining to the implementation of the Project.

(3) Steering Committee

Steering Committee (hereinafter referred to as "SC") will be established in order to make decisions on the Project and coordination with ASEAN framework. SC will be held at least once a year and whenever deems it necessary. SC will review the progress, revise the overall plan when necessary, approve an annual work plan, conduct evaluation of the Project, exchange opinions on major issues that arise during the implementation of the Project,

and report output and progress to ASEAN SOMHD. A list of proposed members of SC is shown in the Annex IV.

(4) Coordination meeting
Coordination meeting (hereinafter referred to as "CM") will be established in order to facilitate coordination and make common understanding among AMS. A list of proposed members of CM is shown in the Annex IV.

(5) Project working group
Project working group (hereinafter referred to as "PWG") will be established in order to discuss specific themes necessary for the Project implementation. The theme of PWG and members will be decided in the Project.

7. Project Site(s) and Beneficiaries
Project site: Thailand and other AMS
Beneficiaries: organizations in charge of disaster health management and Ministry of Health in each AMS, and people of AMS.

8. Duration
The duration of the Project will be three (3) years from the date of the first arrival of JICA expert(s) in Thailand.

9. Reports
NIEM and JICA experts will jointly prepare the following reports in English.
(1) Monitoring Sheet on semiannual basis until the Project completion
(2) Project Completion Report at the time of Project completion
(3) Soft data of each report above
(4) Education/dissemination material (video and pamphlet)

10. Environmental and Social Considerations
(1) NIEM will abide by 'JICA Guidelines for Environmental and Social Considerations' in order to ensure that appropriate considerations will be made for the environmental and social impacts of the Project.

III. UNDERTAKINGS OF NIEM and GoT

(1) NIEM will take necessary measures to ensure that the technologies and knowledge acquired by the Thailand nationals as a result of Japanese technical cooperation contributes to the economic and social development of Thailand, and that the knowledge and experience acquired by the personnel of Thailand from technical training as well as the equipment provided by JICA will be utilized effectively in the implementation of the Project; and

(2) TICA will take necessary measures to grant privileges, exemptions and benefits to the JICA experts referred to in II-5 above and their families, which are no less favorable than those granted to experts and members of the

missions and their families of third countries or international organizations performing similar missions in Thailand.

Other privileges, exemptions and benefits will be provided in accordance with the Agreement on Technical Cooperation signed on 5th November 1981 between the Government of Japan and the Government of Thailand.

IV. MONITORING AND EVALUATION

JICA and the NIEM will jointly and regularly monitor the progress of the Project through the Monitoring Sheets based on the Project Design Matrix (PDM) and Plan of Operation (PO). The Monitoring Sheets will be reviewed every six (6) months. Also, Project Completion Report will be drawn up one (1) month before the termination of the Project.

JICA will conduct the following evaluations and surveys to verify sustainability and impact of the Project and draw lessons. The NIEM is required to provide necessary support for them.

1. Ex-post evaluation three (3) years after the project completion, in principle
2. Follow-up surveys on necessity basis

V. PROMOTION OF PUBLIC SUPPORT

For the purpose of promoting support for the Project, NIEM will take appropriate measures to make the Project widely known to the people of Thailand.

VI. Misconduct

If JICA receives information related to suspected corrupt or fraudulent practices in the implementation of the Project, NIEM and relevant organizations will provide JICA with such information as JICA may reasonably request, including information related to any concerned official of the government and/or public organizations of the Thailand.
NIEM and relevant organizations will not, unfairly or unfavorably treat the person and/or company which provided the information related to suspected corrupt or fraudulent practices in the implementation of the Project.

VII. MUTUAL CONSULTATION

JICA and NIEM will consult each other whenever any major issues arise in the course of Project implementation.

VIII. AMENDMENTS

The record of discussions may be amended by the minutes of meetings between JICA and NIEM. However, PO may be amended in the Monitoring Sheets.

The minutes of meetings will be signed by authorized persons of each side who may be different from the signers of the record of discussions.

Annex I Logical Framework (Project Design Matrix:PDM)
Annex II Tentative Plan of Operation
Annex III Project Organization Chart
Annex IV A List of Proposed Members of Steering Committee and Coordination Meeting

PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT

as of 14 Oct, 2015

Narrative Summary	Objectively Verificable Indicators	Means of Verification	Important Assumption
Overall Goal ASEAN and Japan collaboration mechanism on disaster health management is developed.	1. Roadmap of ASEAN regional collaboration mechanism on disaster health management is finalized and proposed to SOMHD. 2. Hub organization in-charge of coordination of ASEAN and Japan collaboration mechanism is identified, and its role is clarified. 3. Necessary staff and budget of hub organization of ASEAN and Japan collaboration mechanism are proposed. 4. Activities based on ASEAN and Japan collaboration mechanism work if large scale disaster occurs.	1 Monitoring/review survey report 2 Agreement documents in ASEAN SOMHD 3 Summary of related meetings/ conferences (SOMHD or Summit etc)	
Project Purpose Regional coordination on disaster health management is strengthened in ASEAN.	1 Coordination meetings on disaster health management in ASEAN are held at regular basis. 2 Activities needed for regional collaboration are clarified and approved in coordination meeting. 3 Recommendations for developing regional collaboration mechanism in disaster health management is proposed to SOMHD. 4 Regional collaboration tools are developed and approved in coordination meeting.	1 Agreement and/or summary of coordination meeting	1 Policyof ASEAN on disaster health management is not changed. 2 Committment from AMS is assured. 3 Serious political problem will not happen among ASEAN.
Output			
Output 1 Coordination platform on disaster health management is set up.	1-1 Number of regional coordination meeting during the Project (Target: at least once a year) 1-2 Clarification of focal point of each AMS 1-3 Agreement of set-up of regional coordination platform on disaster health management in ASEAN	1-1 Record of coordination meetings 1-2 List of focal point person	1 Committment of AMS for is assured.
Output 2 Framework of regional collaboration practices is developed.	2-1 Regional collaboration drill is conducted. (once/year) 2-2 Recommendations/lesson learned for regional collaboration drills are concluded . 2-3 Mechanism of regional collaboration of disaster medical team in disaster affected area is clarified.	2-1 Project Working Group report 2-2 Monitoring/review survey report 2-3 Draft regional agreement of the regional collaboration on disater health management	
Output 3 Tools for effective regional collaboration on disaster health management are developed.	3-1 standard operation procedure (SOP) 3-2 minimum requirement for disaster health management workers 3-3 framework of health needs assessment in emergencies 3-4 Preparation of database of medical teams in ASEAN	3-1 Regional collaboration tools such as SOP, minimum requirement, framework of health meeds assessment, datebase 3-2 Record of coordination meetings 3-3 Monitoring/review survey report	
Output 4 Academic network on disaster health management in AMS is enhanced.	4-1 Number of presentation(s) made at academic conference(s) (Target: at least 1 paper/year)	4-1 Academic conference/journal such as JADM, APCDM, and WADEM 4-2 Monitoring report	
Output 5 Capacity Development Activities for each AMS are implemented.	5-1 Number of trainings (Target: ** courses) 5-2 Number of participants to attend to the training courses (Target: ** pax) 5-3 Lessons from training courses was utilized in each AMS	5-1 Training report(s) 5-2 Monitoring/review survey report	

Activities	Inputs		
1-1 Regional coordination meetings and workshops are organized every year to share the progress and discuss the direction of the Project	Japanese side	Thailand side	
2-1 Develop and prepare the program of regional drill with project working group	【Experts】 (1)Expert Consultant team 1.Leader 2.Specialist in Medical System 3.Specialist in disaster health management/Emergency Medicine 4.Specialist in Planning/organizing regional collaboration drill 5.Specialist in planning/organizing trainings 6.Project coordinator 7.Any other fields mutually agreed upon as necessary Others, if necessay (2)Japanese Advisory committee 1.Provide advice and technical support to JICA on the project management. 2.Join the WG. 3.Participate to the regional drills 4.Conduct advisory survey 【Local cost】 1.Expense mutually agreed upon as necessary	【Couterpart Personnel】 1.Project Director 2.Project Manager 3.Officer(s) in charge 4.Secretary at the project office 【Facilities and Equipment】 1.Project office space for JICA experts 2.Facilities and equipment necessary for trainings/regional drills 3.Equipment mutually agreed upon as necessary 【Available data and information related to project】 【Local cost】 1.Expense mutually agreed upon as necessary	
2-2 Conduct Joint regional drill every year in AMS			
2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities			
2-4 On site practice is conducted when disaster occurs in ASEAN (if possible)			
3-1 Formulate project working groups for regional collaboration tools at the beginning of the project			
3-2 Develop a draft regional SOP and minimum requirements for disaster health managementwith project working group			
3-3 Prepare databases of medical assistance teams of AMS			
3-4 Draft framework of health needs assessment in emergencies with project working group			
4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM			
5-1 Prepare training plan, curriculum and materials on disaster health management and emergency medical sytem based on needs survey			
5-2 Conduct trainings on disaster health management and emergency medical system for AMS			
5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS			
5-4 Conduct visiting program in Japan for AMS			

Plan of Operation

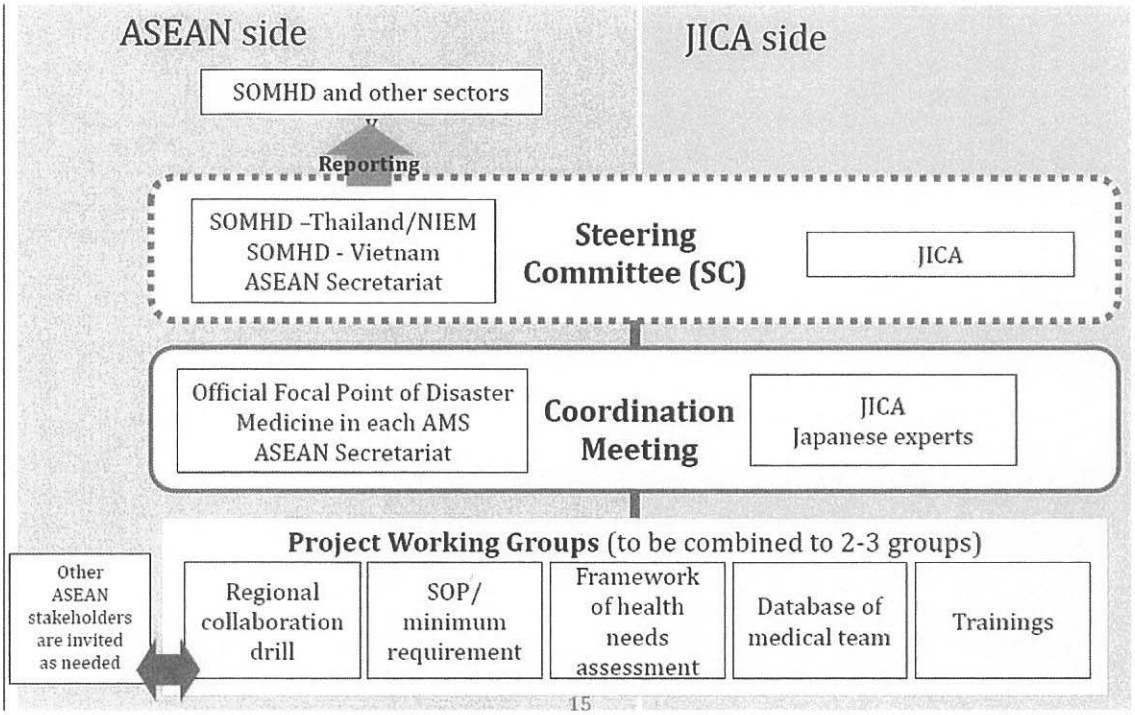
Project Title : PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT

Overall Goal	ASEAN and Japan collaboration mechanism on disaster health management is developed.
Project Purpose	Regional coordination on disaster health management is strengthened in ASEAN.
Duration of the Project	3 years

Schedule		2015						2016												2017												2018												2019		
		7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
Outputs	**Activities**																																												
1. Coordination platform on disaster health management is set up.	1-1 Regional coordination meetings and workshops are organized every year to share the progress and discuss the direction of the Project.								■												■												■												■		
2. Framework of regional collaboration practices is developed.	2-1 Develop and prepare the program of regional drill with project working group								▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬			
	2-2 Conduct Joint regional drill every year in AMS											■					■									■													■							
	2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities											▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬			
	2-4 On site practice is conducted when disaster occurs in ASEAN (if possible)								▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪		
3. Tools for effective regional collaboration on disaster health management are developed.	3-1 Formulate project working groups for regional collaboration tools at the beginning of the Project								▬																																			
	3-2 Develop a draft regional SOP and minimum requirements for disaster health management with project working group											▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪			
	3-3 Prepare databases of medical assistance teams of AMS											▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬			
	3-4 Draft framework of health needs assessment in emergencies with project working group																			▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▪	▪	▪	▪	▪	▪			
4. Academic network on disaster health management in AMS is enhanced.	4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM *										■JADM						■APCDM				■JADI	■WADEM											■JADM								■APCDM					
5. Capacity Development Activities for each AMS are implemented.	5-1 Prepare training plan, curriculum and materials on disaster health management and emergency medical system based on needs survey											▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬			
	5-2 Conduct trainings on disaster health management and emergency medical system for AMS														▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬			
	5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS. (Thai and Japan team will visit several AMS)																			▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬			
	5-4 Conduct visiting program in Japan for AMS															■										■																			

* JADM: Japan Association for disaster medicine
APCDM: Asia-Pacific Conference on disaster medicine
WADEM: World Association for Disaster and Emergency Medcine

Annex III Project Organization Chart



Annex IV

A List of Proposed Members of Steering Committee and Coordination Meeting

1 Steering Committee
(1) Thailand
-Ministry of Public Health
-National Institute for Emergency Medicine
(2) Viet Nam
-Ministry of Health
(3) ASEAN Secretariat
(4) JICA

2 Coordination Meeting
(1) Focal point of each AMS
(2) ASEAN Secretariat
(3) JICA
(4) JICA Expert team

MINUTES OF MEETINGS

BETWEEN

JAPAN INTERNATIONAL COOPERATION AGENCY

AND

NATIONAL INSTITUTE FOR EMERGENCY MEDICINE

FOR AMENDMENT OF THE RECORD OF DISCUSSIONS

ON

PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT

The Japan International Cooperation Agency (hereinafter referred to as "JICA") and National Institute for Emergency Medicine (hereinafter referred to as "NIEM") hereby agree that the Record of Discussions on Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (hereinafter referred to as "the Project") signed on 19 February, 2016 will be amended as follows;

1 Implementation Structure

Before	Amended Version
(1)NIEM (a)Project Director Secretary General, NIEM (b)Project Manager Deputy Secretary General of NIEM will be responsible for overall administration and implementation of the Project. (c) Counterpart Personnel Counterpart Personnel of NIEM will be assigned.	(1)NIEM (a)Project Director Secretary General, NIEM (b)Counterpart Personnel Counterpart Personnel of NIEM will be assigned. (2)MOPH (a)Co-Project Director Permanent Secretary, Ministry of Public health (b)Counterpart Personnel Counterpart Personnel of MOPH will be assigned.

	(3)Project Manager(s) Project Manager, who is responsible for overall administration and implementation of the Project, will be assigned by the Project Director and Co-project Director, and to be informed to JICA. Also, Co-Project Manager will be assigned by the Project Director and Co-project Director when necessary. (4)Other organization Other organization will be added when necessary. Also. Co-Project Manager will be selected from other organization than NIEM and MOPH when the Project Director and the co-Project Director mutually assign.
Reason: Through the initial implementation, the importance of the involvement of MOPH in the Project has been more recognized both for international and domestic environment considering the following situations: The Project has been approved by ASEAN Committee of Permanent Representative (CPR) as an official project under ASEAN Health Cluster 2. The focal point of SOMHD of each AMS has been involved in communications relevant to the Project. Also, the Project will facilitate future vision of ASEAN collaboration in disaster health management, that should be further discussed among AMS. In Thailand, MOPH is responsible for disaster health management in coordination with NIEM. Therefore, discussions on disaster health management in ASEAN in the Project and capacity development through mutual cooperation through the Project should involve the above two agencies, MOPH and NIEM. Taking into account the above situation, the three parties, MOPH, NIEM and JICA agreed to additionally include the Permanent Secretary, Ministry of Public Health as Co-Project Director.	

2 Proposed member of joint Coordinating Committee (JCC) : Annex IV

Before	Amended Version
2. Chairperson and Members (1) Chairperson Secretary General, National Institute for Emergency Medicine(NIEM) (2)Members <u>The Thai side</u> (a) Ministry of Public Health (MOPH) Thailand (b) National Institute for Emergency Medicine (NIEM) (c) Thailand International Cooperation Agency (TICA) <u>The Japanese side</u>	2. Chairperson and Members (1) Chairperson Secretary General, National Institute for Emergency Medicine(NIEM) (2)Co-Chairperson, Permanent Secretary , Ministry of Public Health (2)Members <u>The Thai side</u> (a) Focal point of SOMHD, Thailand (b) Director General, Department of Medical Services, MOPH (c) Director General, Department of Disease Control, MOPH (d) Director, Division of Public Health

(a) JICA Thailand Office (b) JICA Expert Team (c) Embassy of Japan in Thailand (Observer)	Emergency Management (DPHEM), Ministry of Public Health (MOPH) Thailand (e) Director, Division of Global Health, MOPH (f) Deputy Secretary General, National Institute for Emergency Medicine (NIEM) (g) Director, Bureau of Academic Affairs and Quality Management, NIEM (h) Director, Bureau of Policy and Strategy, NIEM (i) Officer, Thailand International Cooperation Agency (TICA) (j) President, College of Emergency Physician (k) President of Nursing Association (l) Representative from Paramedic Council <u>The Japanese side</u> (a) Chief Representative, JICA Thailand Office (b) Leader, JICA Expert Team (c) Long Term Expert (d) Embassy of Japan in Thailand (Observer)
Reason: As the same reason above, MOPH will be assigned as the Co-Chairperson of Joint Coordinating Committee. Also, both sides agreed that the members of the JCC will be added and confirmed as above so that the coordination among concerned organizations will be strengthened.	

3 Input by JICA : Appendix 1 Project Description, 5. Input

Before	Amended Version
5 Input (1) Input of JICA (a) Dispatch of Expert	5 Input (1) Input of JICA (a)Dispatch of Expert (b)Dispatch of Long Term Expert for ASEAN Coordination in Disaster Health Management to the Division of Public Health Emergency Management
Reason: The Japanese long-term expert is expected to play a role of communication hub among the regional and international society to support the Project Team. The Project has various stakeholders in the regional and international society, such as AMS, ASEAN Secretariat, AHA Center, and WHO. And it aims to be consistent with existing consensus and discussions on disaster health management. The long-term expert will build and maintain good relationship with various stakeholders and facilitate discussions in regional and international society on future vision of ASEAN regional collaboration on disaster health management in line with relevant visions such as "One ASEAN, One Response".	

4 Input by Thai side

Before	Amended Version
(2)Input by NIEM (g)Part of running expenses necessary for the implementation related to the Project, but limited to only Thai personnel;	(2)Input by NIEM (g) Part of running expenses necessary for the implementation related to the Project, but limited to only Thai personnel which needed for activities in Thailand (for the international travel, the number of Thai personnel whose cost will be covered by JICA is equivalent to other AMS); (3)Input by MOPH MOPH will take necessary measures to provide at its own expense: (a)Services of MOPH's counterpart personnel as referred to in Ⅱ-6; (b)Suitable office space with necessary equipment for the long term expert; (c)Part of running expenses necessary for the implementation of the Project, but limited to only MOPH personnel;
Reason: ・ At the project initial stage, all the project activities were planned to be conducted in Thailand and therefore, both parties agreed that travel cost for Thai personnel would be borne by Thai side. After commencement of the project, possibility to conduct some of the project activities outside Thailand has been considered. Given the current situation, both parties agreed to cover international travel cost for Thai personnel by the project budget. Both parties also agreed that the number of personnel whose international travel cost covered by JICA is limited to equivalent to other AMS. ・ NIEM, MOPH, and JICA agreed to add the inputs by MOPH since MOPH will enhance its role and involvement in the Project Implementation Structure.	

5 Project monitoring and discussions.

Before	Amended Version
JICA and/or NIEM were responsible for monitoring and evaluation of the progress of the Project, for taking appropriate measures to make the Project widely known to the people of Thailand, mutual consultation.	In addition to JICA and NIEM, MOPH will be included in the responsible parties for monitoring and evaluation, taking appropriate measures to make the Project widely known to the people of Thailand, mutual consultation, and any other issues arise from the project.
Reason: To ensure more involvement of MOPH in the project management activities and discussions,	

6 PDM

Before	Amended Version
PDM version 1.0	PDM version 2.0
Reason: The capacity development of Thai personnel was added in the indicator of Output 5.	

7 Amendments of RD

Before	Amended Version
The RD may be amended by the MM between JICA and NIEM.	The RD may be amended by the MM among NIEM, MOPH. and JICA.
Reason: Since the MOPH will be additional signer of RD, MM will also necessary to be signed by MOPH.	

This amendment will become effective as of August, 2017.

Annex 1 : Record of Discussions (signed on 19th February, 2016)

Annex 2 : PDM (ver. 2.0)

Bangkok, 30 August, 2017

Mr. Hiroo Tanaka Chief Representative Japan International Cooperation Agency, Thailand Office	Flt.Lt.Dr. Atchariya Pangma Secretary General National Institute for Emergency Medicine, Thailand	Dr. Sopon Mekthon Permanent Secretary Ministry of Public Health, Thailand

添付資料 5：

改訂版 PDM

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

Version 2
as of 17 August, 2017

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal ASEAN and Japan collaboration mechanism on disaster health management is developed.	1. Roadmap of ASEAN regional collaboration mechanism on disaster health management is finalized and proposed to SOMHD. 2. Hub organization in-charge of coordination of ASEAN and Japan collaboration mechanism is identified, and its role is clarified. 3. Necessary staff and budget of hub organization of ASEAN and Japan collaboration mechanism are proposed. 4. Activities based on ASEAN and Japan collaboration mechanism works if large scale disaster occurs.	1 Monitoring/review survey report 2 Agreement documents in ASEAN SOMHD 3 Summary of related meetings/ conferences (SOMHD or Summit etc)	
Project Purpose Regional coordination on disaster health management is strengthened in ASEAN.	1 Coordination meetings on disaster health management in ASEAN are held at regular basis. 2 Activities needed for regional collaboration are clarified and approved in the coordination meeting. 3 Recommendations for developing regional collaboration mechanism in disaster health management is proposed to SOMHD. 4 Regional collaboration tools are developed and approved in the coordination meeting.	1 Agreement and/or summary of coordination meeting	1 Policy of ASEAN on disaster health management is not changed. 2 Commitment from AMS is assured. 3 Serious political problem will not happen among ASEAN.
Output			
Output 1 Coordination platform on disaster health management is set up.	1-1 Number of regional coordination meeting during the Project (Target: at least once a year) 1-2 Clarification of focal point of each AMS 1-3 Agreement of set-up of regional coordination platform on disaster health management in ASEAN	1-1 and 1-3 Records of coordination meetings 1-2 List of focal points	1 Commitment of AMS for is assured.
Output 2 Framework of regional collaboration practices is developed.	2-1 Regional collaboration drill is conducted. (basically, once a year) 2-2 Recommendations/lessons learned for the regional collaboration drills are concluded . 2-3 Mechanism of regional collaboration ~~of~~ among emergency medical teams in disaster affected area is clarified.	2-1 Records of the regional collboration drills 2-2 Monitoring/review survey report 2-3 Draft regional agreement of the regional collaboration on disaster health management	
Output 3 Tools for effective regional collaboration on disaster health management are developed.	3-1 Standard Operating Procedure (SOP) (draft) 3-2 Minimum requirements for disaster health management personnel (draft) 3-3 Framework of health needs assessment in emergencies (draft) 3-4 Preparation of database of emergency medical teams in ASEAN	3-1, 3-2, 3-3, and 3-4 Regional collaboration tools such as SOP, minimum requirement, framework of health needs assessment, database, Records of coordination meetings Monitoring/review survey report	
Output 4 Academic network on disaster health management in AMS is enhanced.	4-1 Number of presentation(s) made at academic conference(s) (Target: at least 1 paper/year)	4-1 Academic conference/journal such as JADM, APCDM, and WADEM Monitoring report	
Output 5 Capacity development activities for each AMS are implemented.	5-1 Number of trainings (Target: 4 courses) 5-2 Number of participants to attend to the training courses (Target: 150 pax) 5-3 Lessons learned from the training courses was utilized in each AMS 5-4 Number of participants to attend to the counterpart training courses (Target :20 pax)	5-1 and 5-3 Training report(s) 5-2 Monitoring/review survey report 5-3 Training report(s)	
Activities	**Inputs**		
1-1 Regional coordination meetings are organized every year to share the progress and discuss the direction of the Project.	Japanese side	Thailand side	
2-1 Develop and prepare the program of the regional collaboration drill with project working group	【Experts】 (1)Expert Consultant team (a) Dispatch of Experts 1.Leader 2.Specialist in medical system 3.Specialist in disaster health management/emergency medicine 4.Specialist in planning/organizing regional collaboration drill 5.Specialist in planning/organizing trainings 6.Project coordinator 7.Others, if necessay (b) Provision of necessary equipment (if necessary) (2)Japanese Advisory Committee 1.Provide advice and technical support to JICA on the project management. 2.Join the project working groups 3.Participate in the regional collaboration drills 4.Conduct advisory survey 【Local cost】 1.Expense mutually agreed upon as necessary	【Counterpart Personnel】 1.Project Director 2.Project Manager 3.Officer(s) in charge 4.Secretary at the project office 【Facilities and Equipment】 1.Project office space for JICA experts 2.Facilities and equipment necessary for trainings/regional drills 3.Equipment mutually agreed upon as necessary 【Available data and information related to project】 【Local cost】 1.Expense mutually agreed upon as necessary	
2-2 Conduct the regional collaboration drill every year in AMS			
2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities			
2-4 On site practice is conducted when disaster occurs in ASEAN (if possible).			
3-1 Formulate project working groups for regional collaboration tools at the beginning of the project			
3-2 Develop a draft regional SOP and minimum requirements for disaster health management with the project working group			
3-3 Prepare databases of emergency medical teams of AMS			
3-4 Draft framework of health needs assessment in emergencies with the project working group			
4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM			
5-1 Prepare training plan, curriculum and materials on disaster health management and emergency medical system based on needs survey with the project working group			
5-2 Conduct trainings on disaster health management and emergency medical service for AMS			
5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS			
5-4 Conduct a study tour in Japan for AMS			
5-5 Conduct training program in Japan for the Thai counterpart personnel			

添付資料 6：

RCC 会議全議事録

第 1 回 RCC 会議議事録

The First Regional Coordination Committee (RCC) Meeting on the Project on Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project)

29 – 30 September 2016
Pullman Bangkok Grande Sukhumvit, Bangkok, Thailand

Summary of Proceedings

I. Introduction

The first Regional Coordination Committee (RCC) Meeting on the Project on Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project) was held in Bangkok, Thailand from 29 to 30 September 2016 (Please see Annex I for the Meeting Programme). The Meeting was attended by participants from ASEAN Member States (AMS): Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Thailand, and Viet Nam, along with the Project Team consisting of the National Institute of Emergency Medicine (NIEM) of Thailand and Japanese expert team, as well as representatives of the Thailand International Cooperation Agency (TICA), the Department of Disaster Prevention and Mitigation (DDPM) of Thailand, ASEAN Secretariat (ASEC), ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre), the World Health Organization (WHO) Thailand Representative Office, the Japanese Advisory Committee, and the Japan International Cooperation Agency (JICA).

Dr. Jirot Sindhvananda, Acting Senior Advisor on Internal Medicine, Office of Permanent Secretary, the Ministry of Public Health (MOPH), Thailand, and Dr. Wichai Satimai, Advisor, the Department of Disease Control, MOPH, Thailand, were selected as Chairperson and Co-Chairperson of this Meeting, respectively.

The opening remarks were first delivered by Dr. Anuchar Sethasathien, Secretary General of NIEM. Dr. Sethasathein highlighted that the ARCH Project is part of a proposed ten-year vision in Disaster Health Management (DHM) and was formulated based on the outcomes of a survey on the status of disaster/emergency medicine system in the ASEAN Region which was conducted from 2014 to 2015. Subsequently, Mr. Hiroo Tanaka, Chief Representative, JICA Thailand Office, also delivered an opening remark. Mr. Tanaka stressed the importance of preparedness in the face of the ever-increasing risks of disasters in the ASEAN Region. Mr. Tanaka hoped that ARCH Project would contribute to protect more than 650 million people in the region from the impacts of disasters.

Dr. Jirot Sindhvananda, the Chairperson, welcomed every participant who then introduced him/herself. The list of participants is enclosed in Annex II.

II. Sessions

The meeting was consisted of seven sessions: 1) Presentation on Outlines of ARCH Project, 2) Update on DHM under the ASEAN Post 2015 Health Development Agenda (APHDA), 3) Orientation on the draft ASEAN Joint Disaster Response Plan (AJDRP), 4) Questions and Answer, 5) Discussion on Terms of Reference (TOR) of the Regional Coordination Committee (RCC), 6) Discussion on TOR of the Project Working Group (PWG) 1 and 2, and 7) Presentation on the start-up drill to be held in January 2017.

Session 1: Presentation on Outlines of ARCH Project

Firstly, Ms. Keiko Nagai from the Project Team presented the results of the Survey on the Current Situation of Disaster/Emergency Medicine System in the ASEAN Region (the previous survey) which was conducted in/with all AMS from November 2014 to August 2015. Ms. Nagai explained the outlines, findings and recommendations of the previous survey. The presentation of Ms. Nagai can be found in Annex III.

Then, Dr. Phumin Silapunt from the project team explained the background, scope, goals, expected outputs and implementation structure of ARCH Project. Dr. Silapunt emphasized that ARCH Project was endorsed in the 10th Senior Officials Meeting on Health Development (SOMHD) in September 2015. The Project aims to strengthen coordination on Disaster Health Management for rapid and effective response to disasters occurring in the ASEAN Region, by utilizing regional resources, and to enhance the capacity of each AMS on DHM and Emergency Medicine.. The Project has been implemented to produce five outputs: 1) Coordination platform on disaster health management is set up; 2) Framework of regional collaboration practices is developed; 3) Tools for effective regional collaboration on disaster health management are developed; 4) Academic networking on disaster health management in AMS is enhanced; and 5) Capacity development activities for each AMS are implemented. Dr. Silapunt also explained the role, function and composition of committees, working groups and meetings within the project such as Steering Committee, RCC, and PWG, as well as the Joint Coordinating Committee (JCC) consisting of NIEM and JICA. The presentation of Dr. Silapunt appears as Annex IV.

Lastly, Ms. Nagai presented the overall work plan of the project from 2016 to 2019 with the outlines and schedule of major activities such as RCC and PWG Meetings, Regional Collaboration Drills and the trainings for AMS. The tentative schedule from October 2016 to July 2017 was announced. A presentation on the work plan appears as Annex V.

Session 2: ASEAN Health Cooperation on Disaster Health Management

Dr. Ferdinal M. Fernando, Assistant Director and Head, Health Division, Human Development Directorate, ASEAN Socio-Cultural Community Department, ASEC, outlined the ASEAN Post 2015 Health Development Agenda (APHDA) from 2016 to 2020 and its alignment with the other regional and international platforms, notably "ASEAN 2025: Forging Ahead Together" and the Sustainable Development Goals. The Agenda was endorsed by the 12th ASEAN Health Ministers' Meeting in Hanoi, Viet Nam in September 2014, while a Governance and Implementation Mechanism (GIM) as endorsed by SOMHD in March 2016 was put in place to streamline and strengthen the effectiveness of the ASEAN health cooperation. Since its endorsement, the cluster approach has been applied. DHM has been identified as one of the Strategic Health Priorities under APHDA 2016-2020 and is placed under the purview of Health Cluster 2 (Responding to All Hazards and Emerging Threats) with SOMHD Malaysia and SOMHD Myanmar as chair and vice chair, respectively. Dr. Fernando emphasized that DHM is a broad concept which is not limited in Health Cluster 2 but also relates to other clusters and health priorities such as nutrition, which under the purview of Health Cluster 1. It was also pointed out that Disaster/Emergency Medicine is one of the many domains of DHM; the latter includes Public Health Preparedness and Response, Mental Health and Psychosocial Support, Sexual and Reproductive Health, among others.

As progress made since the regional meeting of the previous survey in July 2015, Dr. Fernando highlighted that ARCH project was endorsed at the SOMHD level and the Committee of Permanent Representatives to ASEAN in December 2015 and is included in the Health Cluster 2 work plan from 2016 to 2020. Therefore, the outcomes of this Meeting, including TOR RCC, PWG 1 and 2 will be presented to the second meeting of Health Cluster 2 on 29 and 30 November 2016 in Putrajaya, Malaysia. Dr. Fernando's presentation can be found as Annex VI.

Session 3: Orientation on the draft ASEAN Joint Disaster Response Plan (AJDRP)

Ms. Agustina Tnunay, Preparedness and Response Officer, AHA Centre, presented the draft ASEAN Joint Disaster Response Plan (AJDRP) which is one of the strategies to implement "One ASEAN One Response". The concept note of AJDRP has endorsed by the 26th ASEAN Committee on Disaster Management (ACDM) meeting. The consultations with the Working Group on Preparedness and Response have been already undertaken, and the full endorsement of AJDRP will be granted in the ACDM meeting in October 2016.

Furthermore, Ms. Tnunay explained the goal, key principles, purpose and stakeholders of AJDRP. The goal of AJDRP is to increase the speed and volume of emergency relief capacities and assets offered and delivered to the affected member states. Ms. Tnunay stressed the importance of national leadership in achieving the goal. She also mentioned that AJDRP is a living document which will be tested annually through an exercise and revised based on the exercise. Ms. Tnunay's presentation appears as Annex VII.

Session 4: Question and Answer

At the beginning, Ms. Agustina Tnunay from AHA Centre presented and shared the ASEAN Declarations on One ASEAN, One Response: ASEAN Responding to Disasters as One in the Region and Outside the Region which was signed by the ASEAN Leaders at the 28th ASEAN Summit in Vientiane, Lao PDR on 6 September 2016. The Declaration confirmed that the Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP), as a protocol under the ASEAN Agreement on Disaster Management and Emergency Response (AADMER), is the main standard operating procedure to be used for mobilizing the resources of both military and civilian. Ms. Tnunay stressed that AHA Centre is the primary ASEAN regional coordination agency and will work in partnership with relevant regional and international agencies for strengthening humanitarian assistance and disaster relief efforts that include the health aspect.

Dr. Tasturo Kai from the Japanese Advisory Committee mentioned that the project focuses on health aspect in disaster management and therefore one of the project purposes is to develop a standard operating procedure (SOP) for medical response which is not specified in SASOP. In response to the comment from Dr. Kai, Dr. Fernando, ASEC, stated that there will be some modification of SASOP which will coordinate with health through this project regarding the specific SOP on health intervention. The project output to SOP will contribute the revision of overall SASOP which will further be operationalized in realization of Joint Task Force to Promote Synergy with Other Relevant ASEAN Bodies on Humanitarian Assistance and Disaster Relief (JTF HADR).

With regards to the comments made by Dr. Ahamad Bin Jusoh (Malaysia) on military medicine, Dr. Jirot Sindhvananda, the Chairperson, stated that there are multiple stakeholders involved in disaster response and therefore a stakeholder mapping is needed to avoid the confusion.

Dr. Fernando, ASEC, presented the TOR of ASEAN Centre for Military Medicine (ACMM) that could serve as a reference in reviewing the TOR of RCC to align with.

Ms. Tnunay clarified that SASOP will be revised in the next year 2017 and one of the modules included in SASOP is medical and health.

Regarding the issue of military in the health sector, which somehow relates to DHM, Dr. Sindhvananda, the Chairperson, suggested that we might invite the military health sector in the next meeting in order to deepen our understanding of each other.

To guide AMS in sufficiently contributing to the Project, participants asked the Project Team to provide the following information: (a) the number of people expected to participate in each project activity, and (b) the number of days each person is expected to travel to participate in each activity. In response, the Project Team presented Table 1 below, and produced Table 2:

Table 1. Schedule of Key Activities, ARCH Project (2017-2019)

TENTATIVE SCHEDULE / KEY PROJECT ACTIVITIES	2017					2018						2019		TOTAL NO. OF KEY ACTIVITY DURING PROJECT TIMEFRAME
	JAN	MAY	JUL	SEP	NOV	*(*1)*	MAR	MAY	JUN	JUL	OCT	MAR	AUG	
RCC Meetings			✓				✓				✓	✓	✓*2	**5**
Regional Collaboration Drills	✓		✓				✓				✓			**4**
PWG 1 Meeting	✓		✓	✓			✓		✓		✓			**5**
PWG 2 Meeting	✓		✓				✓							**3**
AMS Capacity Development		✓			✓			✓		✓				**4**
Study Tour in Japan						✓								**1**
TOTAL ACTIVITIES PER PERIOD	**3**	**1**	**4**	**1**	**1**	***1***	**4**	**1**	**1**	**1**	**3**	**1**	**1**	

Note: **1 - Study tour in Japan will be provided in 2018. The schedule and topic will be decided through discussions in the project activities.*
**2 - In August 2019, the final seminar will be organized. The details to be decided.*

Table 2. Number, Profiles and Input Days of Human Resources Involved in Each Activity from Each AMS, ARCH Project (2017-2019)

AMS HUMAN RESOURCES REQUESTED PER ACTIVITY	NUMBER OF INPUT DAYS REQUESTED FROM EACH AMS HUMAN RESOURCE													TOTAL NUMBER OF INPUT DAYS PER AMS HR
	JAN17	MAY17	JUL17	SEP17	NOV17	MAR18	*(*1) 18*	MAY18	JUN18	JUL18	OCT18	MAR19	AUG19	
RCC Member (for PWG1)/ AMS Drill TL	6		7	3		7	*7*		3		7	3	3	**46**
RCC Member (for PWG 2)	3		7			7	*7*				7	3	3	**37**
Other AMS Expert for PWG1	3		3	3		3			3		3			**18**
Other AMS Expert for PWG 2	3		3			3								**9**
AMS Drill Participant 1	5		5			5					5			**20**
AMS Drill Participant 2	5		5			5					5			**20**
AMS Drill Participant 3	5		5			5					5			**20**
AMS Drill Participant 4	5		5			5					5			**20**
AMS Training Participants		28			28			28		28				**112**
TOTAL NO. OF INPUT DAYS PER AMS PER ACTIVITY	**35**	**28**	**40**	**6**	**28**	**40**	***14***	**28**	**6**	**28**	**37**	**6**	**6**	**302**

Note: All figures above are inclusive of actual and travel days that each AMS human resource contributes to project activities. Each AMS is expected to send three-five (3-5) participants per training; one training is estimated to be five (5) days.
**1 - Study tour in Japan will be provided in 2018. The schedule and topic will be decided through discussions in the project activities.*

Session 5: Discussion on Terms of Reference (TOR) of the Regional Coordination Committee (RCC)

Ms. Keiko Nagai from the Project Team presented the draft TOR of RCC together with the preliminary comments and suggestions received before the first RCC. The draft TOR of RCC was reviewed and discussed article by article by participants. According to the discussion, revisions were made such as follows:

"Regional Coordination Meeting (RCM)" was changed into "Regional Coordination Committee (RCC) meeting".

'Article 1 Purpose' was agreed as "*The Regional Coordination Committee (RCC) is a coordinating platform to oversee of the implementation of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project)*".

'Article 2 Outline of the ARCH Project' was added to explain the background, scope and expected outcome of the project.

It was agreed that the RCC will have a Chairperson and a Co-Chairperson who are senior members from the Lead Countries (Thailand and Viet Nam) (Article 5.1).

Accordingly, 'Article 6 Chairperson' was changed into 'Article 7 Roles of the Chairperson/Co-Chairperson and Lead Country'. Article 7.3 was added as "*the Lead Country representative shall submit a report of RCC meeting outcomes to Health Cluster 2 Meeting*".

'Article 7.4 Proxies to the Meetings' is deleted because the members' role on attendance to the meeting is defined in Article 6 Roles of the members of the RCC.

It was agreed that the meeting minutes will be finalized through ad-referendum endorsement within two weeks by the RCC (Article 8.3).

Finally, the participants agreed on the points to be revised. It was agreed that the Project Team would revise and finalize the draft TOR accordingly to be submitted to the second meeting of Health Cluster 2, and SOMHD subsequently for endorsement. For a copy of the RCC TOR adopted during the Meeting, please refer to Annex VIII.

Session 6: Discussion on TOR of the Project Working Group (PWG) 1 and PWG 2

1) Project Working Group 1 – Regional Collaboration Tools

Ms. Junko Yamada from the Project Team presented the draft TOR of PWG 1 including its purpose, scope of activities, expected outcomes, responsibility of individual members, membership, chairperson, meetings, secretariat and administrative support, and costs of PWG 1. The participants undertook an article-by-article review of the draft TOR for PWG 1. In the light of the discussions, the draft TOR was revised. Main revision points were as follows:

In 'Article III. Expected outcomes', the term "periodically" was deleted and the approval process was clarified as *"The four (4) final draft regional collaboration tools will be reviewed and*

ultimately approved in the Regional Coordination Committee (RCC) Meeting, Health Cluster 2, and SOMHD subsequently".

'Article VI. Chairperson' was revised as *"A chairperson shall be selected from the RCC members of the host country of the meeting"* and the role of chairperson was added to be consistent with the TOR of RCC.

Finally, the participants agreed on the revised TOR for PWG 1 as a final version to be submitted to the second meeting of Health Cluster 2, and SOMHD subsequently, for endorsement. For a copy of the PWG 1 TOR adopted during the Meeting, please refer to Annex IX.

2) Project Working Group 2 – Capacity Development

Ms. Junko Sato from the Project Team presented the draft TOR for PWG 2, which is consisted of purpose, scope of activities, expected outcomes, responsibility of individual members, membership, chairperson, meetings, secretariat and administrative support, and costs of PWG 2. The participants undertook an article-by-article review of the draft TOR for PWG 2. Based the discussions, revisions were made to the draft TOR. Major changes were made such as follows:

In 'Article IV. Responsibility of individual members', "conduct training of trainers (TOT) in country if necessary" was added.

Regarding Article V. Membership', it was decided to add ASEAN Secretariat as an observer. AHA Center, however, is not included as a member or an observer of PWG 2.

'Article VI. Chairperson' was revised as *"A chairperson shall be selected from the RCC members of the host country of the meeting"* and the role of chairperson was added to be consistent with the TOR for RCC and PWG 1.

Figure 1 in 'Article VII. Meetings' would be modified to be consistent with the figure in the TOR for PWG 1.

Finally, the participants agreed on the points to be revised. It was agreed that the Project Team would revise and finalize the draft TOR accordingly to be submitted to the second meeting of Health Cluster 2, and SOMHD subsequently, for endorsement. For a copy of the PWG 2 TOR adopted during the Meeting, please refer to Annex X.

Session 7: Presentation on the Start-Up Drill to be held in January 2017

Dr. Yasushi Nakajima from the Project Team presented the outlines of drills to be executed during the project: a start-up drill and regional collaboration drills including the main objectives, tools used in each drill, schedule, and tools to be discussed during the drills/exercises.

Dr. Nakajima also explained the details of the start-up drill which will be held in January 2017 including methodology, learning outcomes, and target participants. The duration of start-up drill is three days and the schedule is as follows:

Day 1: Tabletop Exercise - Dispatch of emergency medical teams (EMT)

Day 2: Field Exercises - EMT Activities

Day 3: Review Workshop

Dr. Nakajima emphasized that the start-up drill will be conducted to initiate the discussion of PWG 1 and 2, and the discussions will be continued in the three Regional Collaboration Drills. Dr. Nakajima's presentation appears as Annex XI.

After the presentation by Dr. Nakajima, Dr. Ari Prasetyadjati (Indonesia) asked about the incident command system (ICS). Dr. Nakajima responded that the ICS will not be used in this start-up drill. Dr. Wuthisuthimethawee from the Project Team added that some AMS have ICS in place in their countries and EMT could have the ICS within the team for the drill. For instance, during the drill, a coordinator or a liaison will coordinate with the EMT Coordination Cell led by AHA Centre.

Ms. Tnunay from AHA Centre suggested that the start-up drill has to follow the national system such as tools and regulations in Thailand as the scenario is based in Thailand. Ms. Tnunay also stressed that we need to give priority to SASOP which has been the tool referred to in the ASEAN Declaration on One ASEAN One Response.

III. Conclusions

Ms. Keiko Nagai from the Project Team presented draft conclusions of the first RCC meeting. Based on the suggestions and comments from the participants, the Meeting agreed on the following:

1. Summary of Proceedings and Final Version of the TOR of RCC, PWG 1 and PWG 2 will be circulated to RCC participants within a week.
2. Summary of Proceedings will be submitted to the second meeting of ASEAN Health Cluster 2 on 29 and 30 November for acknowledgment.
3. Final Version of the TOR of RCC, PWG 1 and PWG 2 will be submitted to second meeting of ASEAN Health Cluster 2 for endorsement. Subsequently, the endorsed versions will be submitted to SOMHD for final endorsement.
4. AMS will confirm their respective official primary representatives and alternates to the RCC. Official list of names will be submitted to ASEAN Secretariat.
5. The regional collaboration tools will be drafted and tested within the project period prior submission to Health Cluster 2 and SOMHD for approval.
6. AMS will nominate the members for PWG 1 and 2, as well as a team for the Start-up Drill to the project team. The list of PWG members will be submitted to ASEAN Secretariat.
7. Noted the information from the Philippines that it volunteers to host the regional Project activities in July 2017, to coincide with the country's National Disaster Consciousness Month.

END

Annexes

Annex I: Programme of Activities
Annex II: List of Participants
Annex III: Presentation on Results of the Survey on the Current Situation of Disaster/Emergency Medicine System in the ASEAN Region
Annex IV: Presentation on Background, Scope, Goals, and Outputs of ARCH Project
Annex V: Presentation on Overall Work Plan of ARCH Project
Annex VI: Presentation on ASEAN Health Cooperation Disaster Health Management
Annex VII: Presentation on AJDRP
Annex VIII: TOR of RCC
Annex IX: TOR of PWG1
Annex X: TOR of PWG2
Annex XI: Presentation on Drills

第 2 回 RCC 会議議事録

The First Regional Collaboration Drill,
the Third Project Working Group (PWG) 1 Meeting and the Second PWG 2 Meeting, and
the Second Regional Coordination Committee Meeting
on the Project for Strengthening the ASEAN Regional Capacity on
Disaster Health Management (ARCH Project)

17 – 21 July 2017
Duangjitt Resort & Spa and Phuket Mining Museum, Phuket, Thailand

Summary of Proceedings

1. The first regional collaboration drill (RCD), the third project working group (PWG) 1 meeting, the second PWG 2 meeting, and the second regional coordination committee (RCC) meeting on the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project) were held in Phuket, Thailand from 17 to 21 July 2017. The overall programme of activities is presented in **Annex I**.

2. The first RCD, the third PWG 1 meeting, the second PWG 2 meeting, and the second RCC were attended by participants from ASEAN Member States (AMS): Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Viet Nam, along with ARCH Project Team consisting of the National Institute of Emergency Medicine (NIEM) of Thailand and Japanese expert team, as well as representatives of the Department of Disaster Prevention and Mitigation (DDPM) of Thailand, Ministry of Health of Thailand, ASEAN Secretariat (ASEC), ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre), the World Health Organization (WHO) Headquarters and Thailand Representative Office, the Japanese Advisory Committee, as well as the Japan International Cooperation Agency (JICA). The list of participants is enclosed in **Annex II**.

3. The summary of proceedings consists of three parts: 1) the first RCD, 2) the PWG meetings, and 3) the second RCC meeting.

Part 1 First Regional Collaboration Drill: from 17 to 19 July 2017

1. The first RCD was conducted by ARCH Project Team, and participated by teams from ten ASEAN Member States (AMS); Brunei, Cambodia, Laos PDR, Malaysia, Myanmar, Indonesia, Philippines, Singapore, Thailand, and Viet Nam, as well as Japan Disaster Relief (JDR). Also, participants from ASEAN Secretariat, AHA Centre, WHO, JICA, and Japanese Advisory Committee were involved. The first RCD consisted of the introductions and the table-top exercise (TTX) (Day 1), the field exercise (Day 2), as well as the review workshop (Day 3).

I. OPENING REMARKS / GROUP PHOTO

2. Mr. Norraphat Plodthong, Phuket Governor greeted and welcomed participants and honored guests. He appreciated ARCH Project to provide great opportunity to Phuket for strengthening of ASEAN regional coordination capacity on disaster health management and capacity development on disaster response for public health personnel of Thailand including Phuket and other southern provinces. Mr. Plodthong also expressed the expectation on future collaboration in disaster response based on experiences and learnings from this important event.

3. Dr. Atchariya Pangma, Secretary General, NIEM made opening remarks. He mentioned the outlines of the three-day program which consists of table-top exercise, field exercise and the review workshop. Dr. Atchariya also emphasized the objective of the first RCD to offer practical experiences in which you can learn about information management along with practicing effective collaboration among the emergency medical teams and with the concerned local agencies in a simulated disaster-affected area.

4. From JICA Thailand, Mr. Masato Koinuma, Senior Representative expressed sincere appreciation to close cooperation of all the stakeholders of ARCH Project. He mentioned that three RCD will be conducted during the three-year project and the first RCD was designed based on practical experiences of the Start-up Drill in January 2017. Mr. Koinuma emphasized that ARCH Project could contribute to enhance regional collaboration on disaster health management in ASEAN, one of the most disaster prone area in the world.

5. Then, the group photo was taken followed by the safety and security briefing by JICA Thailand Office.

II. INTRODUCTION TO THE FIRST REGIONAL COLLABORATION DRILL: CONCEPT, PURPOSES AND EXPECTED OUTCOMES

6. Dr. Phumin Silapunt, ARCH Project Team, made an introduction to RCD with and the overall picture of ARCH Project. The presentation of Dr. Silapunt can be found in **Annex III**.

III. INTRODUCTION TO ASEAN MECHANISM ON DISASTER MANAGEMENT

7. Mr. Arnel Capili, AHA Centre, presented on concept of collective response in ASEAN. His presentation included ASEAN Joint Disaster Response Plan (AJDRP) and ASEAN Military Ready Group (AMRG) as well as proposed mechanism for emergency medical teams (EMT). Also, he provided procedure and forms in SASOP relevant to the first RCD. Dr. Capili's presentation can be found in **ANNEX IV**.

IV. INTRODUCTION TO EMT CONCEPT AND COORDINATION MECHANISM (ESPECIALLY, FORMATS TO BE USED IN THE DRILL)

8. Mr. Flavio Salio, Emergency Medical Teams, Emergency Operations Department, WHO Headquarters, made presentation on EMT concept and coordination mechanism. Also, he explained the forms in the EMT Coordination Handbook, especially on those to be used in the first RCD. Then, Dr. Tatsuhiko Kubo from JDR presented on EMT Minimum Data Set (MDS). Presentations of Mr. Flavio and Dr. Kubo can be referred in **ANNEX V**.

V. INTRODUCTION TO TABLE TOP EXERCISE (TTX), AND BASELINE SCENARIO AND GUIDELINES, ETC.

9. Dr. Prasit Wuthisuthimethawee, the Project Team, provided introduction to TTX. He also explained baseline scenario and guidelines for TTX. Dr. Phumin Silapunt, briefed the participants on the system for request and receive international assistance in Thailand, because the first RCD will be conducted in accordance with the Thai system. Presentations of this session can be found in **ANNEX VI**.

VI. TABLE-TOP EXERCISE (TTX)

10. TTX was conducted facilitated by Thai task team. Three provincial public health emergency operating centre (PHEOC) and one national EOC/EMTCC were set in separate rooms. After arriving at the Suwannapumi Airport, emergency medical teams (EMT) from AMS submitted WHO EMT registration form and took necessary procedure at Receiving and Departure Centre (RCD) conducted by Department of Disaster Prevention and Mitigation (DDPM), Thailand. Then, RDC allocated EMT to the provinces. The participants learned the formats required to the field activities and coordination such as medical record, tally sheet, daily report, patient referral form, and exit report.

VII. INTRODUCTION TO THE FIELD EXERCISE

11. Dr. Prasit Wuthisuthimethawee make presentation on introduction to the field exercise including schedule, field layout, and logistics. Dr. Yasushi Nakajima presented the overall objectives of the series of RCD based on lessons learned from the start-up drill and will contribute to One AESEAN, One Response. Their presentation is included in **ANNEX VI**.

VIII. FIELD EXERCISE

12. The field exercise was conducted in the Phuket Mining Museum. EMT dispatched to three provinces and provide medical services as Type 1 fixed. Only Japan EMT played Type 2. Each team also visited the nearby village for health needs assessment. EMT referred the patients under coordination of provincial PHEOC. National EOC/EMT Coordination Cell (EMTCC) and Regional EOC collected and integrated information and reports.

IX. REVIEW WORKSHOP

13. The review workshop was conducted as the follow-up reflection of TTX and the field exercise, to review the exercises to identify the gaps, challenges and difficulties of each country team, as well as draw lessons learned for the following RCDs and the other project activities including development of regional collaboration tools and trainings.

a. National PHEOC/EMTCC Meeting Demonstration

14. The session comprised representatives from Provincial PHEOC from Krabi, Phangnga and Phuket in addition to representatives from eleven countries' EMT. Then, simulated meetings were demonstrated between them and Surat Thani Regional PHEOC, and Bureau of Public Health in Emergency Response of Ministry of Public Health (BPHER) as National PHEOC.

1) Krabi PHEOC

15. The following feedbacks were received from EMT from Malaysia, Brunei and Indonesia which were operating in Ao Nang, Koh Lanta and Phi Phi Island districts, and Krabi PHEOC.

- There was a delay in transportation process due to confusion in communication during the referral process. EMT would like PHEOC to give more attention to the referral process.
- Each stage of actions and processes needed frequent communications from PHEOC to EMT members to keep everyone at the same pace. One translation may not be enough to explain the sense of simulation.
- PHEOC suggested that because in actual disaster situation, mobilization of helicopter, ambulance and other transport could be slow, communication should be effective to enhance patient transportation. Under such severe situation, management of transportations may be difficult.

2) Phangnga PHEOC

16. The following feedbacks were received from EMT team from Singapore, Vietnam, Philippine, Thailand which were operating in Koh Pratong, Thai Meung, Khaolak and Ban Nam Kem districts, and Phangnga PHEOC.

- Due to severe damage of the health centre, impact to the local population was a certain level.

- National PHEOC was tense in the day-to-day operation due to high number of patients to be transferred. Therefore, patient transportation had to be done on foot, although vehicle should be provided in the actual situation. Because the number of medical personnel was not sufficient against the number of patients, EMT faced difficulty in site management.
- Because the shelter was too crowded and foreign volunteers had registration problem, the situation was getting worse. Some shelters (especially Khaolak affected by Tsunami) were too overwhelmed to control the situation and manage the environment, especially the water and sanitation issues. In addition, other problematic issues were there such as inadequate food, communication, road accessibility, irritating insects and rabies. Vaccination and medication should have been more well-equipped.
- As the spectrum of disease changed from acute phase to the later phase, EMT should be aware of it and adapt their services accordingly.

b. Phuket PHEOC

17. The following feedbacks were received from EMT team from Japan, Laos, Myanmar, Cambodia which were operating in Patong Beach, Kamala Beach and Mai Khao Beach districts, and Phuket PHEOC.

- Patient referral information should have been more clearly communicated from one EMT to another. In this event, because Japan EMT (type 2) received referred patients with little or no information from other type 1 EMT, operation of Japan EMT was affected to be less efficient.
- Security should be kept in mind during site operation. Considering the incidence that the Japanese EMT team leader was kidnaped, measures need to be taken to ensure EMT security. Security information should be communicated to all PHEOC and EMT in a reliable manner.
- In addition to the speed of referral process, the information regarding the vehicle load per trip was important in terms of planning and management of the number and severity of the patients.
- Language is the most common barrier during the operation.
- Foreign/Local volunteers and other health personals can be enhanced for effective contribution in emergency.

c. BPHER

18. The reports of the international EMT (I-EMT) deployment, operation and the management in three southern provinces were reported by Surat Thani Regional PHEOC to BPHER, National PHEOC with the observation of WHO. Surat Thani Regional PHEOC reported the status of impacts on casualty, I-EMT deployment capacity, infectious disease, and other public health problems, as well as challenges. Highlighted problems were communication among EMT and PHEOC, and ineffective transportation system. BPHER recommended to collaborate with the Regional Infection Control Office. Another administration challenge reflected from the field was the completion of standardized

forms for I-EMT which could interrupt the treatment. The suggestion from BPHER was to assist the I-EMT in explaining the form.

19. At the final stage, all I-EMT submitted the exit report to RDC at Suvarnabhumi Airport and left the country.

20. Ms. Sutapak Sulsabai, Policy and Plan Analysis from DDPM, appreciate the first RCD as it was important for Thai DDPM to be able to coordinate with health sector in emergency. Active participations of all EMT were very much beneficial for an effective drill. In actual disaster event, there would be other issues including physical and mental health issue when dealing with loss of family member and disability, therefore, collaboration is cross sectorial which DDPM would have to further their learning to include other sectors especially at the multi-national level.

21. On behalf of WHO, Dr. Richard Brown expressed appreciation to JICA and MOPH who invited several parties to the first RCD. As South East Asia is a disaster-prone region and the challenge on the scale and complexity of disaster, the drill would benefit the region's emergency response to disaster in collaboration with other countries. Although EMT at the national level are well-trained and prepared, the capacity may not be enough given the impact of vast areas. ARCH Project is crucial in supporting and empowering regional level coordination to achieve familiarity and guidance on practical steps towards I-EMT deployment. Spirit of AMS towards the One ASEAN, One Response initiative is prominent. Additional inputs to be considered could be the inclusion of clinicians on infectious disease to prevent post-disaster disaster outbreak. However, WHO is in full support for the project in response to WHO's EMT Initiative.

X. COUNTRY PRESENTATIONS

22. Following the group discussion in accordance with brainstorming guidance and template, each AMS presented the results of the group discussion. The guidance and template for the brainstorming are presented in **Annex VII**. And presentations of AMS could be referred in **ANNEX VIII**.

a. Brunei

23. **Program Evaluation:** Brunei reflected that the venue, the length, the format of the program was appropriate, especially the drill scenario was well-simulated and prepared although it needed more facilitation.

24. **Capacity Building:** Brunei may need more capacity building as the team is lacking all aspects of EMT coordination both in receiving and offering, thus trainings are needed.

25. **Coordination Process:** In the EMT coordination for this event, the process was clearly explained and simple although Custom, Immigration and Quarantine (CIQ) process should be acknowledged before the deployment. Communication between EMT and PHEOC, referral system and transportation were common challenges of the drill. For example, the number of people which can be loaded in certain vehicle (ship/boat/helicopter/ambulance) should be clearly stated.

26. **Reporting Form:** The registration form was easy to understand but not clear whom to submit to. Brunei team did not use forms of EMT-Minimum Data Set (MDS), Daily Report and Situation Report. The Referral Form was too complicated and not clearly explained; particularly the patient history part was difficult to find information. There should be free-text room in the medical record section. The Health Need Assessment (HNA) Form had some duplication and contains too many text boxes.

b. Indonesia

27. **Programe Evaluation:** Tsunami was a challenging scenario for the operation, but it was well-prepared. The overall program was successful.

28. **Capacity Building:** In management aspect, capacity to operate under a standard operating procedure (SOP), legal issue and WHO technical guidance should be developed. In addition to the AMS training by ARCH Project in the first stage, more knowledge can be obtained through academic conference and student exchange through scholarship grant.

29. **Coordination Process:** Logistic and other supporting technicians would make coordination process smoother. The process for EMT coordination among other sectors such as public health, security and social welfare should be clearer.

30. **Reporting Forms:** In MDS Statistics, referral patient in Type1 EMT should be included in outpatient or new admission. As for HNA format, the estimated total number of population should be included and indicator for food availability maybe revised other than the type of food provided. Also, the type of vaccination, serum and medication for dog and snake bites should be more described. Medical staff types can be categorised more detail. In the environmental health section for instance, cleanliness of water which may not be tested with bare eyes, confirmation will be need from public health sector.

c. Japan

31. **Program Evaluation:** TTX was useful to prepare teams for field exercise. The field exercise can be longer to reflect the actual field operation. In this case, presentations can be shortened to allow longer Q&A session and accommodate more time for the field exercise.

32. **Capacity Building:** JDR is the only type 2 EMT which all severe patients were referred to although the team did not have sufficient equipment. In the actual operation, type 2 EMT will not be adequate for covering the all trauma cases.

33. **Coordination Process:** Patients were being transferred with little/no background information. Referral system can be more developed for smoother operation. The management of public health issues such as animal bites, food poisoning, and management of corps as well as security-related issues required further development.

34. **Reporting Form:** Some terminologies in the referral form need to more clarifications, such as “assistance device provided”. In the referral form, “contact person” was recommended to be used

instead of "focal point", JDR is developing an e-tally sheet to make daily report automatically. In future, it could be shared through a cloud server.

d. Lao PDR

35. **Program Evaluation**: All aspects of program are satisfactory.

36. **Capacity Building:** Capacity development programmes are necessary for legal matters, EMT coordination, institutional settings, international deployment arrangements, and roles and responsibilities of affected country for EMT coordination.

37. **Coordination Process:** There's no further recommendation on the EMT coordination process as it was already well-organized.

38. **Reporting Form:** Some forms can be revised to be more concise, but those still keep important points.

e. Malaysia

39. **Program Evaluation:** The overall exercise was well-organized especially the usefulness of TTX. However, feedback may need more time for further improvement. In addition, the availability of tools can be more explained for more effective use with considering the influx of patients.

40. **Capacity Building:** There should be a standardized training material for new member in EMT on SOP. It would also benefit EMT to know function of other agencies under ASEAN during disaster within and outside the health sectors to avoid duplication and streamline the operations.

41. **EMT coordination process:** The well-versed instructions on command, control, coordinate, communicate can be useful in the overall operation. Health Need Assessment done by EMT can be quite overwhelming as EMT has a medical discipline, trainings on HNA will useful in familiarizing EMTs with the assessment. The result of the assessment should anyway be confirmed from the public health personals.

42. **Reporting Form:** The Medical Record should use bigger fonts and provide free-text space. Malaysia reflected that patients' names required in the exit form is unnecessary and suggest change to only total number of patient. There was confusion in EMT registration form queries to whether it refers to in-country relationship or receiving country relationship. To make the flow of information goes more naturally, EMT member details should be placed in earlier section of staff details.

f. Cambodia

43. **Program Evaluation:** Overall arrangement of the program including venue, drill scenario, facilitation and instructions are satisfactory.

44. **Capacity Building:** Some training courses should be introduced for public health personnel such as legal provision, liability concern, SOP, and roles and responsibility on EMT coordination of the

affected country. Cambodia highlighted that curriculum of the regional training courses and student exchange programs among AMS need to be developed for long-term capacity building.

45. **Coordination Process:** There's no further recommendation in the EMT coordination process as all are satisfactory for Cambodia.

46. 26. **Report Form:** All EMT should ensure capacity to complete the relevant forms. In the Exit Form, part E, F and G are not necessary. Additionally, the font of farms particularly Tally Sheet should be bigger.

g. Myanmar

47. **Program Evaluation:** The field exercise should be three days for practicing actual reflection, trail- and error-process, actual clinical assessment. Shelters could be prepared with considering patients who had difficulty in working. In the preparation process, access to electricity should be ensured to enable communication devices including satellite phones and internet. Other aspect of the drill was very well prepared

48. **Capacity Building:** EMT were required basic knowledge to operate under legal agreement, SASOP, and other international cooperation arrangement. Given that different countries have different EMT capacity, international deployment agreement may not be complied by every country.

49. **Coordination Process:** In the case of phone communication loss, alternative communication approach e.g. satellite phone or radio should be considered.

50. **Reporting Forms**: Several forms required too many data which caused stress to the EMT. Guidance for forms completion can be attached at the back of forms or as separate attachment. Myanmar EMT had the problem completing the registration form as the team does not comply with several items. Exit form and HNA form were already well developed.

h. Singapore

51. **Program Evaluation:** The overall arrangement on venue and facility is good. The drill was very well executed although it was a one-week load of incident condensed into one day.

52. **Capacity Building:** A standardized step-by-step approach and simplified flow of work should be established to facilitate the process. Singapore suggested a set of instruction card for each action which are easily drown out such as supply request procedures, evacuation, radio operation, patient referral and others. However, TTX helped smother work flow in the ground. The briefing from PHEOC should be done using a map as reference. In addition, other EMT operating in surrounding area should be acknowledged about the existence of one another in case assistance needed.

53. **Coordination Process:** Communication among EMTs and EOC can be enhanced by two-way communication approach. Singapore's concern was on how EMT link with logistic supply. The

transport to and from the venue should be guided by local authorities. With the language barrier, patient identifications were difficult to obtained.

54. **Reporting Form:** The possibility of cloud or web based document template should be considered where the area has Wifi coverage to increase reliability and accuracy of entered information. Clarification of children's age is needed e.g. 5 year or older. The Exit Form and HNA form need free text space.

i. Thailand

55. **Program Evaluation:** The presentations should be shortened to allocate more time to the exercises. Form completion should be demonstrated and well-guided.

56. **Capacity Building:** Thailand agreed to all capacity building program listed by ARCH Project. However, additional subjects were proposed such as preparedness and measures for robbery, suicide attempts, electricity black-out. The authority responsible for curtain issues should be clearly identified e.g. PHEOC, local government and others.

57. **Coordination Process:** Radio can be one option, but the radio channel should be managed not to interfere each other. In the referral system, time and logistics management were paramount. Referral units should be able to calculate time consumption for each transportation as well as the suitable areas to load patients.

58. **Reporting Forms**: Type 1 and Type 2 EMT should have separate set of form to avoid confusion. Registration form may include information of all team members. Daily Report can be made more concise to cope with the number of patients that EMT need to concentrate on. The management among team should be better to handle Exit Report as there should be one person who can report the overview of the situation even though one may not be there from the beginning.

j. Philippine

59. **Program Evaluation:** There was a shortage of ambulance and the availability of supply. There should be more clarification on the role of entities involved in the referral process i.e., EOC, referral team, and referral hospital. For this, the referral directory can be useful, in addition to the establishment of Incident Command Center (ICC) as coordination point. CIQ should have a separate station to enhance the learning.

60. **Coordination Process:** It is suggested that universal radio language code to enhance effective communication especially the referral process among EMT. Moreover, protocol for reporting back to PHEOC should be strictly followed by EMT.

61. **Reporting Form:** Common feedbacks to the reporting forms are to increase font size, bold lines in each section. In Daily Report form, the answer boxes are very specific to EMT type 1 fixed and 2; several items are not applicable to EMT type 1 mobile. The risk assessment in the reporting form does not clearly reflect on the tally sheet. The HNA form should be filled in separately from one

village to another to include top ten consultations for mortalities and morbidities, solid and liquid waste management and breast feeding facility, source of water, types of toilet facility, number of population by age breakdown and others.

62. **Capacity Building:** EMT member should be trained according to the skill pyramid in the training courses which include radio operation and trauma management that fit EMT competencies.

k. Vietnam

63. **Program Evaluation**: Check list of availability of supply should be developed such as medical equipment especially pain killer and injection. Regarding the drill arrangement, facilitator skills can be enhanced to properly guide the flow of activities.

64. **Capacity Building:** Training Course on SOP and EMT Coordination could be introduced for the public health personnel in ASEAN.

65. **Coordination process**: There was a lack regular communication as well as local human resources, staff and availability of equipment and facilities. CIQ can be enhanced to inform the process to EMT in advance.

66. **Reporting form**: Rapid Neurology Assessment (AVPU) practice could be adopted in one of the reporting form. It is still unclear if EMT refers to WHO accredited type as referred to in several reporting forms such as EMT-MDS.

67. After all the presentations, representative from WHO mentioned that Registration form and the inquiry process are very useful within the team for both receiving country for tasking and the EMT that can be reflected in Registration form. As EMT type 2 referred patients to other location, such referral information should be reported to EMTCC in Exit Report. EMTCC observed that the referral process could be done correctly. However, the information received by all EMT types will post crucial information for EMTCC. In addition, EMTCC should emphasize facilitation on coordination of N-EMT and I-EMT as well as guiding throughout the process.

68. AHA Centre congratulated the Project Team for successful simulation exercise which had built capacity AMS in deployment experience. The design of the exercise was excellent, from TTX to the field exercise in rotations to many tasks and missions. An idea to consider for next drill was to have a debriefing session to allow EMT to reflect on their own operation to foster learning. Emergency response is as if a project management in brief timeline where management of team member, resources and time are to be considered. This time, F imitates actual disaster situation where challenges related to communication media, security, supplies, sanitation, food and shelter occurred. These issues can be considered to improve preparation of the next RCD. Disaster Health Management is an important initiative which includes not only emergency medicine but also other aspects such as public health, communicable disease control, media management, and security.

Nonetheless, all aspects need integration under All Hazard One Approach and One ASEAN, One Response.

XI. SUMMARY

69. Ms. Keiko Nagai made a final summary of the after-action review of the first RCD with the highlighted objective to conduct the test on the use of common forms. According to the cycle of Plan, Do, Check, Act (PDCA) framework, the first RCD has achieved all target. During the planning process, Thailand PHEOC has collaborated with other sectors including DDPM and MOFA. The plan was put into action through TTX and the field exercise. Through the review session, all the participants and the Project Team could draw valuable lessons to achieve the exercise objective, to practice the use the common forms. Thailand will share the experience in hosting RCD to Viet Nam and the Philippines which will host the second and third RCD consecutively. The presentation document can be referred in **ANNEX IX.**

XII. CLOSING REMARKS

70. Dr. Jirot Sindhvananda delivered a closing remark by expressing sincere appreciation and gratitude for every party which contributed to the success of the first RCD. The experience on the drill will guide EMT with different backgrounds to common expectations, preparation and training towards effective coordination in the field.

Part 2 Project Working Group (PWG) Meetings

XIII. OPENING REMARKS

1. Dr. Jirot Sindhvananda, the chair, delivered welcome remarks. The second meeting of PWG 1 which was held in May 2017 covered discussions on the draft regional collaboration tools and the ASEAN Leaders' Declaration on Disaster Health Management. The first meeting of PWG 2 in January 2017 had discussed the plan for the first AMS Training which was conducted in May 2017. Both PWG 1 and 2 meetings would continue the discussions on the mentioned topics with PWG 1 objective to gather feedbacks on the latest version of four tools and PWG 2 objective to discuss further planning of AMS Training. The chair declared the opening of the meetings and wish participants for fruitful results.

XIV. OVERVIEW OF ARCH PROJECT

2. Dr. Phumin Silapunt presented background, relevant ASEAN initiatives, scope, objective, expected outputs, and implementation process of ARCH Project. The presentation document can be referred to in **ANNEX X.**

XV. CONCLUSION AND RECOMMENDATION FROM THE FIRST REGIONAL COLLABORATION DRILL

3. Dr. Yasashi Nakajima made a presentation on review of the Start-up Drill and the first RCD. The review the Start-up Drill was intended to identify gaps of both individual and team assessing 1) team capacity; 2) individual capacity; 3) intra-team collaboration and; 4) inter-team collaboration using common forms. All capacities and skills will constitute ARCH Project pyramid model from the first, second and third layer underlying the One ASEAN, One Response. In the review of the first RCD, all teams provided feedbacks based on; 1) program evaluation, 2) coordination process, 3) capacity building, and 4) reporting forms. Through the presentation by each country team, some comments were made for further improvement of the relevant forms, management of referral system, further capacity development on necessary knowledge and skills. In addition, the knowledge about other agencies that function within ASEAN will enable EMTs to operate more effectively in the field. Based on discussion in the review workshop, some key factors of the pyramid model were modified. The presentation document can be referred to in **ANNEX XI.**

XVI. THE THIRD PWG 1 MEETING

a. Session 1: Introduction

4. After the self-introduction of participants, Dr. Jirot Sindhvananda, reviewed and summarized the agreed points from the second Meeting of PWG 1 in May with a focus on the four (4) kinds of Regional Collaboration Tools; SOP for Coordination of EMT in ASEAN, Health Need Assessment (HNA) Framework, Database of EMTs in ASEAN, and Minimum Requirements for EMT Members. Then, Dr. Sindhvananda presented the objectives of this third Meeting of PWG 1, which are to discuss the Regional Collaboration Tools, to provide inputs for further development of the tools, and to reach consensus and agree on the way forward until the next meeting of PWG 1 in November 2017. The presentation document can be referred to in **ANNEX XII.**

b. b. Session 2: Regional Collaboration Tool (1) - Standard Operating Procedure (SOP) for Coordination of EMT in ASEAN

5. Ms. Junko Yamada explained the progress of development of SOP. The current draft version 0 was developed by incorporating the inputs and feedback from the second Meeting of PWG 1 as far as possible. The inputs included 1) SOP is a component of and aligned to SASOP and AJDRP; and 2) Project Team will consolidate feedback from the Meeting, and consider: a) Articulation of scope and limitation of the SOP in the introduction section; b) Presentation of process flowcharts; and c) Role of affected and assisting countries.

6. Then, Ms. Yamada presented the draft version 0 by focusing Chapters I. Introduction, II. Institutions, III. Disaster Preparedness and IV Emergency Response. The presentation can be referred to in **ANNEX XIII.**

7. To collect necessary information for Section A “National Focal Points for Emergency Medical Team (EMT) Coordination” of Chapter III., AMS representatives were asked to present its in-country mechanism of EMT coordination including the national focal point. The presentations were made based on the format which was created by the Project Team. The presentations can be referred to in **ANNEX XIV.**

8. The points of discussion are summarized as followings:

   - The scope of the SOP needs to be further defined. Currently it is illustrated in Figure 1, and briefly indicated in Paragraph 4 (‘areas covered’). It is suggested that these are further elaborated. Also, in practice, national and international EMT interact and cooperate in the field. Connecting National EMT (N-EMT) and International EMT (I-EMT) through an arrow is suggested.
   - There are operational linkages with the ASEAN EMT and military medical services. Re-phrase Paragraph 5 to indicate coordination with military EMT, as well as EMT of other organisations.

- ASEAN EMT register with health authorities of the affected country and/or through AHA Centre. Revise Paragraph 18.
- Form 7 of SASOP (Final Report from Assisting Entity to AHA Centre) shall serve as reference for ASEAN EMT in the preparation of final report to be submitted to their own National Disaster Management Office (NDMO).
- The Public Health Emergency Operations Center (PHEOC) referred to in the SOP are Emergency Operations Center (EOC) at different levels that under the Ministry of Health/health authorities responsible for the coordination and management of health aspects of disasters. This is may need to be highlighted considering that these are named differently by AMS.
- Considering procedures in offering and receiving international assistance, which engages diplomatic/policy, as well as operational (in this case sector health) channels, the SOP may consider mechanisms that facilitate expedient activation and deployment of EMT.

9. Regarding the next step, PWG 1 members will provide feedback to the draft version 0 by 11 August 2017. The Project Team will draft the version 1 by incorporating the inputs and comments from PWG 1 members. The draft version 1 will be distributed to PWG 1 members by October. By the 4th Meeting of PWG 1 in November, PWG 1 members will provide inputs to the draft version 1.

c. Session 3: Regional Collaboration Tool (2) - Health Needs Assessment (HNA) Framework

10. Ms. Yumiko Kashiba presented the recommendations on the draft HNA version 0 and agreed points on the HNA framework in the second PWG1 meeting. The key points of suggestions and recommendations include: 1) HNA should focus on health aspects related to EMT activities and should be more concise; 2) the users of the information collected through HNA should be clearly identified; 3) HNA should be designed to complement and not duplicate the task of ASEAN ERAT; and 4) the main role of EMTs is to provide medical services and save lives, therefore HNA should be a supporting role of EMTs. The agreed timing to conduct HNA could be after the acute phase of disaster; however, it can be conducted at any critical time of disaster if required or requested by local authorities.

11. The revised draft, version 1 is more concise, focusing on health aspects, but also includes water, sanitation and hygiene (WASH), food security, nutrition and shelter. The version 1 was tested in the first RCD and feedbacks were received from each AMS team. Many of the drill participants think that HNA should be a supplemental role of EMT. Other feedback and recommendations were: 1) public health personal should be included in EMT if EMT are required to conduct HNA; 2) training for selected members of EMT in HNA may be needed; 3) coordination with other clusters should be considered; 4) the information on other clusters should not to be too detailed in the HNA form; and 5) the current draft form should be improved and some of the definitions and indicators should be refined. The comments received from this third PWG1 meeting will be incorporated into the HNA draft version 2. The revision will be shared with the PWG1 members in August and further

comments will be expected by mid-September. The revised HNA draft version 2 will be tested in the second RCD in March 2018. The final draft version will be presented in October 2019. The presentation document can be referred to in **ANNEX XV.**

12. The meeting had discussed and provided the following comments;

- The chair suggested that the instruction or guide which showed how to conduct HNA be attached to the NHA form.
- Psychological and mental aspects of EMT members should be addressed.
- The age categories in the draft HNA form should be changed according to those widely used for mortality, e.g., Under 5 Mortality.
- Although only a concern of duplication of work between ERAT and HNA by EMTs was raised, two parties can complement each other and work together.
- Local PHEOC may request EMT to do HNA, and in that case, EMTs should have capacity for HNA.
- The function of EMT to conduct assessment was not stated in WHO EMT guideline, so EMT should focus on deviling health services. Instead, the receiving country should conduct HNA to dispatch EMT to appropriate areas.
- It is true that affected countries conduct a rapid assessment; however, HNA by EMT will complement such assessment and also ERAT; so if EMTs have time and capacity, HNA by EMT will be helpful.
- The chair stated that the main role of EMT was to provide medical services so that conducting an assessment can be one of the options for EMT. However, in the field, if someone can do an assessment, that will benefit to the others.
- EMT may provide both clinical and public health services. In fact, “EMT plus” includes public health services including NHA on the top of the WHO EMT definition.
- According to the WHO diagram, the situation in the affected area will quickly shift from the trauma cases during the first two weeks to more public health needs such as infectious diseases. Therefore, in terms of the role of EMTs in HNA, we should consider timing and length of period of the deployment (e.g., a few weeks or a few/several months), which might depend on their capacity and decision of the authority. Also, it will be ideal that public health personnel with emergency experience is a part of EMT.
- If EMT will have a role of HNA, the training for EMT should include public health aspects. It should be build consensus among AMS.
- Reliability of information of could be concerned. EMT can conduct HNA within an available capacity under limited resources, but the information should be later confirmed with public health teams or concerned cluster teams. And the operation should be left to such concerned teams in case there is no public health personal in the deployed EMTs.
- The type of food cited in the NHA form should be revised according to ASEAN context.

- HNA information could be useful to EOC. Among three options proposed by the Project Team, handing detailed information of HNA to PHEOC may be agreed. However, it should be discussed further.

d. Session 4: Regional Collaboration Tool (3) - EMT Database in ASEAN

13. Ms. Junko Yamada reviewed the agreed points at the second meeting of PWG1 in May 2017 and introduced the objectives of this session. This session aims 1) to present a proposal from the Project Team based on the result of consultation with the AHA Centre; and 2) to discuss and agree on the way forward of database. Then, she presented the proposal for the database development. The Project Team proposed that the database be managed by the Project Team and the data collection be conducted by the PWG 1 members in total of four times during the project period. An exit strategy will be discussed for an endorsement by RCC. The database will include data on government military and non-governmental EMT organization. However, the scope of data collection will be at the discretion of each member state.

14. The purposes of database were proposed as follows: 1) to strengthen the regional disaster preparedness by providing the up-to-date information on EMT assets and capacities potentially available for deployments to the affected country; 2) to inform the discussion for setting up the coordination platform on disaster health management (Output 1 of ARCH Project); 3) to facilitate the identification of EMT assets and capacities for mobilization and the future decision making and action for enhancing EMT assets and capacities by stocktaking the current status and update of the progress; 4) to enhance health response to disasters by providing information about EMTs in advance; 5) Complement AJDRP by possibly speeding up the process of identification of EMT assets and capacities and; 6) contribute to the operationalization of SASOP and the implementation of AJDRP for the realization of “One ASEAN, One Response” in the spirit of AADMER.

15. The Project Team also proposed the schedule of database development. According to the proposed schedule, the draft version 0 will be presented in the fourth meeting of PWG 1 in November 2017. Finally, the draft database is to be prepared with defined criteria and data categories and approved by the third RCC in March 2018. The presentation document can be referred to in **ANNEX XVI.**

16. The points of discussion are summarized as followings:

- The database intends to capture EMT regardless of WHO Global Classification status.
- Proposed EMT DB matrix contain limited information, more data categories need to be included, as well as inclusion criteria for organisations to be included in the DB (particularly NGO).

e. Session 4: Regional Collaboration Tool (4) - Minimum Requirements for EMT Members

17. Ms. Junko Yamada presented the progress of the development of the Minimum Requirements for EMT members. The objectives of the session are; 1) to review the draft version 0 and seek comments and feedback from the PWG 1 members; and 2) to agree on the next step until the 4th

Meeting of PWG 1 in November. Subsequently, Ms. Yamada presented the draft version 0 which was developed based on the results of questionnaire survey in April 2017.

18. The Minimum Requirements consists of 3 Tiers as already presented in the previous two PWG 1 meetings; Tier 1 Professional competence and license to practice; Tier 2 Adaptation of technical and non-technical professional capacities into low resource and emergency context and; Tier 3 Preparation for and effective team performance in the field. The current draft version 0 covers Tier 1 and has five (5) chapters including purpose, scope, key terms and terminology, structure of the document, and Tier 1. After the brief explanation of each chapter, the Project team invited the PWG 1 members for their comments and inputs.

19. Lastly, Ms. Yamada presented the next step until the 4th Meeting in November. The PWG 1 members will provide inputs and feedback to the draft Version 0 by 11 August 2017. The Project Team will incorporate inputs and feedback into the draft version 1 and distribute it to the PWG 1 members for review in October 2017. The presentation document can be referred to in **ANNEX XVII.**

20. The points of discussion are summarized as followings:

- Current version focuses on Tier 1 of the minimum requirements. Tiers 2 and 3 will be further defined in future versions.
- Each deployed EMT is expected to be self-sufficient. Therefore, EMT composition includes logistics, administrative and other non-health staff.
- Some AMS have medical teams which are fully operated by health staff. The ASEAN may need to explore mechanisms in the provision of logistics and admin support.

f. Summary of Discussions and Agreements

21. The Project Working Group 1 members had discussed and agreed on the details of four Regional Collaboration Tools; SOP, HNA Framework, Minimum Requirements, and Database of EMT in ASEAN. The summary of decisions and agreements is as follows:

1) SOP for the Coordination of EMT in the ASEAN

- AMS that have not completed the 'request for information on in-country mechanism for EMT coordination' to submit accomplished form by 11 August 2017.
- AMS will provide feedback on the draft SOP via e-mail by 11 August 2017.
- Project Team will circulate updated version to PWG 1 Members in October, after incorporating feedback from PWG 1 Members, and participants of the First Regional Collaboration Drill.

2) Health needs assessment framework

- ASEAN EMT role is primarily the delivery of medical services. The delivery of public health services is an option depending on their capacity. Hence, the conduct of health needs assessment is supportive and if there is capacity to address pressing needs assessment gaps.

- Revise the form to be aligned with ASEAN context (such as food basket composition) with instructions and guidelines.
- Revised form will be shared with PWG 1 Members in 11 August.
- PWG 1 Members to provide feedback by 08 September.

3) Database of EMT in ASEAN

- PWG 1 Members to propose categories for the database, and criteria for inclusion of organisations in the database by 11 August.
- Project Team to review inputs and propose a data collection form, and circulate the draft form by 15 September.
- PWG 1 Members/AMS to provide feedback on the form by 02 October.
- Project Team to finalise the form and circulate to PWG 1 Members/AMS for collection of data by 09 October.
- PWG 1/AMS to submit completed form by 27 October.

4) Minimum requirements for EMT Members

- PWG 1 Members to submit feedback to the draft minimum requirements by 11 August.
- Project Team to consolidate feedback and produce version 1 by 20 October.

5) Next Meeting

- The fourth meeting of PWG 1 was proposed by the Project Team from 2 to 3 November 2017 (1.5 days). PWG 1 Members will internally consult with their offices and get back within a week (by 27 July) on their availability of these dates. If there are conflicts in schedule, PWG 1 members shall propose alternate dates between 30 October and 3 November.

XVII. THE SECOND PWG 2 MEETING

a. Introduction

22. Dr.Narain Chogirosniramit, the chair greeted all participants of the second meeting of PWG 2. He reiterated program and agenda of the meeting as for; 1) to share the outcomes and feedback of the first AMS Training in May 2017, 2) to discuss and agree on the plan of the second AMS Training in November 2017, and 3) to discuss and agree on the revised plan of upcoming meeting of PWG 2. The presentation document can be referred to in **ANNEX XVIII.**

b. Report on the First AMS Training

23. Dr.Narain Chogirosniramit began the session with a review of the first AMS Training in Chiang Mai, Thailand between from 22 to 26 May 2017. Twenty five (25) participants were engaged and lecturers were invited from Indonesia, Malaysia, Philippines, Singapore, Thailand, Vietnam and Japan. The presentation can be referred to in **ANNEX XIX.**

24. Day 1 offered a chance for each AMS to introduce the current system of human resource development on disaster health management, both pre-service and continuing professional development (CPD). Day 2 involved the discussion on best practices in both pre-service training and CPD. On Day 3, the current CPD system of Japan was introduced and an educational simulation game in the form of TTX called “Thai Sim” was executed. The entire Day 4 was dedicated to a site visit at Faculty of Medicine, Chiang Mai University. Sessions on the last day were workshop on the “standardized” training/knowledge in disaster health management for both the national level of each AMS and the regional level. Course evaluation was carried out by the end of the session.

25. Dr.Narain Chogirosniramit explained the objectives of the first AMS training. The objectives were set as; 1) To understand the current training system for human resource development in disaster health management; 2) To identify the issues and challenges of the current training system in each country; 3) To share the best practices in capacity development and related training courses conducted by other countries and stakeholders; 4) To identify the priority areas in each country for planning effective human resource development program to strengthen capacity of AMS on disaster health management; and 5) To understand how to set up the training system on disaster health management system.

a. Highlights of each training days

26. The highlighted activities and training content of each day included the following;

Day 1: A presentation from each AMS on current training system in DHM and challenges within the country received a positive feedback from participants in term of experience sharing.

Day 2: Presentations on Best Practices in Pre-service Training and CPD in ASEAN were carried out with lecturers invited from 5 different countries on 5 interesting topics, namely;

- Indonesia: Disaster Management for Health Cluster Faculties in University of Indonesia

- Malaysia: Advanced Diploma in Emergency Care
- Philippines: Country Adaptation of the ADPCs PHEMAP Training
- Singapore: EMS and EMT Training in Singapore Civil Defence Force
- Viet Nam: Basic Public Health and Emergency Management Course for Bachelor of Public Health Students

Day 3: In the morning session, lectures on CPD in Japan were presented by 3 presenters, focusing on human resource development for disaster medicine, disaster nursing and the role of Japanese Disaster Medical Assistance Team (DMAT).

In the afternoon, a tabletop exercise relating to CPD in Thailand called "Thai Sim" was conducted with assistance from Thai Side. This educational game aimed for the participants to learn about real time disaster management. The session received a positive feedback from all participants such as acknowledgement on differences among AMS in managing disaster medicine and better understanding on the procedures during disaster response.

Day 4: Participants paid a visit to Faculty of Medicine, Chiang Mai University. Three main topics focused on the day were 1) Disaster preparedness for Earthquake in Chiang Mai 2) Drill 2017 for mass emergency response in Maharaj Nakorn Chiang Mai hospital 3) Visit Emergency Care Room.

Day 5: In the morning, there were two discussions. Firstly, discussion was held by country to answer whether they got some new idea during this AMS Training and how to apply those newly-acquired in each country. Then, a following discussion was divided into 4 groups (by profession) to attempt to answer whether it is necessary to establish the common module in ASEAN for human resource development in DHM. All groups addressed the necessity to establish the common module in ASEAN.

c. Participants' Feedbacks from the first AMS Training

27. The number of respondents to the questionnaire survey of the first AMS training was 19 out of 25 participants. The results are as indicated below. For extensive detail, please refer to **ANNEX XX.**

28. Main responses from the evaluation on program output are as followed; 1) good sharing experiences among AMS 2) valuable chance to learn how to conduct DHM course as well as develop curriculum, certification system and skill standard. Nevertheless, there were some participants who still did not fully understand about the training system and need further clarification on the subject.

29. On program design, the feedbacks were as followed; 1) the design of training course was appropriate to achieve the course objectives 2) the length of the training was appropriate with some disagreement that the course was a little too long 3) the number of participants was appropriate 4) the course allowed each member to have enough direct experiences such as site visit and practices. However, 3 from 19 participants felt the opportunities were a little too few. 5) Almost all of

participants had enough opportunities to participate actively. 6) All participant saw the quality of the lectures was good enough to understand clearly.

30. Requests for the second AMS Training were made on 1) modified or simplified version of DMAT or MERT training 2) the next training should focus on how to develop EMT and train them 3) AMS must possess useful tools, skill and knowledge needed for EMT responding to a disaster in other country 4) AMS should focus on the most feasible goal. That is for each AMS to have at least one Type 1 mobile team or Type 1 fixed team that could respond both in the local setting and in international deployment. 5) Database, logistic deployment plan, and standardized DTM must be developed. And lastly, 6) participants of the second AMS training should consist of medical team, EMT team leader, same participants as the first AMS Training (for continuity in action), developer of EMT (for proper guidance), and more doctors and nurses who work directly in DHM.

31. The feedback included important suggestions such as developing clear objectives on scope of training before the implementation such as setting a focus on acute or delayed phase.

d. Plan for the Second AMS Training

32. Ms. Junko Sato began with the session's objectives that were to discuss and agree on the detailed plan, as well as to share the schedule of the second AMS training in November 2017. She restated the overall goal of the AMS training and expected the national capacity would be strengthened after the completion of all four trainings. The presentation and reference documents can be referred to in **ANNEX XXI.**

33. Proposed dates of the second training will be November 5th – 8th, 2017. All participants are asked to share any objections before the confirmation. This upcoming event will consist of 4, instead of 5 training days and the 5th day will be dedicated to the third PWG2 meeting. The venue will in Bangkok, Thailand and there will be 3 representatives from each AMS.

34. The theme of the training will be on Capacity Development of Emergency Medical Team with a special focus on "On-site Team Management". There are 4 tentative objectives as followed; 1) To understand what EMT is expected to do when deployed to disaster area 2) To get knowledge and skills required for team management when deployed 3) To learn the training system of EMT and 4) To evaluate this training course as a first step for standardized ASEAN EMT Training. Since there was no standard training mojo in ASEAN for DHM, all participants from the first AMS training agreed to have a standardized version of the training program.

35. Representatives from the Philippines suggested to add competency into 2) objectives to build an effective domain for right directions of disaster management. Targeted participants from each AMS, in principle, consist of 1 doctor, 1 nurse and 1 paramedic. Due to differences among AMS, it is ultimately up to the countries to choose their representatives. Preferably, there should be at least 1 person who can train EMT in each team (e.g person who completed the initial. Selection criteria of each attendance are as followed; 1) At least 3 years' experience on DHM and emergency medical

system, 2) At least Bachelor's degree holder in health sector, 3) Good command of spoken and written English, 4) Must attend all 4-day-training program, 5) To be under 55 years of age, and 6) Use for non-military purpose.

- Current duties: The Philippines suggested to specify the exact role of each participants from AMS to get different perspectives i.e. 1 team leader (to set directions), 1 team member, 1 actual deployment person. Agreed by other AMS, selection criteria should rather not be based on profession, but on actual responsibility. Language skill of nurses and paramedics in some AMS can be the barrier of training. Thailand added that good English proficiency of each participant must be compulsory.
- Educational background: In some AMS, nurses and paramedics may not obtain bachelor degree. Thus, the agreement was made to have at least one of the three members, who holds a bachelor degree. Malaysia suggested to add the word, "Preferable" into the selection criteria to have more flexibility for each AMS condition.
- Age: Singapore disagreed with age criteria as it is a form of discrimination. Putting "preferable" would be a good solution on this issue.
- Use for non-military purpose: ASEAN secretariat required on clarification of the use for non-military purpose. The chairperson explained that this is the requirement from JICA that all trainings and developments will not be used in the military purpose. The agreement was made to rephrase it to be non-military personnel.

36. In sum, the chairperson suggested to divide the selection criteria into 2 categories as;

- Compulsory: Good language skills, Attendance must attend the entire 4-day-training, Non-military personnel
- Preferable: Current duties (and profession), Educational background, Under the age of 55

37. Before the morning session ended, group discussion was separated into 3 groups and each one Japanese advisory committee member joined in each group namely;

    Group A: Indonesia, Philippines, Thailand
    Group B: Brunei, Malaysia, Singapore
    Group C: Cambodia, Lao PDR, Myanmar, Viet Nam

38. The objectives were to discuss possible topics for the second AMS Training and the outline of tentative program with the main theme of team management capacity. Each group must select one presenter, one facilitator and one note taker for the upcoming presentation.

e. Presentation on Plan for AMS Training

39. The proposed plan by each group is summarized as follows:

GROUP C: Cambodia, Lao PDR, Myanmar, Viet Nam

The proposed plan was separated into two categories; skills and knowledge and practice. Despise some disagreement among group members; Group C produced the summary as follows:

Table: Training Topics on Skill and knowledge

No.	Topics	Duration (hours)
1	On-site assessment (Situation analysis, health need assessment)	1
2	Emergency practical skills (the 3T – Triage, Treatment & Transport)	2
3	Team management skills (Leadership, team building)	1
4	Safety & Security	1
5	Documentary management skills (Recording, reporting and analysis)	2
6	Communication equipment use	1
7	Coordination and collaboration	1
8	Supplies & Logistics Preparedness	2
9	Survival skills in the affected areas	1
Total		**12**

For practical aspect, Group C emphasized on the practice of 3"T" Simulation, Communication Equipment Use, Reporting (standard form), Coordination (among team members and among different teams), Field Visit (EMS Center) and Tenting or Camping. Each topic takes approximately 20 minutes.

GROUP B: Brunei, Malaysia, Singapore

The proposed plan was brainstormed through the major medical events and incident activation process of each AMS of group B. The presenter proposed different topics on skill and knowledge requirement to be lectured during the morning sessions of Day 2 and Day 3, while the afternoon sessions of both days will be dedicated on tabletop exercises. Day 4 will see a simulation on disaster management. Details of Group B discussion are as follows:

Day 2: Morning lecture will focus on 1) Activation and response when disaster occurs, focusing on domestic disaster 2) Roles of medical team consisting of doctor, nurse and paramedics as well as leadership assignment 3) Preparation of medical team on physical equipment and psychological condition and 4) Reporting on disaster site. Lecture on each topic will take approximately 30 minutes.

In the afternoon session, the first 2 hours will focus on putting skill and knowledge from the AM session into tabletop exercise such as activation and response when domestic disaster occurs, deployment of medical teams and reporting from the site. The last hour of the session will be a class lecture on radio communication and actual demonstration on how to use the walkie-talkie radio device.

Day 3: Morning lectures will focus on On-site Process, or CSCATTT concept (Command and Control, Safety, Communication, Assessment, Triage, Treatment, Transport) Skill stations will be conducted in the first 2 hours of afternoon session with 25 minutes in each session. Topics are as followed; 1) radio communication 2) field triage 3) patient assessment and treatment 4) medical record (documentation). Afterwards, the table-top exercise will focus on evacuation process of the patients.

Day 4: A huge simulation will be conducted, which allows participants to apply the skills and knowledge from the first two days into practice. Training members will be divided into groups and participate in the simulation as a whole scenario.

GROUP A: Indonesia, Philippines, Thailand

Day 1: In addition to the topics that have been mentioned in the outline, Group A members suggested to add some other topics such as legal basis for EMT, ICS country adaptation, EMT-based structure/organization, and example of practice (drill, exercise, tabletop and simulation). The objectives are to learn from the experience of each AMS, and to prioritize on fundamental sessions. Each AMS will have 10 minutes for presentation, and 5 minutes of Q&A session. Facilitators will synthesize and summarize after all presentations.

Day 2 and Day 3: The focus will be on EMT management for on-site team deployment. Mission is defined for each EMT on what to do and how to deploy. The discussion is summarized into the following table.

Table: Summary of Proposed Curriculum

Curriculum	Reason
Definition, mission/objective of EMT	• To define for each EMT on what to do and how to deploy.
Team dynamics	
• Team Composition/ Team Building	• To put an order on EMT deployment in a given scenario (which team goes first, next and last) • To support communication among team members and among different teams
• Competencies – Basic Knowledge, Skills, attitude each EMT member (Interpersonal Skills)	• To identify appropriate team with specific skills to match the need during the actual disaster • To prevent conflicts that may arise due to lack of interpersonal skills
• Roles and Responsibilities	• To determine team leader and roles/responsibility of each EMT member.
Guidelines and procedures for team deployment including safety, security, welfare of the team	• To emphasize on step-by-step procedure on team organization and deployment, by following checklists

Curriculum	Reason
Basic principles on the various systems for team deployment	
• Information Management System	• To ensure team members know what, when, how and to whom to report to, during the deployment.
• MCI Management: Cs = command + control, coordination, communication, and collaboration • 3 Ts = Triage, Treatment, and Transport	• To ensure familiarity on the MCI Management for all EMT members
• Logistic management system	• To identify minimum requirement for deployment during disaster to be self-sufficient and self-reliant
• Code alert system	• To determine the best time to deploy
Post deployment evaluation (including PFA)	• To evaluate on how well the EMT responded in the event and to identify strength, weakness and suggestion for protocol development and improvement
Scenario building	• To train participants on how to conduct future training

Day 4: Both morning and afternoon sessions will focus on the application of acquired skill and knowledge into practice on how to manage scenario, and to decide which type of EMT to be deployed. The sessions' emphasis is on basic principles in responding to special situation. Then, advance deployment procedures will be in play. For example, CBRNE, outbreak/epidemics, emerging or re-emerging infection disease.

40. After presentations of all group were completed, suggestions and comments were made;

- Many similar topics were found among the suggestions from all the three groups such as team management skill and preparation of medical team.
- ASEAN secretariat representative though the presentations from three groups were very comprehensive and questioned whether the participant tended to focus more on response aspect, rather than team building aspect.
- Team preparation should include both physical aspect (person equipment) and psychological aspect (stress coping).

f. Proposed Plan for the Second AMS Training

41. After the break, Dr. Chogirosniramit proposed the draft topics to be lectured/ discussed during the second AMS Training as shown in the following table.

Table: Summary of Proposed Draft Training Programme

Days	Topics
Day 2	1. Definition/ mission / objective of EMT Role of the medical team: leadership, composition and responsibility 2. Preparation of the medical team: equipment, competency building, psychological preparation 3. Activation and response: deployment of the medical team On-site assessment (situation analysis, health need assessment) 4. Supplies and logistic preparation 5. Documentary management skill (recording, reporting and analysis)

Days	Topics
	6. Security: survival skill, welfare of the team, PFA (Psychological first aids to the responder and community) 7. Management of dead and missing person CBRNE (Scenario based)
Day 3	1. CSCATTT concept C - Command and control / C - Communication / T – Triage S - Safety / A - Assessment / T - Treatment T- Transport
	2. Practice 1) Communication tools (Radio: How to talk) 2) Field triage 3) Documentation (Forms) 4) Transportation/referral/coordination 5) Tenting (Shelter)
Day 4	Morning session: simulation day Afternoon session: after-action review (AAR) and wrap-up

42. Some comments and suggestions were made for adjusting the proposed plan of the second AMS Training.

- Some of the proposed lectures should be conducted as scenario-based discussion, due to limited attention span from long lecture session.
- Transportation should end with referral because you need to transfer in the end.
- Suggested topics for Day 1 training will be assessed and the final schedule of Day 1 will be sent to participants for review/approval.
- Representative from Brunei stressed the importance of radio communication as necessary skills to be learned and practice (how to identify yourself and address the matter) to avoid radio jam during disaster event.
- Post-incident evaluation should be conducted at the end of day 4.

g. Plan of Upcoming Activities of PWG 2

43. Ms. Sato informed the objective of the session, which is to discuss and agree on the proposed/revised plan of PWG2 activities. There were two agenda as for; 1) AMS Training and 2) PWG2 Meeting.

1) AMS Training: 1st Training: May 2017 (completed)
2nd Training: November 2017
3rd Training: May 2018
4th Training: November 2018

The theme of the second AMS Training is on capacity development of emergency medical team. While initially the theme of the third AMS Training was on capacity development of government, it has not been confirmed as the theme can be amended based on the output of second AMS

Training. The theme of the fourth AMS Training will be discussed in the third PWG2 meeting. The presentation can be referred in **ANNEX XXII**.

2) PWG2 Meeting

Ms. Sato proposed to add two more PWG2 meetings (five in total) and to change Day 5 of the second AMS Training (conducted on November 2017) to be the third PWG2 meeting. There was no objection on the two additional meetings.

XVIII. SUMMARY OF DISCUSSIONS AND AGREEMENTS

44. Dr. Chogirosniramit wrapped up the second PWG2 Meeting. Main discussions included participant introduction, feedback on first AMS training, group discussion for 2.5-day programme (Day 2, 3 and 4) in the second AMS training to be held from 5 to 8 November 2017, and finalizing date of the third meeting of PGW 2 on 9 November 2017. The Project Team will finalize the schedule and name of the lecturers, before sending to participants for approval. The invitation letters of the above events will be separated because participants of the training and the meeting are not the same persons. The Invitations of the third meeting of PWG 2 and the second AMS training will be sent around 8 weeks before the event. Lastly, Dr. Chogirosniramit closed the meeting and showed appreciation to all participants.

Part 3 Regional Coordination Committee Meeting

I. OPENING REMARKS

1. 4. Dr. Jirot Sinhvananda, greeted and express appreciation to AMS, ASEAN Secretariat, JICA, and the Project Team. RCC is the coordinating body which oversees the implementation of ARCH Project. In the second RCC, the committee member gathered to acknowledge progress of the past nine months since the first meeting of RCC, as well as to exchange views on the on-going project activities and the ASEAN Declaration on Disaster Health Management. The meeting had paved the way forward to achieve the outcome of ARCH Project as well as the recognise on the initiative of One ASEAN, One Response.

II. OVERALL PROGRESS OF ARFCH PROJECT

2. Ms. Keiko Nagai outlined the framework of ARCH Project and reported progresses along with the five expected outcomes as follows:

   Output 1 Coordination Platform: The first and second RCC meetings were conducted. TOR of RCC was endorsed in the second ASEAN Health Cluster 2 Meeting on November 2016.

   Output 2 Regional Collaboration Framework: The Start-up Drill was conducted to develop a prototype of RCD (January 2017). The first RCD was designed and conducted under strong initiative of Thai Project Team (July 2017). Some AMS have presented their interest to host the second and third RCD.

   Output 3 Regional Collaboration Tools: The draft version 0 of SOP, Minimum Requirement, and Health Needs Assessment have been prepared and shared with PWG 1 members. The content and management of database for EMT are under discussion.

   Output 4 Academic Networking: The project outline was to be presented in the 13th Asia-Pacific Conference on Disaster Medicine (APCDM) in Bangkok, of Radiation Emergency Medical Preparedness and Assistance Network (REMPAN) in South Korean, Japanese Association for Disaster Medicine (JADM) in Japan, and World Association for Disaster and Emergency Medicine (WADEM) in Canada.

   Output 5 Capacity Development: The first AMS training was held focusing on human resource development for emergency medical team by the planning of PWG 2 members. The second AMS training in November 2017 has been under preparation.

3. Ms. Nagai also mentioned that the major upcoming activities in November 2017 are the fourth PWG1 meeting, the third PWG2 meeting (newly proposed), and the second AMS Training. PWG 2 proposed to have two additional meetings to ensure the completion of training content. Proposed period of the additional PWG 2 meeting are November 2017 and after March 2018 (tentative).

4. During the second RCC meeting, discussions and acknowledgement would like to be met on the following topics: communication approach among AMS; official focal points of ARCH project in each AMS; and future vision of the regional coordination platform on Disaster Health Management. The presentation document for this section can be referred in **ANNEX XXIII.**

5. ASEAN Secretariat mentioned that the progress and outputs of ARCH Project and the draft ASEAN Declaration on Disaster Health Management have been recognised and updated to ASEAN Joint Task Force on Humanitarian Assistance and Disaster Response (HADR).

III. REPORT ON THE START-UP DRILL AND THE FIRST RCD

6. Based on the inputs provided by AMS, Dr. Yasushi Nagajima presented the modification of the four-layered pyramid model of ARCH Project which reflected targeted capacities and tools necessary for AMS to achieve. The modifications were made in the previous model as follows. The presentation document can be referred to in **ANNEX XXIV**.

   The first level: Five items were adjusted to include; 1) intercultural skill, 2) compliance with quality accountability standard, 3) coordination conflict resolution skill, 4) language skill, and 5) IT communication skill.

   The second level: Three items were adjusted to include; 1) Information management including IT, 2) Austere critical care and field medicine, and 3) Reporting with MDS

   The third level: Two items were adjusted to include; 1) Common SOP and minimum requirement for EMT and 2) EOC EMTCC system

7. The modified pyramid model of ARCH Project demonstrates complex relationships with vertical and horizontal relevance which present linkage among all the project activities. It will be modified according to the latest discussions and experiences throughout of ARHC Project.

8. The discussions following this section are summarized below;

- A proposal was raised regarding radio as a mean of communication especially for the referral system. For that purpose, radio operation skills should be provided for EMT members; for example, basic operation, international radio language, and frequency given to each AMS.
- A concern was raised toward a necessary skill of EMT members to adopt themselves to natural and manmade environment in the field which may include unexpected situation. A stress management kit may be one of the possible solutions.
- Life support skills could include; Basic Life Support (BLS), Advanced Life Support (ALS), Advanced Trauma Life Support (ALTS), Disaster Life Support (DLS), and Mental Health and Psychosocial Support (MHPSS).

- ASEAN Secretariat commented that it will be appreciated for all the stakeholders to be able to study relationship among items in the pyramid model through a brief document. Then, the Project Team will prepare and share it.
- An item on evaluation and research can be included in the third layer. The consolidation of lesson learned and feedbacks are necessary for policy review and enhance further development process.
- An item on logistic and management skills may be included as logistic team is essential either provided by central PHEOC or within EMT.

IV. PROGRESS AND OUTPUTS OF PWG 1

9. Dr. Jirot Sindhvananda, Chair of PWG 1, presented progress and outputs of PWG 1. Regarding draft regional collaboration tools, version 0 of SOP for Coordination of EMT in ASEAN and Minimum Requirements have been developed. PWG 1 members will provide feedback on these drafts by 11 August 2017 and the revised drafts will be circulated in October 2017. The draft Health Needs Assessment Framework will be revised and circulated with draft instructions and guidelines by 11 August 2017 for feedback from the members by 8 September 2017. As for Database of EMT in ASEAN, PWG 1 members will propose categories and inclusion criteria in the database by 11 August 2017. The Project Team will propose the data collection form by 15 September 2017 and start data collection in October 2017. The presentation document for this section can be referred in **ANNEX XXV**.

V. PROGRESS AND OUTPUTS OF PWG2

10. Dr. Navin Surapakdee, made a presentation on progress and outputs of PWG 2. And two additional meetings were proposed because the existing plan cannot accommodate the content of the work to meet the set timeline. The presentation document for this section can be referred in **ANNEX XXVI.**

11. RCC did not have objections towards the proposal, therefore two additional meetings of PWG 2 were granted by the meeting.

12. Discussion points following the session are summarized below;

- Regarding the 5th PWG 2 meeting, it shall be held together with the fourth AMS training (November, 2018) to save time and resources. The date shall be finalised with participants but should be within the decided month to align with other activities set within the project timeline.
- Any plans regarding the training shall not be held during the first and second week of June 2018 as it would be inconvenient for Muslim participants.
- Cambodian delegates cannot attend if the dates are decided later than the first week of June 2018 as officials are not allow to exit the country due to the general election.
- The training period shall be later decided after the confirmation from AMS. However, AMS can arrange their personals to fit their appropriate time, for example, some can attend the training while other attends the PWG 2 meeting.

- AHA Centre suggested that the second AMS training may include logistic coordination using Incident Command System (ICS).
- The training will reflect elements according to the ARCH pyramid model. Certain training should be responding to the objectives and covered by the end of the training programme. The trained personals in ARCH Project should be equipped with adequate skills for EMT deployment as well as capable of training their team members.

VI. ASEAN LEADERS' DECLARATION ON DISASTER HEALTH MANAGEMENT

13. Dr. Phumin Silapunt presented the progress of the ASEAN Leaders' Declaration on Disaster Health Management which draft version 0 was presented in during the second PWG1 meeting in May 2017. It is currently under the process of consolidating comments.

14. The declaration needs a few steps to be taken. In June 2017, inputs were provided by ASEAN Health Cluster 2 via referendum. In July 2017, inputs were received by Senior Officials Meeting on Health Development (SOMHD). Then, it will be submitted for endorsement by Senior Officials Meeting for the ASEAN Socio-Cultural Community (ASCC) (SOCA) in September 2017. The declaration is expected to be adopted in the 31st ASEAN Summit in November 2017.

15. The chair encouraged AMS delegates to facilitate the internal process for in-country representative to submit the third referendum to Health Cluster 2 to endorse the declaration by the end of July 2017. After the adoption, the declaration will be operationalized by a plan which will be developed under SOMHD in consultation with other sectors and ASEAN partners including Japan, the ministries of foreign affairs, and military medicine sector. The presentation and documents for this section can be referred in **ANNEX XXVII.**

VII. HOSTING OF THE UPCOMING REGIONAL COLLABORATION DRILLS

16. Ms. Nagai updates of the relevant situation to host countries of the project events. During the first meetings of PWG1 and 2 in January 2017, the Project Team invited AMS to submit a proposal to host upcoming RCD. The Philippines submitted a proposal to host the third RCD and later Viet Nam showed an interest to host the second RCD. Both AMS were invited to observe the preparation of the first RCD in Thailand while informal discussions were made. After the review of Philippine's proposal, the Project Team had acknowledged the capacity to host the third RCD, whereas Viet Nam was required to submit proposal by middle of August 2017. Philippine and Viet Nam were invited to make presentation on their proposals or conceptual plan. The presentations document for this section can be referred in **ANNEX XXVIII.**

17. According to the proposal of the Philippines, the proposed RCD will not only be useful for AMS for the EMT deployment preparation under ARCH Project, but will also be beneficial for Metro Manila to be prepared for high impact of the possible West Valley Fault earthquake. The proposed venue is at the Armed Force facility of the Philippine Grand Stand, Metro Manila. Tentative duration is

within the second to third week of October 2018. The Project Team will visit Philippines in later September 2017 for initial preparation.

18. Viet Nam is interested in hosting of the second RCD and therefore, was invited to observe the planning of the first RCD. Viet Nam has learned a lot from Thailand and glad to host the next RCD. Ministry of Health of Viet Nam and People's Committee of Danang City granted approval for the hosting of the second RCD. The next step will be an approval of the Prime Minister's Office. The second RCD objective will be defined along the development process through discussion with the Project Team. Viet Nam believe that the drill will raise awareness and preparation of concerned personals including police, fire department, local authority and others on disaster health management issue.

19. RCC members endorsed the Philippines to host the third RCD as they have adequate capacity and willingness. As regards the proposal from Viet Nam for hosting the second RCD, the referendum will be conducted through online basis by September 2017, once official reviews by the Project Team finish.

VIII. RELEVANT EVENTS IN ASEAN

20. AHA Centre provided the overview of the ASEAN Disaster Emergency Response Simulation Exercise (ARDEX). The presentation document for this section can be referred in **ANNEX XXIX.**

21. As for the next ARDEX in November 2018 in Indonesia, AMS health sector will be invited to Jakarta for the preparatory meeting. Although the timing between ARDEX and third RCD may not match, the gap between both exercises should be more than four weeks so that AMS attend both exercises to learn and improve from one another.

IX. COMMUNICATION CHANNEL OF ARCH PROJECT, AND OTHER RELATED ISSUES ON DISASTER HEALTH MANAGEMENT

22. Dr. Phumin Silapunt invited discussions regarding the method for communication under ARCH Project. The Project Team proposed a parallel information communication channel; formal flow via ASEAN Secretariat, and informal one to exchange technical information and resource persons, as well as facilitate the application process. The presentation document for this section can be referred in **ANNEX XXX.**

23. ASEAN Secretariat will communicate to ASEAN Health Cluster 2 Country Coordinators for the designation of contact points for ARCH Project activities. And the Project Team can communicate with identified resource persons based on agreements with/endorsement by relevant PWG. ASEAN Secretariat may be copied for information or potential follow up. When these focal points will take roles as national focal points for Disaster Health Management, terms of reference should be reviewed.

X. WRAP UP AND WAY FORWARD

24. The second RCC meeting had summarised and demonstrated the progression of the ARCH project activities during nine months after the first RCC meeting in September 2016. The activities are namely the start-up and the regional collaboration drills, AMS training, PWG1 and 2 meetings, development of regional collaboration tools.

25. Highlighted proposals and agreements included two additional meetings requested by PWG 2 to be held in November 2017 and 2018.

26. The ASEAN Declaration on Disaster Health Management is in the process of endorsement by AMS Health Cluster 2 which will be acknowledged and enforced at the 31st ASEAN Summit in November 2017. AMS delegate shall facilitate the in-country process for endorsement.

27. The RCC meeting had approved the proposal of the Philippines to host the third RCD in October 2018, while the approval of Viet Nam to host the second RCD will be requested through online basis.

28. The agreement regarding communication channel of ARCH Project was that the project focal point would formally be designated by facilitation of ASEAN Secretariat. The next RCC meeting will be held in Danang City, Viet Nam, after the second RCD. Key Discussions and Action Points can be referred in **ANNEX XXX.**

XI. CLOSING REMARKS

29. Dr. Achariya Pangma, expressed gratitude for JICA for facilitating ARCH Project in close collaboration with NIEM. In this event, the first RCC as well as RCD were planned and executed very well with kind advice from Japan. Delegates from AMS have so far contributed in the drafting process of SOP, Minimum Requirement, HNA and database to complement SASOP. The ASEAN Leader Declaration on Disaster Health Management will soon be enforced to operationalize the mechanism. The AMS training was held for the first time in May, providing them with useful skills and the later training will be developed according to the recommended framework. Philippine was endorsed the official hosting of third RCD and Vietnam to be endorsed for the second RCD in March 2018. All project future activities from this point will also be expected to contribute to the One ASEAN, One Response, seeking mutual contribution which other AMS can obtain. On behalf of the Project Team, Dr. Achariya encouraged constant active participation of AMS and appreciated that support of all stakeholders for successful outcome.

End

List of Annex

第 3 回 RCC 会議議事録

SUMMARY OF PROCEEDINGS

THE THIRD REGIONAL COORDINATION COMMITTEE MEETING

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

30 March 2018

The Grand Tourane Hotel, Danang City, Vietnam

I. WELCOME REMARKS

Dr. Nguyen Duc Chinh, chief of planning department, Viet Duc Hospital, Vietnam and chair of the today's RCC meeting, welcomed every participant from all AMS and reiterated the significance of the meeting, as to review and discuss on the inputs from the two Project Working Group (PWG) meeting. Moreover, a review and discussion on the implementation of ASEAN Leaders' Declaration on Disaster Health Management (DHM) would also be conducted in today's session. By the end of the meeting, the Philippines would give an introduction to the 3rd Regional Collaboration Drill (RCD), which will be held in Manila, Philippines in December 2018. After a welcome remark speech, all participants were requested to take a group photo.

II. REPORT ON THE PROGRESS AND OUTPUTS FROM PWG 1 AND PLANNING OF THE 3RD RCD

Dr.Anupong Sujariyakul, senior expert of Department of Disease Control, Thailand, greeted all meeting participants and started by elaborating on the agendas of this session, which included; (1) report on the progress and outputs from PWG 1 meeting, conducted on March 29th 2018, (2) report on the plan for the 3rd RCD, (3) report on the Implementation of ASEAN Leaders Declaration on DHM and lastly (4) introduction to the upcoming events of PWG 1.

The 2nd RCD was conducted March 26th-28th, 2018 in Da Nang, Vietnam, with a strong collaboration between Vietnamese, Thai and Japanese organizing teams. Drill activities facilitated the learning on ASEAN disaster response processes and tools such as the reporting forms. Experiences and lessons learned from the drill become inputs for the development of regional collaboration tools. Capacity building needs were identified on areas of EMT coordination, medical response planning and incident management.

The 5th PWG1 meeting organized March 29 in Da Nang, Vietnam. The topics that were discussed in the meeting were as followed; (1) SOPs for coordination of EMT, (2) database of EMT in ASEAN, (3) minimum requirement and qualifications of EMT members, (4) Health Needs Assessment (HNA) and (5) Medical Record form.

For SOPs for the coordination of EMT, the revision was made to ensure that EMT is self-sufficient during deployment and to ensure registration and documentation of incoming I-EMT through RDC or EMTCC (when registration with RDC is not possible). In addition, the SOPs were also revised to ensure the use of standardized triage system in the affected area and finally the provisions were added under Section D and Section I.

For EMT Database in ASEAN, there have been only two countries that submitted the database to the project team in the 1st round of collection. Therefore, the participants from each AMS were requested

to facilitate the submission of database by May 14th, 2018. The 2nd round of data collection will last from July 2018 to the 3rd RCD in December 2018.

For the minimum requirements and qualification section, the revisions on the standard training curriculum were made as followed;

- Add Basic Disaster Management course as examples to training curriculum of TIER I.
- Add ICS, self-sufficiency in disaster, working in limited resources as examples to the field training topics of TIER II.
- Add intercultural management, resource management, communication skill, health care system in all AMS, Team coordination, etc. as examples to the training curriculum of TIER III.

Moreover, it was agreed that health professionals registered as EMT are licensed and qualified, and required trainings may focus on disaster management and on non-medical/ non-treatment aspects and online courses for some of the required trainings can be delivered for EMT members.

For Health Needs Assessment, the inputs from the 2nd RCD were discussed. The revisions for the HNA Form and Summary Report include;

For the draft HNA Form:

- Consolidating the form that is used for the assessment of a village or a shelter as the areas of inquiry are similar
- Consolidating the questions on food items
- Clarification on the terms for health facilities.
- On Q3.2, on Health Facilities and Services, the inquiry should be 'Is the health facility accessible?' and 'If yes, by what means?'

For the draft Summary Report:

- The Check Box for the Critical Area is included in the Summary Report instead of the HNA Form.
- Use "WASH" instead of Water, Sanitation and Hygiene, and add MHPS (Mental Health and Psychosocial Support) in the Check Box for the Critical Area.

For Medical Report form, inputs from the 2nd RCD were incorporated and the revisions were made as followed;

- Increasing font size
- Inclusion of mechanism of injury
- Make free text cells and agenda in chief complaint
- Reduction of items under 'chief complaint' by categorizing to organ system or making free text cell
- Further clarifying 'discharge' under 'disposition' whether this is discharge 'home' or 'shelter'

In summary, all of the revisions will be circulated among PWG 1 members on April 20th, 2018 and the deadline of feedback submission will be on May 14th, 2018. The revised tools will also be discussed in the 6th PWG 1 meeting and they will be tested in the 3rd RCD.

For the 3rd RCD, the PGW 1 meeting agreed that the RCD program will be between December 3rd – 5th, 2018, followed by PWG meeting on December 6th, and RCC Meeting on the 7th. The drill venue will be the Armed Forces of the Philippines Grandstand, Quezon City, Manila. The scenario will be the movement of the West Valley Fault generating 7.2 magnitude earthquake and affecting Metro Manila and

surrounding provinces. Primary objectives of this 3rd RCD are to examine the effectiveness of regional collaboration tools such as SOP, HNA form and Medical Record form, while the secondary objectives are to test the electronic reporting system of ISPEED. In addition, the 3rd RCD will include a real offer of assistance by AMS and coordinated by AHA Center. The concept of EMTCC and ICS will be included in all levels of the EOC. In term of participants, the PGW 1 meeting agreed that at least one of the participants of the 3rd AMS training in May should participate in the 3rd RCD and information discussed during the training and drills will be disseminated among AMS.

For the Implementation of the ASEAN Leaders' declaration on disaster health management, there are 5 priority areas and 2 Mechanisms to make declaration operationalized. The PWG 1 is responsible for the first mechanism, which is Regional Coordination Committee on Disaster Health Management. Please refer to **IMPLEMENTATION OF ASEAN LEADER DECLARATION ON DISASTER HEALTH MANAGEMENT** part for more information.

III. REPORT ON THE PROGRESS AND OUTPUTS FROM PWG 2 & PLANNING OF THE 3RD AND THE 4TH AMS TRAINING, STUDY TOUR IN JAPAN

Dr.Narain Chogirosniramit, on behalf of the PWG 2 meeting, greeted all RCC participants and started his report presentation by reiterating the agenda of this session, as to; (1) update the progress and outputs from PWG2, (2) update the planning of training, (3) report on the update of the training center and (4) update the upcoming events and activities of PWG 2.

For the progress and outputs of PWG 2, the 3rd and 4th meetings were help on November 9th, 2017 and March 29th, 2018, respectively. The 3rd PWG 2 meeting emphasized on the planning of the 3rd AMS Training and the vision and roadmap of capacity building in DHM in ASEAN, while the 4th meeting was focusing on finalizing the 3rd AMS Training program, planning of the 4th AMS Training and study tour in Japan, as well as a discussion on future direction of Regional Disaster Health Training Center and Standard Training Curriculum.

Previously, the 2nd AMS Training was conducted between November 5th – 8th, 2017 in Bangkok, Thailand. The main theme was based on capacity development of EMT – On-site Team Management. Twenty-nine participants from all AMS were taking part in the training while the resource lecturers were invited from Indonesia, Malaysia, Philippines, Thailand, Japan and AHA Center.

The outcomes of the 2nd AMS Training were (1) understanding of what EMT is expected to do when deployed to disaster area, (2) competency to build an effective domain for right directions of disaster management, especially for team management, (3) sharing of the concept of EMT Response, and (4) the evaluation of this training course for standardizing ASEAN EMT Training. The feedback of the training were expressed for the need for more practical training such as simulation and tabletop exercise, and for the common EMT response system among AMS, etc.

As for the planning of the 3rd AMS Training, which will be held in Bangkok, Thailand between May 28th-31st, 2018, the main theme will be based on I-EMT and there will be 4 participants from each AMS. Resource person from any experienced AMS should be included as one of the four participants of those particular countries. The objectives of this training are (1) to learn the process and efforts for deploying I-EMT from experienced countries, (2) to understand core requirements of I-EMTs during deployment, (3) to understand minimum Pre-Deployment and Post- Deployment Requirements to ensure the requirements during deployment are met, and lastly (4) to understand the role of receiving country/ how receiving country coordinates with I-EMTs. The training schedule is as below;

Day	Program	Resources
1	Morning Session	
	❖ Opening Remarks (10 minutes)	Thai personnel
	❖ Introduction of all AMS participants (20 minutes)	
	❖ WHO Standards Part 1 (1 hour)	WHO (TBD)
	❖ Break	
	❖ WHO Standard Part 2 (1 hour)	Japan
	❖ Group Discussion: Challenges in meeting WHO EMT standards	All AMS
	Afternoon Session	
	❖ Receiving countries, on experience and challenges (20 minutes each)	Philippines, Myanmar, Indonesia
	❖ Deploying countries on (1) experience and challenges, (2) I-EMT preparation for deployment, and (3) challenges in obtaining WHO classification (20 minutes each)	Japan, Thailand, Philippines, Malaysia
2	PHEOC Training (whole day)	
	❖ Background of EMT initiative & EMTCC	Japan, Thailand
	❖ Basic Skill of PHEOC (sequencing)	
	❖ Quick view of EMT	
	❖ Core purpose and role of EMTCC	
	❖ Flow of EMT response	
	❖ Basic knowledge of PHEOC	
	❖ Functions of PHEOC	
	❖ Component (person) of PHEOC	
	❖ Equipment needed in PHEOC	
	❖ Information management(MDS→I-SPEED)	
	❖ Using the WHO EMT Minimum Data Set	
	❖ Incorporating Health Needs Assessment	
	❖ Meeting agenda	
	❖ Media collaboration (as suggested by Philippines)	
	❖ ASEAN EOC Network establishment (15 minutes)	Malaysia
3	Morning session	
	❖ Personnel preparation of EMT (Activation →Deployment) (30 minutes)	Singapore
	❖ Logistic requirement: food, accommodation, communication, coordination, waste management, survival tips, transportation	JDR Secretariat, Japan
	❖ Tabletop exercise: Pre-deployment, Deployment, Post deployment (demobilization) process & procedure, SOP, registration of EMT, exit strategy handover process	Japan Advisory Committee, ARCH
	Afternoon session	
	❖ Tabletop exercise(cont'd)	Japan
	❖ Safety and security, command & control	Philippines
	❖ Filling the forms (briefing) (major forms) Exercise: filling the forms	Thailand
4	Morning Session	
	❖ Group Discussion on ASEAN Standard	All participants
	Afternoon Session	
	❖ Feedback, course evaluation from participants	All participants
	❖ Wrap-up and Way forward,	ARCH Project Team
	❖ Upcoming Events/Activities of ARCH Project	ARCH Project Team
	❖ Closing remark	ARCH Project Team

For the 4th AMS Training in Bangkok, Thailand, the schedule has been changed from the original plan in November 2018 to the new date on February 2019 due to the tight schedule of study tour in Japan and the 3rd RCD. The training's main theme will be based on effective incident and emergency management at EMTCC. Each AMS is expected to send 3 participants to attend the training, while resource personnel and program shall be delivered by WHO EMTCC training course.

Study tour in Japan will take place between October 17th-20th, 2018 in Kobe and the surrounding area. Each AMS is expected send 3 participants to attend the tour. The objectives of the study tour are (1) to understand the system of disaster health management in Japan, (2) to identify the challenges and to consider the measures for further strengthening the disaster health management and regional collaboration in ASEAN, and (3) to establish a network of medical professionals involved in disaster health management in Japan and ASEAN.

The program will consist of (1) Participating APCDM, (2) Understanding lessons learned from the Great Hanshin Awaji Earthquake - Japanese system (e.g. Hospital disaster preparedness and response, EOC at prefectural/municipal (e.g. Kobe) level and (3) Participating JDR Training or relevant training.

For the Implementation of the ASEAN Leaders' declaration on disaster health management, the PWG 2 is responsible for the second mechanism, which is the plan on Training Center. Please refer to **IMPLEMENTATION OF ASEAN LEADER DECLARATION ON DISASTER HEALTH MANAGEMENT** part for more information.

IV. IMPLEMENTATION OF ASEAN LEADER DECLARATION ON DISASTER HEALTH MANAGEMENT

The session was facilitated by Dr. Phumin Silapunt, Deputy Director of Chulabhorn Hospital, Thailand. Dr.Silapunt started by iterating the objectives of this session as (1) to review the timeline to implement the ADL on DHM; (2) to develop common understanding and agreements on the Plan of Action (POA) to Implement the ADL on DHM, which will be submitted to the SOMHD; (3) to seek comments and ideas on the coordination platform for the purpose of developing the draft/concept paper for the Meeting of Health Cluster 2, (4) to seek comments and ideas on the training center initiative for the purpose of developing the draft/concept paper for the Meeting of Health Cluster 2; and (5) to review the targets of the implementation of the ADL on DHM by the year 2025.

TIMELINE

Firstly, Dr.Silapunt presented the timeline of the implementation of ADL on DHM. Please refer to **SESSION_3 IMPLEMENTATION OF ALD ON DHM** for more information. Dr. Silapunt also mentioned that ASEAN and JICA collaboration under ARCH project will end in 2019. However, JICA has shown their intention to continue the further collaboration. Thus, should there be some agreements on the ASEAN's 2025 achievement goals, JICA can consider the possible collaboration to realize them.

In this RCC meeting, the final draft of POAs is presented to seek some comments from the meeting participants. After revision, the POAs will then be circulated to ASEAN Health Cluster 2 for revision and then to be submitted to SOMHD for endorsement in April. The revised drafts after SOMHD will be presented again in the PWG1 meeting, which will be held in July 2018, followed by the ASEAN Health Cluster 2 in August of the same year. If there can be an agreement among all AMS regarding the host country of the training center, the proposal of finalized detail will then be put up in SOMHD in 2019. The proposed timeline was accepted by all AMS participants.

Comments

- ASEAN Secretariat noted that the timeline is appropriate to the schedules, based on the Work Programme of ASEAN Health Cluster 2. In term of submission, ASEAN Secretariat reiterated that the submission could not be done directly from RCC to SOMHD, without the mediation of Health Cluster 2. Since the HC 2 will take place in July or August, 2018, the revision of POAs by HC2 cannot wait until the actual meeting. Thus, the POAs will be circulated to the HC 2 and SOMHD within April 2018 via e-mail, so that the revision can be done in time for the submission to SOMHD in late April, 2018.

The Plan of Action To Implement The ASEAN Leaders' Declaration On Disaster Health Management

The POAs is divided into two mechanisms, namely; (1) Regional Coordination Committee (RCC) on DHM, and (2) ASEAN Institute for Disaster Medicine. These two mechanisms operate under 5 Priority areas. The meeting discussed some revision on these priorities as followed;

Suggestion for Revision or Comments on the Priority Area

- Priority 3: Indonesia suggested to delete Priority 3 from the 2nd mechanism of AIDM, as it supports the RCC only. Thailand, however, thinks otherwise as it should be included in the mechanism 1 only. Through much debate, the meeting agreed Priority 3 can be realized through the work of both proposed mechanisms. Some clarification on the reason for each mechanism will be documented by Thailand with the assistance of ASEAN Secretariat.

- In Priority 3.1.3, Philippines suggested to move this point to Priority 5

- Priority 4: Thailand and Vietnam suggested to add "Promote" in the front of the sentence and to add "at national level" by the end of the sentence.

- Priority 5: The wording of "Knowledge management on disaster health management" is proposed instead of "Education and training on disaster health management". ASEAN Secretariat will however help to revise the wording again.

- In Priority 5.3, Thailand suggested to delete "Establish Regional Disaster Health Training Center" because the training center has already been taken as one of the two mechanisms. And by doing so, the emphasis will be on strengthening the capacity.

Regional Coordination Committee on Disaster Health Management

Dr. Silapunt presented a proposed RCC on DHM plan as followed. The members of RCC shall include 20 representatives from AMS, and delegates from ASEAN Secretariat and AHA Center. Host country and chairmanship shall rotate among AMS, following the HC2 Chairmanship rotation. For the activities, RCC shall conduct meetings twice a year and drills shall be organized as necessary. In term of financing, the cost of meeting organizing shall be divided into two parts, namely; (1) accommodation and travel expenses, borne by each member and (2) meeting organizing expense, borne by host country. For the drill, the expenses shall be sourced through external sources.

For the 1st mechanism, there are altogether 4 functions as followed; (1) Facilitate the development of regional collaboration on disaster health management - Members of the committee share, discuss and monitor the progress of the regional collaboration; (2) Collaborate with relevant ASEAN Sectoral bodies both in health and non-health sector and other international organization -organize or participate in meetings of other ASEAN collaborative platforms; (3) Develop Standard Operating Procedures (SOP) and other collaboration tools - develop the SOPs for regional collaboration on DHM

and other tools; (4) Organize or join disaster drills - to pilot and test the collaborative tools, while involves other health and non-health sectors relevant to the collaboration on disaster health management.

Suggestion for Revision or Comments for 1st Mechanism

- Function 1: ASEAN would assist Thailand in development additional statement on this topic in term of TOR development, reporting and monitoring mechanism. ASEAN will also mention about the adopted language of ASEAN Declaration, which appeared in these 4 functions.

- Function 2: ASEAN mentioned that this articulation was also based on the Declaration , particularly from task 9 to 11. ASEAN informed that the RCC recently had a meeting in ASEAN agreement on disaster risk reduction (DRR) and review the implementation of the declaration on One ASEAN One Response. One particular point is the improvement of the joint task force for DRR, participated by health, social welfare, and military sector, etc. This joint task force is expected to go beyond the mere information sharing to set up collaborative mechanism to involve all 4 sectors. ASEAN will again assist Thailand in improving the function 2 wordings to ensure that the collaboration here is also aligning with the One ASEAN One Response declaration.

- Function 3: Malaysia raised a concern over the use of the word “SOP”, as it may be difficult for some ASM to follow because of different capacity level among AMS. However, Dr. Silapunt clarified that SOP is for regional activities. When the I-EMT is being deployed, AMS need to have common SOPs. Nonetheless, this SOP may or may not be applied within the internal affair because each country has different context. Thus, national SOP can be developed separately.

- Function 4: The revised title was agreed to be “Organize, participate disaster drills and develop standardized approach and methodology in the preparation and after action review of joint disaster drills”

ASEAN Institute for Disaster Medicine

For the institute’s organization structure, the host country shall be sourced through volunteering method. If there are more than one volunteering country, the selection will be brought into SOMHD meeting in 2019. In term of management, there should be a Board of Committee, consisting of one representative from each AMS. Chairmanship is to be rotated among AMS.

The roles of the committee are to (1) identify operational policies, (2) approve the operational and financial plan and (3) monitor the progress of operation. Under the Board of Committee, the director should be appointed by the host country, with a specific roles of (1) managing internal affairs of the institution, (2) proposing operational and financial plan, (3) managing operational and financial plan and (4) reporting the progress to Health Cluster 2.

For financial management, the establishment and internal affair cost should be responsible by the host country, while the expenses on organizing activities should be shared among AMS. External financial support are welcome in all aspects.

For the 2nd mechanism, which is ASEAN Institute for Disaster Medicine, there are altogether 4 proposed functions, as followed; (1) Organize academic seminars to share knowledge and best practices - organizes academic seminars, conferences or symposium;(2) Construct academic network and co-conducting research - supports co-conducting research studies to extract lessons learned from disaster health management in multiple events and countries; (3) Organize training activities - Develop the standard training curriculum and provide training course; and (4) Conduct consultation - Provide consultation services in supporting and assisting in the development and implementation of disaster health management activities.

Suggestion for Revision or Comments for 2nd Mechanism

- Function 3: Vietnam suggested to add "and establish network with national academic institutions to provide training services at national level" to the end of the last sentence.
- Function 4: Philippines suggested to use the word "Disaster Health Management" instead of "Disaster Medicine". However, Dr. Silapunt explained that Disaster Medicine is an internationally-recognized academic term.

Targets of the Plan of Action by 2025

The targets are separated in two levels, namely; (1) Regional level and (2) national level. For regional level target, there are three sub-categories, namely; (1) RCC on DHM, (2) Regional Collaboration Tools and (3) AIDM. For the detail of the proposed targets of the POA by 2025, please refer to **SESSION_3 IMPLEMENTATION OF ALD ON DHM.** The RCC members were requested to review the proposed targets and supply feedback to the committee to revise by April 2018.

Introduction to the 3rd Regional Collaboration Drill

Janice P. Feliciano, RND MPH, congratulated Thailand and Vietnam for successfully hosted the previous two RCD and introduced a brief background of the Philippines. This archipelagic country was ranked as the 3rd disaster-prone country in the world, after only Vanuatu and Tonga. In 2013 alone, there were 16 disasters, including the famous typhoon Haiyan.

The finding of Metro Manila Earthquake Impact Reduction Study, funded by JICA, revealed that a movement of the West Valley Fault (WVF) will cause a 7.2 magnitude earthquake ("The Big One", with intensity VIII ground shaking) in Metro Manila and nearby provinces. The estimated active phase of the event is between 1858-2058. Geographically, Manila is a host of many national government agencies, including the department of health and NDMO, etc. Moreover, Metro Manila is highly populated and also a business hub. Great destruction can be expected in the case of such a disaster.

The predicted impact of the events included 35,000 death and 115,000 injuries. Residential structure of more than 170,000 may collapse, resulting to a dislocation of 42% of Manila residents outside the evacuation camps, and only 8,628 out of 13,751 individuals who will face life-threatening injuries would be accommodated into hospitals within Metro Manila. The rest must be transported to hospitals in other regions.

The design of the drill is based on Metro Manila Earthquake Contingency Plan, locally known as "*Oplan Metro Yakal Plus".* The plan aims to institutionalize an effective and efficient system of earthquake disaster preparedness and response. It is predicted that the government will declare state of national calamity and request supports from AMS for humanitarian assistance. The 3rd RCD will be hosted at the Armed Forces of the Philippines Grandstand, Quezon City, Manila between December 2 – 8, 2018. The proposed program is shown below.

Date	Day	Activity
Dec 2	Sunday	Arrival of the participants
Dec 3	Monday	Conduct of table-top exercise
Dec 4	Tuesday	Conduct of Regional Collaboration Drill (RCD)
Dec 5	Wednesday	Review/Processing/Feedback of the RCD and Gala Dinner
Dec 6	Thursday	Meeting of the Project Working Group 1 and 2
Dec 7	Friday	Meeting of the Regional Collaboration Committee
Dec 8	Saturday	Departure of participants

Primary objective is to examine the current regional collaboration mechanism on disaster health management (SOP) including Health Needs Assessment form, Medical record, SASOP Forms, and EMT Forms. Secondary Objectives are to test electronic reporting system for ISPEED and to refine EMT team operations at all levels in terms of Command and control, Coordination and collaboration, and Communication.

Tabletop exercise is designed to place an emphasis on the offer of assistance and registration process, the demobilization process, discussion and practice of ISPEED and filling out HNA and the conduct of communication exercise. For the drill, the concept of EMTCC will be incorporated in all levels of EOC, so will the ICS. In the morning session of the drill, 10 EMTs Type 1 from AMS and 2 EMT Type 2 from Japan will conduct the check-in activity at each assigned quadrant, orientation briefing, collaboration with other EMTs and sub-EMTCC meeting. Each EMT will have around 20-30 patients. The afternoon session will focus on the public health village. The concept of 4 sub-clusters, including (1) Public Health, (2) Water, Sanitation and Hygiene, (3) Mental Health and Psychosocial Support Services and (4) Nutrition in Emergencies will be incorporated. In addition, sub-EMTCC meeting and national EMTCC meeting will also be conducted in the afternoon part of the drill.

Ms. Faliciano wrapped up her session with the benefit of organizing the 3rd RCD to the Philippines, such as a contribution to the National Contingency Plan for The Big One, and the enhancement of inter-agency collaboration both in the national and international level.

V. WRAP-UP AND WAY FORWARD

Dr. Ferdinand M. Fernando, a delegate from ASEAN Secretariat introduced a brief summary of the RCC meeting, covering all of the topic discussed in today's sessions. For more detail, please refer to "**Session 5_RCC_3rd_Meet_Conclusions_WayForward_Final**" note.

VI. CLOSING REMARKS

Dr. Jirot Sindhvananda, Senior Advisor of Ministry of Public Health Thailand, announced the closing remarks for the fruitful RCC meeting as a panel for sharing progress of ARCH project. Dr.Sindhvananda expressed deepest appreciation to delegates from all AMS, ASEAN Secretariat, working group, and the host country, Vietnam, for active collaboration and warm hospitality. He wished all RCC participants a safe journey back home.

第 4 回 RCC 会議議事録

SUMMARY OF PROCEEDINGS

THE FOURTH REGIONAL COORDINATION COMMITTEE (RCC) MEETING

PROJECT FOR STRENGTHENING THE ASEAN REGIONAL CAPACITY ON DISASTER HEALTH MANAGEMENT (ARCH PROJET)

DUSIT THANI, MANILA, PHILIPPINES

07 DECEMBER 2018

Dusit Thani Hotel, Metro Manila, The Philippines

Dr. Anupong Sujariyakul, the chairperson of today's Regional Coordination Committee (RCC) meeting, introduced himself and Dr. Maria Rosario Vergeire, Assistance Secretary, Department Of Health (DOH) Philippine and Presiding Officer of RCC, to meeting participants, who were from all ASEAN Member States (AMS), which consist of Brunei Darussalam, Cambodia, Indonesia, Lao DPR, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam, as well as the representatives of ASEAN Secretariat and ASEAN Coordinating Center for Humanitarian Assistance (AHA Center), Japanese Advisory Committee, Japan International Cooperation Agency (JICA), and ARCH Project teams.

I. WELCOME REMARKS

Dr. Vergeire welcomed and showed her gratitude toward all participants for their contribution to the ARCH Project, which led to several successful activities. Dr. Vergeire explained to the meeting the objectives of today's RCC meeting, which were on; (1) reports on the output of the Project Working Group 1 and 2 meetings, conducted on December 6th, 2018, (2) an update on the Development of Plan of Action (POA) of ASEAN Leader's Declaration (ALD) on Disaster Health Management (DHM), (3) the priority for the remaining period of ARCH project Phase 1, (4) potential priorities in DHM, and (5) wrap-up and ways forward. Dr. Vergeire also noted that now AMS has developed the Standard Operating Procedure (SOP) for coordination and collaboration of emergency medical team (EMT) and wished all RCC meeting participants to have a fruitful discussion today.

II. REPORT ON PWG I AND PWG II MEETINGS

A. REPORT OF PWG 1 MEETING

Dr. Gloria J. Balboa, Director IV of DOH Philippines, presented the outcome of the 7th PWG 1 meeting conducted on December 6th, 2018, which had its agendas of discuss as following; (1) Standard Operating Procedure (SOP) for the Coordination of EMT in the ASEAN, (2) Database and Minimum Requirements and (3) Health Needs Assessment (HNA) and Medical Record Forms (MRF).

In regards of the SOP for AMS's EMT coordination, Based on experience during the 3rd RCD, revisions of paragraphs 18 and 21 in the draft SOP were shared to and accepted by the meeting. Paragraph 18 in reference to paragraph 17 (as reflective of the current SASOP) was revised to articulate the need for advancing information or informal communication between MOH/DOH ahead of time while the process of acceptance or approval is being conducted by NDMO of affected/requesting country to NDMO of assisting/offering country. SOP will be elevated to ASEAN Health Cluster 2 and Senior Officials Meeting on Health Development (SOMHD) for endorsement; thereafter, endorsed SOP will be shared with ACDM through letter from AHMM/SOMHD Chair Cambodia.

For minimum requirement, it was approved in its current form, while receiving or requesting AMS will utilize own national standards as basis for acceptance, if offered assistance includes EMT. It was also noted that an EMT's collective training activity in compliance with minimum requirement is needed. Minimum requirements can also be based on three ASEAN countries with higher potential to experience large-scale disasters as per AJDRP (Indonesia, Myanmar, Philippines). Moreover, the discussion on database suggested that Module 3 of the List of Modules of the Standby Arrangements of the ASEAN Joint Disaster Response Plan could contain or include submitted names to the database per AMS, through their respective NDMO (MOH cannot pursue directly)

For HNA and MRF, it was concluded that HNA Form is not a rapid assessment tool; will be utilized to determine and identify needs, requiring extensive intervention and complementing initial medical services during acute phase. EMT composition may include public health experts to complement medical expertise, which can be made into an ASEAN model. HNA and MRF are accepted in their current forms, while it was also suggested that a specific set of instruction or guideline will be included in the MRF to guide accomplishment of the form.

Dr. Vergeire concluded that the PWG 1 had discussed to constitute the uniformed standard, which is also aligning to the accepted WHO standard, to be implemented across ASEAN. And to achieve the goal, inputs from AMS with large-scale disaster experience have become very valuable.

B. REPORT OF PWG 2 MEETING

Dr. Ronald Law, Medical Officer V of DOH Philippines, was in charge of presenting the discussion output from the 5th PWG 2 meeting. He started the session be elaborating the outlines of the presentation, which were; (1) Conclusion points from the 3rd RCD, (2) Meeting highlights, (3) Salient points of the meeting and (4) Recommendation.

From the 3rd RCD, there were eight significant area, identified, which were; (1) AMS/DHM training program, (2) Academic conference, seminars, (3) AMS- EMT standard, (4) Team management, (5) EMTCC, (6) Scholarship, (7) Initiative to establish training institute/center, and (8) Conduct of national drill.

For the highlights of the PWG 2 meeting, there were four main discussion points, which were; (1) the 3rd AMS Training in May 2018 in Bangkok Thailand (for finding challenges and gaps of AMS in meeting the WHO EMT standards while it was agreed that ASEAN should develop of ASEAN position on the standards by reviewing areas of concern and addressing them) , (2) Japan Study Visit in October 2018, (discussion made on intended outcomes and lessons learned from the visit while it was agreed that AMS will take off domestic actions using the experience of the visit) (3) Draft Standard Training Curriculum for DHM (Thailand proposed the standard DHM training for Basic, Advance and Instructor courses, linking with the proposal to establish ASEAN Institute for DHM. It was however, suggested that other important factors shall be put into consideration for curriculum design such as country's context, existing national program, cross-learning between clinical and logistical teams, selection criteria, development of training kit, etc., and being also referred to ASEAN Competency Standard on Disaster Management. AMS can future review the proposal and provide specific comments.) and (4) Upcoming EMTCC Training in February 2019 Bangkok Thailand (Objective, program and schedule were identified, as well as the number and selection criteria of two participants from each AMS. It was also noted that ARCH project require AMS focal point to consult with WHO country office for appropriate nomination of training participants. The invitation letter will be sent by the 3rd week of December).

For important points of the 5th PWG 2 Meeting, (1) it was agreed that ASEAN position on the WHO EMT standards is crucial to have and AMS assistance to comply with requirements and processes is deemed necessary. (2) Study visits are an important methodology for learning and application of best practices of host country to AMS. However, more opportunities, longer duration should be considered to maximize learning outcomes. (3) Proposal to standardize training curriculum is a welcome initiative but it

also needs to take stock of initiatives of AMS and link with proposal to establish training institute and ASEAN competency standards for DHM. And lastly (4) it was agreed AMS trainings are important cornerstone of capacity development for DHM and finding the suitable participants would contribute greatly to the achievement of the project aim with “One ASEAN,One Response”.

Recommendations derived from the PWG 2 discussion were as following; (1) Useful activities of RCD, Study Visit, and Academic Conference, should be prioritized and sustained, (2) Explore remote activities in between face-to-face meetings, trainings and activities, such as sharing of materials through regional website, video conferences on agreed topics, (3) Some AMS with experience, expertise and developed systems volunteered to provide technical assistance to contribute to the project, and (4) AMS expressed that the ARCH Project can support through technical assistance or funds on the development of regional standard curriculum on DHM, conduct of trainings, RCDs, and ASEAN academic conferences.

In conclusion, the chairperson of PWG 2 meeting raised up about the importance for PWG 2 to continue to work on the standardization of the ASEAN curriculum on DHM as well as on the finalization of SOP, guidelines and policies for the maximum benefits of future trainings and study visit.

III. UPDATE ON THE DEVELOPMENT OF PLAN OF ACTION OF ASEAN LEADER DECLARATION ON DISASTER HEALTH MANAGEMENT

Dr.Phumin Silapunt, Deputy Director of Chulabhorn Hospital Thailand, presented two diagrams of (1) Regional Collaboration Tools (RCT) Integration into the SASOP and (2) Timeline for POA Endorsement. For SASOP integration, after today’s RCC meeting, a meeting with AHA Center will be schedule in January 2019 for the integration of the finalized RCT into SASOP. If none of the revision on RCT is needed, it will be circulated to Health Cluster 2 via ad referendum, before being submitted to SOMHD Meeting in April 2019 for approval.

After SOMHD, the working committee will circulated the RCTs to two different channels. One the one hand, it will be submitted to ASEAN Committee on Disaster Management (ACDM) in May 2019 for endorsement and in 2020 the RCTs endorsed by ACDM will be tested and endorsed in ASEAN Regional Disaster Emergency Response Simulation Exercise (ARDEX) in 2020. After this stage, RCTs will be officially integrated and institutionalized into ASEAN’s SASOP. On the other hand, after SOMHD meeting in April 2019, the RCTs can be circulated to ASEAN Health Ministry Meeting (AHMM) for endorsement. After this process, the RCTs can be adopted immediately in the case of any disasters occurring before they are integrated into SASOP, which is recognized by ALD on DHM.

The tentative POA of ALD on DHM has been circulated to Health Cluster 2 Meeting in Bagan Myanmar, which were conducted in August 2018. After the HC 2 Meeting, each AMS was requested to conduct internal discussion for the feedback on the POA. However, there have been only two countries that have submitted the discussion output back to the working committee. With these two replies, some disagreements can already be seen. Thus, more consultation on such matters is needed, then give HC2 an update on the AMS discussion.

According to the process, the tentative POA will be submitted to SOMHD meeting for endorsement in April 2019. Then the discussion oh host country will be conducted in HC 2 meeting, before being submitted again to SOMHD (via ad referendum) and to AHMM for endorsement.

QUESTIONS AND COMMENTS

- ASEAN Secretariat added that there is no need to wait for the next HC 2 meeting in Myanmar because it is probably scheduled on July or August 2019. The working committee can circulate the POA via ad referendum.

- AHA Center added that, though not on the issue of POA, one representative for each NDMO shall be invited to the next drill because they are important for advocacy on the DHM. The chairperson indicated that this topic can be discussed further in the next RCC meeting in March 2019.

IV. PRIORITIES FOR THE REMAINING PERIOD OF ARCH PROJECT PHASE I

Ms. Fude Takayoshi, Team Leader of ARCH Project, started the presentation on "Priorities for the Remaining Period of ARCH Project" by reiterating that the 1st Phase of ARCH Project will end in July 2019. Then, there will be an Extension Phase, which were initially unexpected, to maintain the momentum, enthusiasm and involvement of all participated members. The idea of Extension Phase has therefore been materializing and will be explained by Mr. Shuichi Ikeda.

However, in the Phase 1 of ARCH Project, there are still two main remaining events, namely; (1) 4th AMS Training on EMTCC, co-hosted by WHO, on February 18-22, 2019 and (2) RCC meeting, of which the potential dates are in the second week of March (Monday to Friday, March 4-8, 2019). Co-Chair suggested the RCC meeting to have a proposed agenda for the next meeting ready before the end of today's meeting.

Ms.Fude added that according to the original design of the Phase 1 of ARCH Project, international seminar is scheduled around June 2019. Since the extension phase has already emerged, the international seminar shall be moved into the extension phase, in order to conclude Phase 1 and make transitional action for Phase 2 of ARCH Project.

V. POTENTIAL PRIORITIES IN DISASTER HEALTH MANAGEMENT (POST ARCH PROJECT PHASE I)

A. SUMMARY OF FINDINGS AND RECOMMENDATIONS OF PROJECT EVALUATION

Mr.Shuichi Ikeda, Chief Advisor of ARCH Project, showed his appreciations toward all persons involved in the ARCH project for successful creation of many outputs according to the planned indicators. In addition, the project purpose of strengthening regional coordination on DHM in ASEAN, has also been achieved. There are four indicators set for project purpose, which were (1) Regularly hold coordination meetings on DHM in ASEAN, (2) Activities needed for regional collaboration are clarified and approved in the coordination meeting, (3) Recommendations for developing regional collaboration mechanism in DHM is proposed to SOMHD, and (4) RCTs are developed and approved in the coordination meeting. All of the indicators are either successfully achieved or expected to be achieve within Phase 1 of the project. According to the questionnaire survey conducted during the Japan Study Visit, AMS agreed that regional coordination on DHM is strengthened in ASEAN (slightly improved and successfully improved).

In term of the achievement of the overall goal, which is ASEAN and Japan collaboration mechanism on DHM is developed, Mr. Ikeda noted that (1) ALDDHM was adopted in the 31th ASEAN Summit, (2) revised version of POA was submitted to HC 2 Meeting, (3) RCC and ASEAN Institute of DHM could be regarded as "Hub Organization" as set by the indicator, (4) the indicator on proposal of necessary staff and budget for hub organization will be achieved when the RCC and AIDHM are established.

For "Five Evaluation Criteria", (1) Relevance is rated high because ASEAN is disaster-prone region and as a result of ALDDHM adaptation, political priority for DHM could be increased in ASEAN, (2) Effectiveness is rated relatively high because targets of project purpose have been or will be achieved but EMTs of AMS have difficulties in meeting some elements of WHO I-EMT minimum standards, (3) Efficiency is rated medium due to many reasons such as unclear commitment identification between Thai MOPH and ARCH Project, and ineffective communication and indistinct roles and responsibility among several related

agencies, participants' turnover for RCC and PWG, (4) Impact is rated high because the text of the ADL was derived from series of discussion under ARCH project, while the POA to implement the ALDDHM was also drafted by the RCC and PWG of ARCH and MDS from ARCH has been adopted by WHO, (5) Sustainability is rated high because of many reasons such as the adaptation of ALDDHM leading to more political priority on DHM, an expansion of role and function of ARCH's RCC after the approval of POA, recognition of ARCH's RCT as official tools after the endorsement of SOMHD, etc.

In conclusion, Mr. Ikeda noted that the activities outputs and project purposes have been almost all achieved as planned, with big impact on ASEAN's DHM and high sustainability. It is, however necessary to consider the regional collective measures in order to complement the incomplete capacities of AMS, especially on EMT Classification. Therefore, it is recommended that the ARCH Project should extend the cooperation period until the POA will be approved and the main mechanism of the POA (RCC & AIDHM) can be implemented and regional approach to complement the capabilities of ASEAN-EMT should be discussed during the extension period.

The chairperson also added that in order to raise the consistency level of understanding, there should be permanent members from each AMS, who attend activities under ARCH project and the list shall be summited to ASEAN secretariat.

B. SUMMARY OF PWG I AND II DISCUSSIONS ON FUTURE ACTIONS

Mr.Jim Catampongan, Senior Officer of Health Division ASEAN Secretariat, presented the reflection of discussion on the future action from PWG 1 and 2 meetings, especially during the extension phase.

During the joint session, AMS shared their discussion outputs on (1) Activities of the ARCH Project which had been most useful for ASEAN Member States, (2) Aspects of the ARCH Project that can be further improved, (3) In order to achieve the targets set forth in the POA for the Implementation of the ALDDHM, (4) Interest in hosting a regional collaboration drill, and (5) Support which the ARCH Project could provide ASEAN Member States in 2019.

For useful activities, AMS mentioned about the conduct of RCD, regional training, study visit, and academic conference, the development of training curriculum, the development of operational tools and forms and the setup of RCC and PWG meetings. Cross-cutting reasons were for example; they were accorded to WHO guidelines, providing structural framework for disaster response participation, expanding networks and addressing competency needs as well as bridging the gaps.

Aspects that can be improved were for example; (1) RCD organization – more proper set-up of various facilities; consideration of socio-cultural and religious needs; cover other scenarios - man-made disasters, chronic infectious diseases; exposure of AMS in drill preparation; pre-drill preparations; inter-country/joint deployment; documentation of drills conducted, (2) Capacity strengthening areas – policy development on DHM; logistics management; medical reporting through use of i-SPEED and forms by each AMS, (3) Other activities – seminar/conference in AMS; sharing of national deployment strategies and guidelines; standard training curriculum.

Necessary national actions to achieve POA of ALDDHM's target include; Establishment of EMT compliant with WHO EMT minimum standards; (2) Intensify advocacy and awareness-raising on EMT, (3) Enhancement of national capacity in health services, (4) Health education, (5) Enhance and standardize DHM trainings, (6) Strengthening national multi-sectoral coordination mechanism; (7) Alignment of operational procedures and processes (AMS, ASEAN, WHO), (8) Establishment of training institute and other learning interventions and (9) Sustained financing for DHM.

For regional contribution, AMS can provide; (1) Engagement of experts and technical institutions in sharing experiences/knowledge, development of training curriculum, and conduct of trainings for trainers and

practitioners, (2) Hosting and participation in regional initiatives, including drills, coordination meetings, trainings and other activities; (3) Strengthening of regional response procedures to ensure expedient deployment upon receipt of request for assistance, (4) Strengthen networking with relevant academic institutions and with international experts on learning, experience and knowledge sharing; conducting regional research and (5) Contribute to responding to health aspects of disasters.

For being the next host country of RCD, please see the below table.

Name of AMS	Year	Possible Scenario
Indonesia	2019	TBC
Malaysia	2020	Earthquake, tsunami, massive floods
Myanmar	2020	Floods
Thailand*	if requested	Mass gathering, chemical/industrial incidents, floods and landslides
Viet Nam*	If requested	Fire explosions
(Note: * – already hosted RCD in 2017 and 2018)		

And lastly, after July 2019, AMS expected ARCH Project to provide support on (1) Development of standard training curriculum and materials; conduct of trainings for trainers and practitioners, (2) Further development of regional EMT tools and procedures, (3) Organization and conduct of regional collaboration drills, study visits, (4) Conduct of ASEAN academic conference, (5) Setting up of website for sharing and updating of ARCH Project activities, Development of AMS I-EMT SOP, meeting or complying with WHO EMT minimum standards, (6) Logistics management of medical equipment as part of preparedness, and (7) Establishment of disaster risk reduction and management for health training institute.

C. EXCHANGE OF VIEWS AND NEXT STEPS

Mr. Shuichi Ikeda introduced to the meeting the Mid-term plan for steps to ASEAN Collaboration Mechanism on DHM. The project is currently under Step 1 of ARCH Project, which will end in July 2019. Then, Step 2 of Extension Phase will continue by working on the development of collaboration mechanism on DHM and POA of ALDDHM should be developed. In 2021, Step 3, where collaboration mechanism on DHM is well-functioning for actual disaster (ARCH 2), will begin and end in 2025, constituting the end of the 10-year plan.According to the questionnaire survey conducted during Japan Study Visit, AMS expected JICA to continue the support on many aspects, for example in making scenario on disaster in RCD and national drill.

For the proposal to the 5th RCC, ARCH Project should extend the cooperation period (21months from July 2019 to March 2021).It should also continuously test for the tools and study on the capacity development needs in each AMS within the extension period. Moreover, regional approach to complement the capabilities of ASEAN-EMT should be discussed during the extension period and Sub-working group (SWG) on logistic issues for international deployment should be set up.

Activities for the extension period should include dissemination of output to relevant ASEAN sectoral bodies, drafting work plan on the POA, conduction RCDs, collection of lessons learned, study on possibility of ASEAN Collective Approach for ASEAN-EMT, study on needs of capacity development of DHM in AMS and lastly strengthening academic network for DHM.

Regarding the ASEAN Collective Approach, Sub-Working Group (SWG) should be set up under the PWG1. The SWG's Term of Reference (TOR) is to select the issues for ASEAN collective measures, decide necessary points for consideration, prepare the products, conduct meetings for at least 3 times, and document and submit the products to the PWG 1. Members of this SWG should not exceed 10 personnel, who are familiar with administrative practices for I-EMT deployment. Tentative member composition

includes 1-2 persons from AHA Center, 4-6 persons from I-EMT-experienced AMS, and 2 persons from JDR.

From the extension period, it is expected that RCTs are endorsed by ASEAN and integrated into SASOP, Draft Work Plan for POA on DHM is developed, at least one RCD is conducted, and academic seminar on DHM is conducted for at least one time.

VI. WRAP-UP AND WAYS FORWARD

Mr.Jim Catampongan, Senior Officer of Health Division ASEAN Secretariat, provided a conclusive Wrap-up and Ways Forward presentation. Please refer to ASEC's **4th RCC Conclusion and Ways Forward** document.

VII. CLOSING REMARKS

Dr.Anupong Sujariyakul announced the end of the 4th RCC meeting and expressed his gratitude toward the 4th RCC meeting participants for fruitful discussion for sharing the progress of ARCH project and for the initiation of discussion on the priority of activities for the remaining period and the extension period. He showed special gratitude to the Philippines' organizing committee for their extensive work for hosting both RCD and RCC meeting, to JICA for technical support with close collaboration with NIEM, to ASEAN Secretariat and AHA Center for provision of valuable advice for this constructive outcome, and to Japanese Advisory Committee and Thailand's advisor for giving valuation consultation. Lastly, Dr.Sujariyakul wished all related-personnel to return to home country safely.

第 5 回 RCC 会議議事録

Conclusions and Ways Forward

Fifth Meeting of the Regional Coordination Committee
Project for Strengthening ASEAN Regional Capacity in
Disaster Health Management
4 March 2019 | Bangkok, Thailand

1. Overall Progress of ARCH Project

- The Meeting noted the update from the ARCH Project Team, which highlighted on the following:
  a. Third Regional Collaboration Drill on 3-5 December 2018 in Manila, Philippines, through a video (which can also be accessed via YouTube: https://goo.gl/z7Nc5B, and,
  b. Fourth Training for ASEAN Member States on Disaster Health Management: Emergency Medical Team Coordination Cell (EMTCC) Course for AMS on 17-22 February 2019 in Bangkok, Thailand. The EMTCC Course was co-organised by the World Health Organisation (WHO). The presentation appears as Annex 1.

2. Overview of ASEAN Disaster Health Management and the ARCH Project

- The Meeting noted the overview on DHM and on the ARCH Project as presented by the ARCH Project Team. The presentation appears as Annex 2. The presentation also:
  a. Summarized the progress of achieving project outputs, and roadmap for the further strengthening of DHM in the ASEAN region through an extension phase of ARCH Project and the development of the Work Programme of ASEAN Health Cluster 2 for 2021-2025.
  b. Shared ideas on the focus of the next phase of the project to ensure established and strengthened mechanism on DHM.
  c. Shared how to strengthen emergency medical services in disasters through the development of ASEAN EMT standards that consider the WHO EMT global standards.
  d. Shared strengthening of DHM education and training through establishment of regional training centre.

- The exchange of views that followed stressed on the following:
  a. There may be other options and mechanisms to ensure self-sufficiency of ASEAN EMT other than anticipating increased support from affected ASEAN Member States on the logistics concerns of ASEAN EMT deployed in their countries. An idea proposed was to consider joint deployments of ASEAN EMT. The matter will be further studied during the extension phase.

- The ASEAN Secretariat also presented points for consideration of the Meeting on matters presented and which were further discussed in the succeeding agenda items:
  a. POA of the ALD on DHM (adopted by ASEAN Summit Leaders in November 2017, Philippines) will be further developed into a detailed implementation plan/action plan. This will be incorporated or annexed to the current Work Programme of ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats for 2016 to 2020, and for 2021 to 2025.
  b. The Extension Phase of the ARCH Project will undergo a similar process of internal appraisal and approval observed with the Phase 1 of the ARCH Project. This process will involve the appraisal and approval by ASEAN Secretariat, ASEAN Health Sector at the levels of ASEAN Health Cluster 2 and SOMHD, and Committee of Permanent Representatives (Missions to ASEAN).
  c. The SOP and other tools for the deployment of the ASEAN EMT will be finalized by both sectors of Health and Disaster Management through their respective working groups and senior official levels, and with AHA Centre.

3. Update on the proposed Plan of Action to Implement the ASEAN Leaders Declaration on Disaster Health Management (POA/ALD on DHM)

- The Meeting noted the update from the ARCH Project Team on the progress of consultations with ASEAN Health Cluster 2 Country Coordinators since the fourth meeting of the cluster in September 2018 in Bagan, Myanmar, as well as the proposed revisions in the POA. The main proposed revision is the establishment of the Regional Coordination Committee on Disaster Health Management (RCC/DHM) as the main mechanism in the implementation of POA. The establishment of the regional training centre will form part of the responsibility of the RCC/DHM. The revised POA has been recirculated to AHC 2 CC for their endorsement. The presentation appears as Annex 3.

- The exchange of views that followed focused on:
  a. The extension phase endeavours to support relevant priorities of the POA/ALD on DHM, including the establishment and operationalization of the RCC/DHM. The extension phase is also aimed to enable ASEAN to continue the implementation of DHM strengthening priorities while the POA/ALD on DHM is being finalised and endorsed, and which implementation plan is developed as part of the Work Programme of ASEAN Health Cluster 2.
  b. The Meeting also requested RCC/ARCH Project members to support the endorsement of the POA/ALD on DHM by advocating its importance and by engaging in discussions with AHC 2 CC and SOMHD.
  c. The ASEAN has a mechanism in reporting on the progress of the implementation of ASEAN Declarations, including the ALD on DHM. To date, while the POA/ALD on DHM is being finalized and endorsed, progress in the implementation of the ARCH Project has been reported along with updates on the ASEAN Emergency Operation Centre Network Development Project.

- The Meeting also noted the consultation processes that will be undertaken through the facilitation of ASEAN Secretariat:

Process/Step	Timeline
Ad-referendum consultation with ASEAN Health Cluster 2 (AHC 2) for endorsement	By 14 March 2019
Ad-referendum consultation with SOMHD for feedback and/or final endorsement	15-30 March 2019
Formal endorsement during 14th SOMHD, Siem Reap, Cambodia, and approval of proposal to present the POA at the 14th AHMM in August 2019 in Siem Reap	2-4 April 2019
Development of the detailed implementation plan for the POA of DHM	April – June 2019
Ad-referendum consultation with AHC2 & SOMHD for feedback and/or final endorsement of the detailed implementation plan for the POA	June – July 2019
Implementation of the endorsed detailed implementation plan	Aug 2019 - onwards

4. Update on the Endorsement of the ASEAN EMT SOP and integration into the ASEAN SASOP

- The Meeting noted the update from the ARCH Project Team on the finalization and endorsement of the ASEAN EMT SOP, further to the endorsement of the ASEAN EMT SOP by the PWG 1 and RCC/ARCH Project. The update included minor changes on the language resulting from a face-to-face meeting with AHA Centre in January 2019 followed by feedback/inputs via ad referendum in February 2019.

- The Meeting noted the review and consultation processes that will be undertaken:

Process/Step	Timeline
Consultation with ASEAN Health Cluster 2 for feedback	Feb ‘19
Introduction to ACDM WG on Preparedness and Response; consultation for feedback	Feb – Mar ‘19
Joint consultative meeting between ACDM WG PR and AHC 2 further review and finalization (linked with ACDM meeting)	Q2 19
Testing via table-top exercise (linked with WG PR meeting)	Sept ‘19
Testing via simulation exercise thru ARDEX, Philippines	May ‘20

Process/Step	Timeline
Endorsement by SOMHD and ACDM	June '20
Incorporation in ASEAN SASOP (linked with ACDM meeting)	August '20

5. Proposed Regional Collaboration Drill in Indonesia

- The Meeting congratulated Indonesia for agreeing to host the fourth Regional Collaboration Drill, as well as noted Indonesia's presentation on the proposed 4th RCD that will be tentatively held in November 2019 in Bali, Indonesia. The proposed RCD is aimed to:
  a. Test the contingency plan that has been prepared, including the mechanism of receiving and managing foreign health assistance, especially in the condition of many foreigners casualties; and,
  b. Test the SOP for the coordination of EMT in ASEAN.

- The proposed scenario will be the eruption of Mount Agung, one of the active volcanoes in Indonesia, and will be based on a large eruption in 1963 that affect foreigners and that will require the deployment of international EMT. The presentations appear as Annex 4.

- The exchange of views that ensued focused on the following, which Indonesia and the ARCH Project Team may consider in the preparation of the RCD:
  a. Overall duration of the 4th RCD, which is viewed as longer than the previous drills and which may have impact of costs.
  b. Conduct of PWG or RCC/ARCH Project meeting back to back with the RCD, similar to previous RCD.
  c. Provide additional details on secondary hazards and disasters that affect Indonesia and which may occur resulting from the volcanic eruption, as well as on the impact of the disaster, such as on foreign nationals in the affected area.
  d. The drill objectives may look into the national preparedness and response plans (instead of the contingency plan for volcanic eruption), and contingency plan for potential secondary disasters resulting from the volcanic eruption.
  e. The drill may also focus on the following elements, while giving flexibility to organisers:
     - Pre-deployment processes (requesting and offering of assistance following the ASEAN SASOP) through the use of WebEOC and the engagement of NDMO (this was included in the 3rd RCD/Philippines but was only responded to by one AMS)
     - Customs, immigration and quarantine (CIQ) and reception and departure centre (RDC) processes what will be conducted at the airport, not at the drill venue.

- Conduct of some components of the EMTCC training
- Deploy ASEAN EMT farther from each location to test communication and coordination processes.

f. A mentor team consisting of representatives from Lead Country Thailand, partner Japan, and hosts of previous RCD Philippines and Viet Nam be created to assist Indonesia in the preparation of the drill. Similar to previous RCD, the team may conduct a visit in Q2/2019 to have detailed discussions on the preparations as well as visits to proposed drill venues.

- The Meeting also agreed on the following:

a. Indonesia and ARCH Project Team to revise the proposal and submit to RCC/ARCH by 15 March 2019 through ASEAN Secretariat for further feedback or endorsement.

b. RCC/ARCH Project to review, provide feedback and/or endorse the proposal by 30 March 2019.

c. ASEAN Secretariat will inform the RCC/ARCH Project on the consolidated feedback and endorsement by 1 April 2019 to enable Indonesia and ARCH Project to fully proceed with drill preparations.

6. Plans for the ARCH Project Extension Phase

The Meeting noted the updates and information from the ARCH Project Team regarding the proposed 21 - month extension phase which were divided into sections as outlined below. Covering the period July 2019 – March 2021, the extension phase follows existing project framework, objectives and outputs, and intends to bridge the period from completion of Phase 1 until the finalization and endorsement of the POA/ALD on DHM, which will guide a possible Phase 2.

6.1. Activities and outputs for the extension phase.

- The Meeting noted the proposed key activities, expected products and targets under the five project outputs during the extension phase. The presentation appears as Annex 5.

- The exchange of views that followed discussed on the following:
  - Consider the setting up of system or mechanism on training/education on DHM, not just an academic/training centre network.

6.2. Terms of reference of RCC, PWG 1 and PWG 2.

- The Meeting noted the proposed changes in the TOR of RCC, PWG 1 and PWG 2 based on the proposed priority activities, expected products and targets for the extension phase. The presentation and TOR of the PWG 1, PWG 2 and RCC with highlighted proposed revisions appear as Annex 6.

- The exchange of views that followed focused on the following:
  - There will only be one RCC. The RCC/ARCH Project, guided by the revised TOR, will exist during the transition period when the POA/ALD on DHM is being finalized and endorsed. The POA/ALD on DHM

provides for the creation of RCC/DHM as the main implementing mechanism. As soon as the POA/ALD on DHM is endorsed, the RCC/DHM will be operationalized and which will also take the responsibility of RCC/ARCH Project; the latter will eventually be dissolved as soon as the RCC/DHM has been operationalized. PWG 1 and PWG 2 will then report to RCC/DHM.

- The oversight and management of RCD is proposed to be moved to PWG 2 as future drills will focus on capacity strengthening, and that the regional collaboration tools have already been developed.
- The TOR may be revisited and finalized by RCC/ARCH Project after the approval of the extension phase.
- The first PWG 1 and PWG 2 during the extension period may be scheduled in July 2019. ARCH Project Team through ASEAN Secretariat will communicate with AMS for the confirmation of meeting dates.

6.3. Tentative schedule of implementation for the extension phase.

- The Meeting also noted the tentative schedule of implementation of the extension phase, which appears as Annex 7.

- The exchange of views that followed discussed on the following:
  - The extension period will be utilized to ensure sustainability of the gains achieved through ARCH Project, as well as to discuss priorities for Phase 2 (beyond March 2021).
  - AMS interested in hosting the RCD for 2020 are encouraged to submit a proposal. They may also join visits of the mentor team to observe the preparation processes.

6.4. Project implementation team and some changes in implementation arrangements.

- The Meeting further noted the changes in the implementation team/contact points and arrangements for the extension phase, which appears as Annex 8.
- The Japanese Team of the ARCH Project Team expressed gratitude for the opportunity to work with ASEAN Member States through the ARCH Project. The Team also thanked RCC/ARCH Project members for their cooperation during the entire project duration.
- The Meeting also expressed appreciation to the Japanese Team/ARCH Project for their hard work and great contribution in the implementation of the ARCH Project.

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