

Attachment 23 :

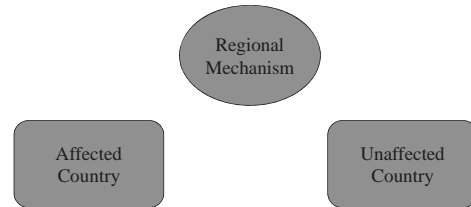
APCDM Kobe Presentations

1. Dr. Phumin Silapunt

ARCH project: The innovation of regional collaboration

Dr. Phumin Silapunt
Deputy Director
Chulabhorn Hospital

Effective Regional Collaboration on DHM



Affected Country : National Capacity

- EOC/EMTCC
- SOP for coordination and support I-EMT operation
- Medical Information System
- Hospital and Referral system
- National EMT

Unaffected Country : I-EMT Deployment

- Establishment of I-EMT
- Standard Training Curriculum for I-EMT
- SOP for Offer and Deployment of I-EMT

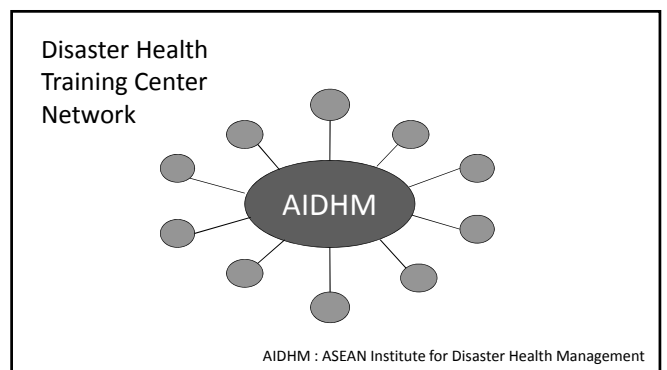
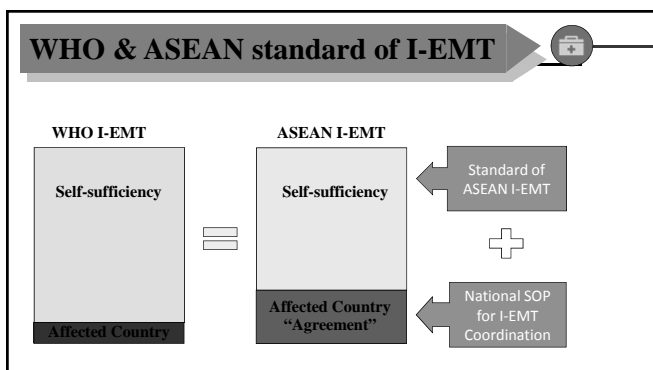
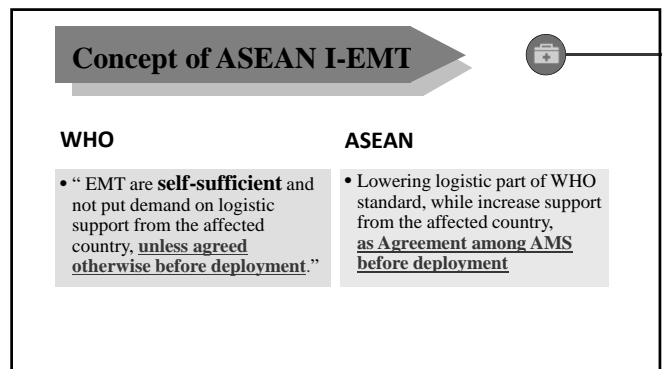
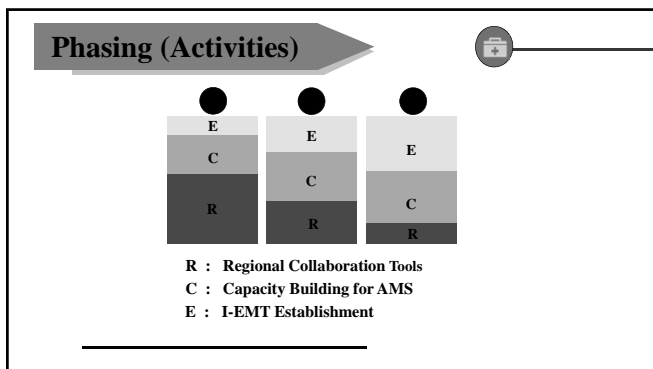
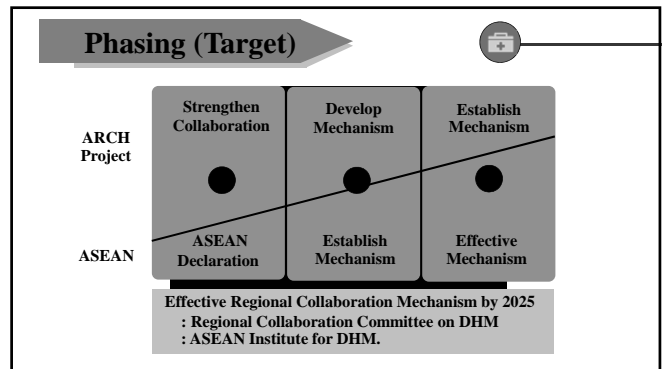
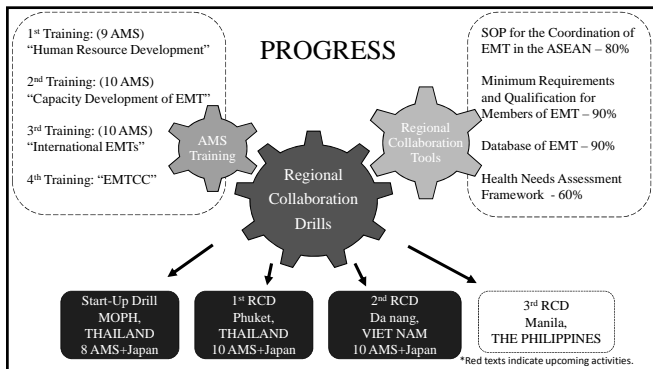
Regional Mechanism : Collaboration Tools

- SOP for I-EMT coordination in ASEAN
- Standard of ASEAN I-EMT
- Minimal requirement for EMT members
- EMT database
- Health need assessment framework
- Regional reporting system

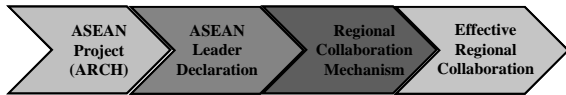
ARCH project

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

- Developed by Japan International Cooperation Agency (JICA) and National Institute for Emergency Medicine (NIEM) (2014-2015)
- Endorsed by ASEAN Senior Officials' Meeting on Health Development (SOMHD) in 2015



Innovation of Regional Collaboration



All be driven and supported by ARCH project

ARCH PROJECT

From Temporary to Sustainability of
Regional Collaboration

2. Dr. Alisa Yanasan



**Thai capacity building
through ARCH Project**

Alisa Yanasan, MD
Emergency Physician
Thai Ministry of Public Health

Overview

- Nature of Major incidents in Thailand
- Stakeholders in health sector
- ARCH project for Thai capacity building
- Sub-national trainings after ARCH project
- Future direction


Nature of Major Incidents in Thailand

- **Natural disasters**
 - *Slow onset disaster* : Flood, Smog, Drought
 - *Sudden onset disaster* : Flood, Landslide, Earthquake, Tsunami
- **Man-made disasters**
 - *Mass Gathering Incident*
 - *Industrial related*
 - *Plane crash/Traffic accidents/Boat capsizing*

Natural Disasters

Year/area	Type of disasters	Deaths	Damage
1962/South	Tropical storm Harriet : Landslide	>900	?
1988/South	Landslides	233	1 billion baht
1989/South	Typhoon Gay	833	11.7 billion baht
1990/North East	Tropical storm Ira : Flood	24	6 million baht
1993/South	Tropical depression : Flood	23	1.3 billion baht
1997/North	Tropical storm Zita : Flood	49	2.9 billion baht
1997/South	Tropical storm Linda : Flood and landslides	164	?
2000/South	Flood	26	2 billion baht

Year/Area	Type of Disasters	Death	Damage
2001/North	Landslides	43	?
2001/Upper central	Landslides	136	?
2004/South	Indian Ocean Tsunami	4,812 (4,499 missing)	> 1 billion baht
2006/North	Rainfall : Flash flood	87	?
2006/North East	Remnant of Typhoon Xangsane	47	?
2010/Multiple regions	Flood	260	54 billion baht
2012/65 of 77 provinces	Mega-flood	815	1,425 billion baht
2014/North	Earthquake	2	?



**LANDSLIDES
IN THE
NORTH**



**TYPHOON GAY
1989**



TSUNAMI 2004



**MEGA-FLOOD
2011-2012**

Multiple stakeholders in Health sector

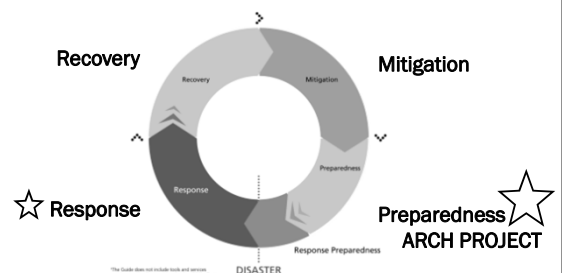
Department	Responsibilities
Department of Medical service	Medical Emergency Response Team
Department of Disease Control	Surveillance and Rapid Response Team
Department of Health	Environmental Health Team
Department of Mental Health	Mental Health Crisis Assessment and Treatment Team
Division of Health Administration	Disaster Victim Investigation
Division of Public Health Emergency Management National Institute of Emergency Medicine	Coordination and support activities

Main gap



- Lack of Data Reporting System
- Health Analysis and Health Need Assessment ?
- Logistic planning

Disaster Management Cycle





ARCH project for Thai Capacity building

- Enhance awareness of Disaster Health management
- Strengthening National Capacity
 - Operational skill
 - Coordination skill
 - Creating academic network all over the country (MOPH, Universities, Red Cross, NIEM)

Sub-National Training in 2018 by Instructors from ARCH family

Month	Region	Training	Course Duration	Participants
February	Ranong	Basic disaster health management, MDS training	3 days	35
July	Chiangrai	EMT and MDS training	3 days	80
July	Bangkok	Workshop on Disaster Medicine : Health Need Assessment, EMTCC	1 day	120
October	PhangNga	Basic Disaster Health Management, MDS training plus field exercise	4 days	45

Chiang Rai EMT and MDS training



Bangkok Workshop on EOC & Health Need Assessment



Phang Nga Basic Disaster Health Management Plus Field Exercise



Our Future Direction and Ultimate Goal



Capacity Building for a sustainable development



Enhance preparedness : peacetime network



Share knowledge and experience



Experiences and lessons learned from ASEAN second regional collaboration drill in disaster health management

Nguyen Nhu Lam MD, PhD
Pham Le Tuan MD, PhD
Nguyen Duc Chinh MD, PhD
Ha Van Nhu MD, PhD
Nguyen Cong Sinh MD

9/07/2019

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CONTENTS

1. Introduction
2. Scenario and response model
3. Experiences and lessons learned
4. Conclusion

1. INTRODUCTION

- ARCH project progress: 2nd regional collaboration drill
- **Overall objective:** to enhance the capacity in the medical response to disasters on the principle of "ONE ASEAN ONE RESPONSE".
- **Specific objectives:**
 - Establishing PHEOC
 - To check the relevance of healthcare forms and assess the health needs in disasters
 - For I-EMTs to practice on medical support and health needs assessment.
- **Drill Scope:** medical response on land, overcoming of the consequences of the typhoon
- First time organized in Vietnam (March 2018)

9/07/2019 ARCH: Strengthening the ASEAN Regional Capacity on Disaster Health management 3

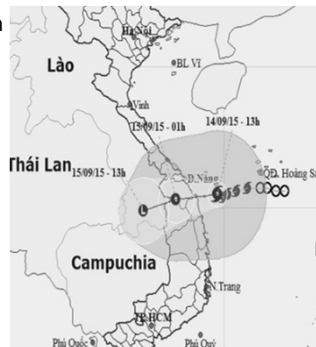
2. SCENARIO AND RESPONSE MODEL

9/07/2019

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SCENARIO

- A typhoon enters to Vietnam sea, directly striking the south central coast of Vietnam
- Health facilities: overloaded, damage
- Increased needs for healthcare, HNA of isolated areas
- MOH requests the Government to call for international assistance

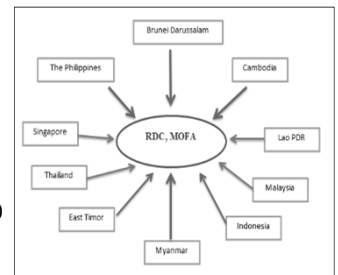


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ASEAN RESPONSE

- AHA Center sends experts to help with the direction and requests ASEAN countries to send forces to support Vietnam.
- ASEAN and Japan send 10 I-EMTs by air to Vietnam.



RDC: Reception and Departure Center
MOFA: Ministry of Foreign Affairs

9/07/2019

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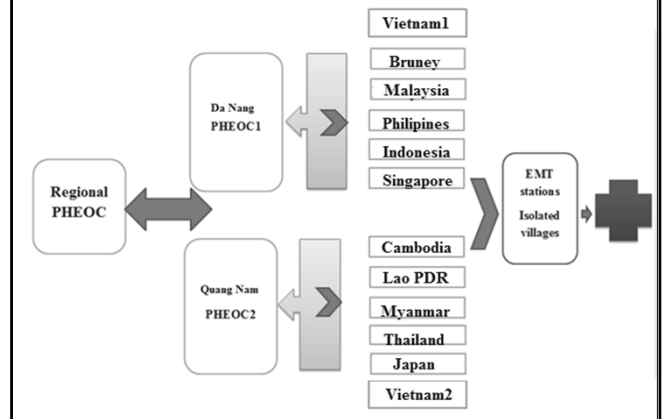
Participants in the drill

- ASEAN countries: 09 I-EMTs, experts on EOC direction
- Japan: 01 I-EMT
- Vietnam:
 - 01 RDC (Reception and Departure Center)
 - 02 I-EMTs
 - 03 PHEOCs (1 rPHEOC and 2 pPHEOCs)

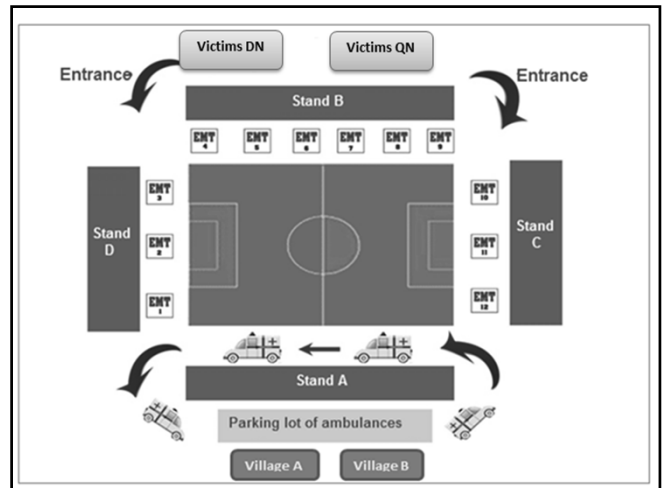
9/07/2019

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COMMANDER SYSTEM



EVENT OVERVIEW



ISOLATED AREA FOR HNA



9/07/2019

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LIST OF FORMS

No	Position	Name of form
1	EMT	1. Request for assistance 2. Offer of assistance 3. Medical record 4. Patient referral 5. EMT - Daily report 6. EMT- MDS Tally Sheet 7. EMT Coordination Meeting Minutes 8. EMT exit report
2	Village	1. Health Needs Assessment (HNA) 2. Health Needs Assessment (HNA) Summary Report
3	RDC	1. EMT registration
4	PHEOC	1. Situation report 2. Minute meeting report

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OVERALL RESULTS

- Safety and success drill
- EMTs: update knowledge, practical skill, organization EOC...
- Challenges: Communication, complicated forms, gaps in knowledge and method of survey for HNA, language barrier, role of PHEOC, data analyzing

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3. EXPERIENCES AND LESSONS LEARNED

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PRE-DRILL PREPARATION

- MOH Direction
- Active ARCH team members: Communicate
- Local organizing committee: Da Nang City
- Planning and Time
- Active expert team
- Financial support
- Training courses: simulated victim, facilitators, interpreter, EOC: 2 weeks
- Victims: Medical students

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COMMAND, CONTROL AND COMMUNICATION

- CHALLENGES
 - ✓ Clarity of instructions
 - ✓ Staffing
 - ✓ Inter-operability of EOCs with EMTs
 - ✓ Communication difficulties
 - ✓ Language barriers
 - ✓ Issues on radio transmission and internet connectivity



COMMAND, COORDINATION AND COMMUNICATION

LESSONS LEARNED

- Provide briefer/incident action plan, strengthen orientation and briefing
- Alternative procedures for delivery of data
- Additional staff complement
- Conduct communication exercise, alternative means of communication
- Orient teams on communication flow

EMT : PARTICIPANTS

- Gaps
 - Organization for treatment zone: 34%
 - Need for standard triage system: 27% START system, 64% used triage card.
 - Some EMTs has not understood EMT form.



EMT: TRAINING NEEDS

- Standard Operating Procedure for EMT e.g.
 - Triage system
 - Communication
 - Organize Treatment area.
 - Team structure and organization
- Introduction course for using EMT form (tabletop exercise)



PHEOC

- Not enough facilitators in PHEOC station, Security
- Communication problems between EMTs and PHEOC
- Identification of team member (mission) is not clear.
- Lesson: team briefing and Incident action plan before deployment.



Health Need Assessment (HNA)

- **Good point:**
 - Picture to describe situation
 - Facilitator and interpreter for each team
 - Interview and data collection guide from HNA form
- **Gap and lesson learned**
 - Communication and coordination: On site & EOC
 - Knowledge and skill for assessment and form used
 - Gapping of knowledge among ASEAN countries : Skill & Team management
 - Too much details of HNA form (complaining)

VIETNAM WORKING IN PROGRESS POST DRILL

- Significant changes in knowledge, training and education of disaster medicine, paying attention from functional organizations and orientation from MOH
- Setting plan for Emergency and Disaster Medical Center
- Setting coordination: International and internal EMTs in disaster health management
- Curriculum development for disaster medicine in medical university, nursing school
- Ready for the further drills

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CONCLUSIONS

- The drill was successful due to the direction of Ministry of Health and experts from Japan and Thailand, with plenty of lessons
- After the drill, significant changes in Vietnam for better preparation to deal with disaster

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THANK YOU FOR YOUR ATTENTION



9/07/2019

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ARCH in the Philippines




The 14th Asia Pacific Conference on Disaster Medicine
October 17, 2018 □ Kobe, Japan


1

The Philippines


The Philippines is prone to many hazards due to its geologic and geographic setting



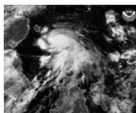
Earthquake




Tsunami




Volcanic eruption




Typhoon



Storm surge



Flood



Landslide

Source: PHEVOLCS


2

The Reality

WorldRiskIndex

Rank	Country	Risk (%)
1.	Vanuatu	36.28
2.	Tonga	29.33
3.	Philippines	26.70


- 3rd among the 171 countries in terms of disaster risk according to the 2016 World Risk Report
- In 2013 alone, 16 disasters hit the country, the most destructive of which is Typhoon Haiyan




3

A 7.2 magnitude earthquake in Metro Manila “The Big One”

- Metro Manila is the main business hub of the Philippines and the seat of the government
- Transacted by West (~ 90 km) and East Valley Fault (~ 10 km)
- Last major earthquake from the WVF is 1658
- Return period is about 200-400 years (1858 – 2058); active phase of the valley fault is approaching






4

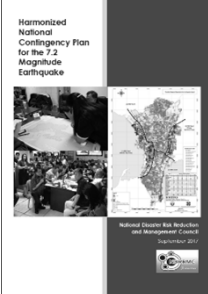
Impact of “The Big One”

- 35,000 people may die
- 115,000 would be injured
- 170,000 residential structures will collapse
- 500 fires may break out and spread
- 25% of the government buildings will be damaged
- Some Bridges may collapse
- Only 30% of human resource and equipment of Metro Manila can be mobilized for response
- Out of the 13,751 individuals with life-threatening injuries, only 8,628 may be accommodated in hospitals within Metro Manila. The rest must be transported to hospitals in other regions.




5

Harmonized National Contingency Plan



- NDRRMC’ Contingency Plan for the 7.2 magnitude earthquake scenario
- Pre-arranges response actions of regions in Luzon, Visayas and Mindanao to assist in earthquake-affected areas



6

The Final Regional Collaboration Drill

Primary

To examine the current draft regional collaboration mechanism on disaster health management and tools (developed through the ARCH Project)

Secondary

1. To test electronic reporting system for ISPEED
2. To refine EMT team operations at all levels in terms of the following:
 - a. Command and control
 - b. Coordination and collaboration
 - c. Communication



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SOP for coordination of EMTs in ASEAN

1. Request for assistance/Offer of assistance and registration of EMTs → Tabletop Exercise
 2. Mobilization of EMTs
 3. On-site operations of EMTs
 4. Health Needs Assessment
 5. Direction and coordination of assistance
 6. Periodic reporting/Daily Report
 7. Demobilization of assistance → Tabletop Exercise
 8. Reporting (Handover and exit phase) → Tabletop Exercise
- Field Exercise (encompassing steps 2 through 6)



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Summary of Programme of Activities

Date	Day	Activity
Dec 3	Monday	Introduction and Regional Collaboration Drill (RCD) - Tabletop Exercise
Dec 4	Tuesday	RCD - Field Exercise
Dec 5	Wednesday	RCD (continuation of Tabletop Exercise), Post-Incident Evaluation, and Gala Dinner
Dec 6	Thursday	Project Working Group 1 and 2 meeting
Dec 7	Friday	Regional Collaboration Committee meeting

In observance of **December 6** as the **National Health Emergency Preparedness Day** per Proclamation No. 705, series of 1995



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Participants of the activities

- 55 participants from the 10 ASEAN Member States and Japan, and about 20 participants for the meeting
- 100 actors to act as victims
- 150 facilitators, interpreters, medical staff and others
- 15 personnel from the ARCH Project Team
- 15 personnel from the Health Sector/DOH
- Members of the NDRRMC will be observers of the field exercise

Numbers may change depending on the confirmation of participants and final details of the activity



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Venue of the tabletop exercise

Dusit Thani Hotel
Makati City



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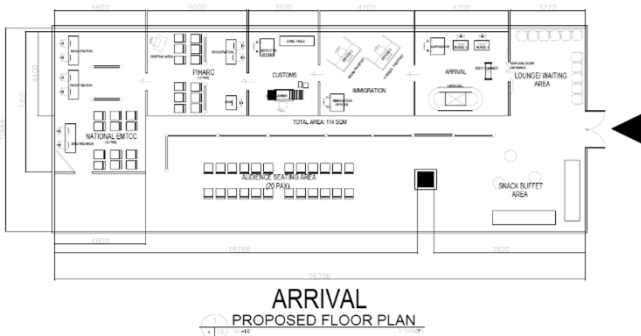
Tabletop exercise

- Presentation of the Philippine Disaster Risk Reduction and Management
- Hands-on exercise on iSPEED and communication
- Acceptance, arrival, and registration of EMTs
- Health Cluster and NDRRMC meeting
- Demobilization of assistance



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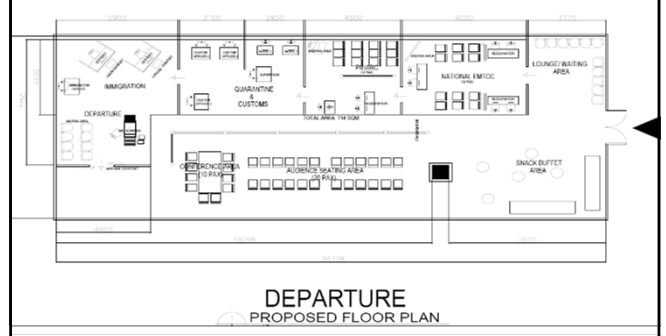
Layout for the Tabletop Exercise



13

3rd ARCH Project RCD :: Philippines :: 201

Layout for the Tabletop Exercise



14

3rd ARCH Project RCD :: Philippines :: 201

Venue of the field exercise

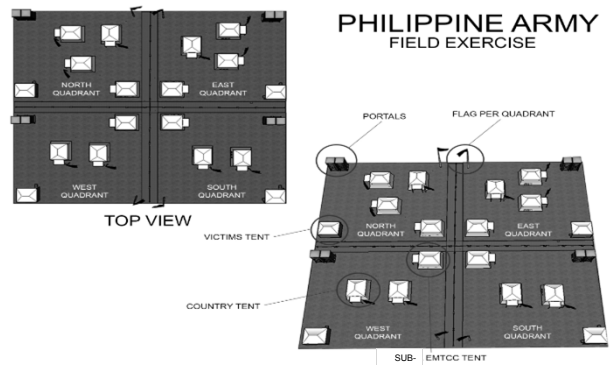
Philippine Army Grandstand
Taguig City



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3rd ARCH Project RCD :: Philippines :: 201

Layout for the Field Exercise



Field exercise

- Two (2) waves of patient care, including preparation of report
- Health Needs Assessment
- Three (3) Emergency Medical Team Coordinating Cell meetings



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3rd ARCH Project RCD :: Philippines :: 201

Benefits to the Philippines

- Current effort of the Philippines in organizing the Philippine Emergency Medical Teams according to the WHO standards
- Good opportunity for the members of the Philippine EMT to learn from other AMS and from the ARCH Expert Team as well



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3rd ARCH Project RCD :: Philippines :: 201

Benefits to the Philippines

- Contributes to the National Contingency Plan for The Big One (7.2 magnitude earthquake in NCR and nearby provinces)
- Further enhance the inter-agency collaboration and coordination both at the National and International Response Operation activities



#ARCHinPHL

For more information:

Health Emergency Management Bureau


Hotline: +6327111001, +6327111002

Mobile numbers: +6329157765261


Email address: hembdiroffice@gmail.com

Website: www.hems.doh.gov.ph

5. Dr. Soichiro Kai



APCDM2018
Oct. 17th, 2018



Quality Assurance and Capacity Building of
Emergency Medical Teams (EMTs)

Recent trends and future challenges in ASEAN region

Soichiro Kai, MD

The Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project)
Hyogo Emergency Medical Center, Kobe, Japan

Challenges of EMTs

- Varying capacities
- Lack of coordination
- Lack of national capacity to receive and manage EMTs

Gaps

International standards

- Foreign Field Hospitals and Sphere minimum standards insufficient

Process for **registration** and **authorization** on arrival

Awareness of the minimum standards

Monitoring, reporting, quality assurance

Haiti Earthquake 2010
© LISANDRO SUERO, AFP/GETTY IMAGES



Expand Global/Regional
Coordination and Partnerships



Deliver Response
Coordination and in field
Quality Assurance



Set Standards, Collect
Best Practices and SOPs
and Create Knowledge Hub



28-30 Nov 2016, EMT Global Meeting 2016 in Hong Kong





Provide Quality Assurance
and Classification




Implement Capacity
Building and Training





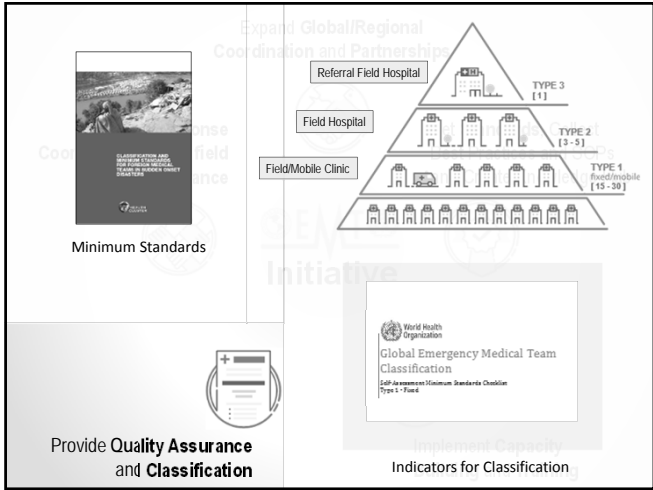
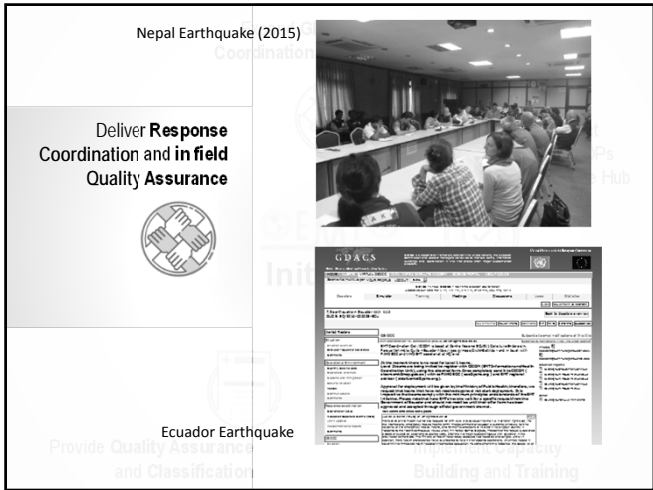



Set Standards, Collect
Best Practices and SOPs
and Create Knowledge Hub



“ The term **EMT** refers to **groups of health professionals** providing **direct clinical care** to populations affected by disasters or outbreaks and emergencies as **surge capacity** to support the local health system ”

Both National and International,
Governmental and Non-governmental, Civilian and Military



Global EMT Classification (2015-)

Quality Assurance
by **External Review, Peer Review**
with **Mentorship Program**

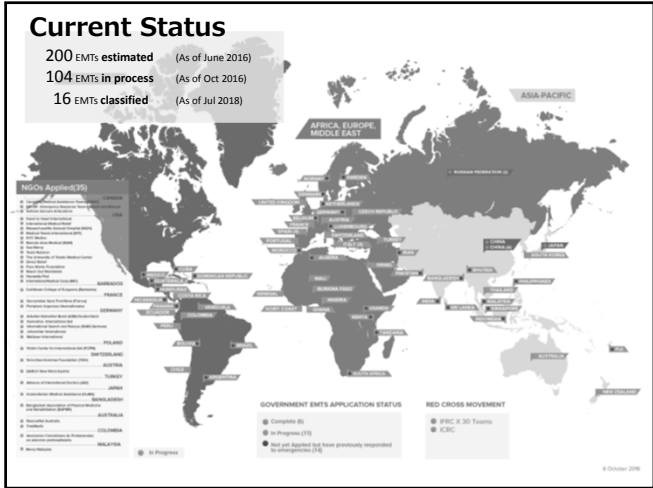
Verification Valid for **5** years

- Application
- Mentorship Program
- Documentary Evidence
- Mentor Consultative Site Visit
- Verification Visit

Re-Verification every **5** years
by **3** ways

- Global Mentor Review and Site Visit
- EMT Secretariat endorsed Int'l field exercise
- Field Quality Assurance Site Visit

Provide **Quality Assurance** and **Classification**



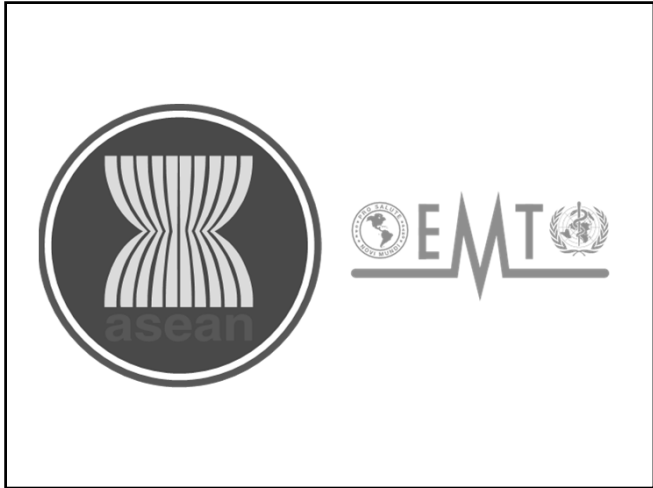
Global EMT Classification

AUSMAT said
It's not as EASY
as eating an elephant

Q: **HOW DO YOU EAT AN ELEPHANT?**

Documentary Evidence package (HuMA)

Provide **Quality Assurance** and **Classification**

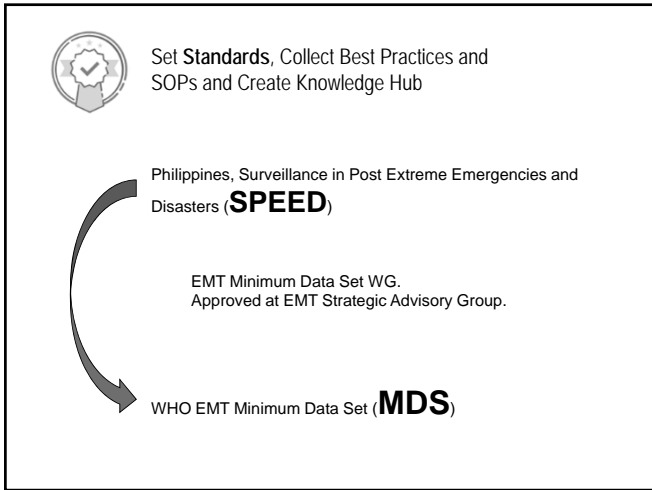


Regional Coordination and Partnerships

21-22 November 2017, Canberra, Australia

5-6 June 2018, New Delhi, India

Regional Consultation on Strengthening of Emergency Medical Teams



Implement Capacity Building and Training

ARCH Project
Regional collaboration drill
(Thailand, Viet Nam, Philippines)

11-13 Sep. 2017 Regional INSARAG EMT SIMEX 2017-Earthquake Response Exercise, Malaysia

Deliver Response Coordination and in field Quality Assurance

Typhoon Haiyan in Philippines (2013)

FMT Time Series

M 7.7 Earthquake in Indonesia (2018)

EMT Coordination Cell (EMTCC)

Situation
WHO EMT Secretariat on 7-Oct-2018 22:57

The Ministry of Health (MOH) Center for Health Crisis of Indonesia has just informed that, so far, the already deployed national EMTs can handle and manage the situation. Should additional needs arise, the MOH will inform the international EMT community.

International EMTs are encouraged to continue to monitor the situation, in case the need for additional deployment arises and they are accepted by the Government of Indonesia. However, for the time being, there are no further needs and **teams should not deploy without specific acceptance.**

RESPONSE: 855 medical personnel is on the ground, including doctors, specialists, midwives, nurses, anesthetists, nutritionists, pharmacists, and paramedic personnel, including 28 national EMTs comprising 480 personnel. 2 ships (equal to two 3-EMTs) from Surabaya and also have joined the medical...

Current Status

200 EMTs **estimated** (As of June 2016)
104 EMTs **in process** (As of Oct 2016)
16 EMTs **classified** (As of Jul 2018)

Provide Quality Assurance and Classification

Classified Teams by WHO Region

Region	Government	Non-Government
Europe		
Africa		
The Eastern Mediterranean		
The Western Pacific		
South-East Asia		
The Americas		

ASEAN Region

Provide Quality Assurance and Classification

Health Emergency Management Bureau of the Department of Health

Thailand Medical Emergency Response Team (MERT)

Muhammadiyah Disaster Management Centre (MDMC)

Mercy Malaysia

No Classified EMT
2 governmental and 2 non-governmental EMTs in 4 countries are in process of EMT Classification

<https://iabs.enablingdimensions.com/emt/emt-map>, Accessed on May 24th, 2018

ASEAN Region

4 Type 1 EMTs (still in progress) are enough?

National EMT capacity is enough and so no need for International EMT?

No ASEAN is disaster-prone area
National EMT capacity building is under way
Still need for I-EMT for mutual assistance

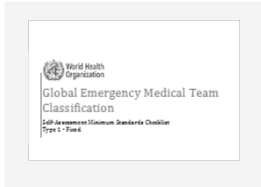
Is it difficult for ASEAN member states to meet EMT minimum standards?

Preliminary survey

Is it difficult for EMTs of ASEAN Member States to meet EMT minimum standards?

Method: **Questionnaire**

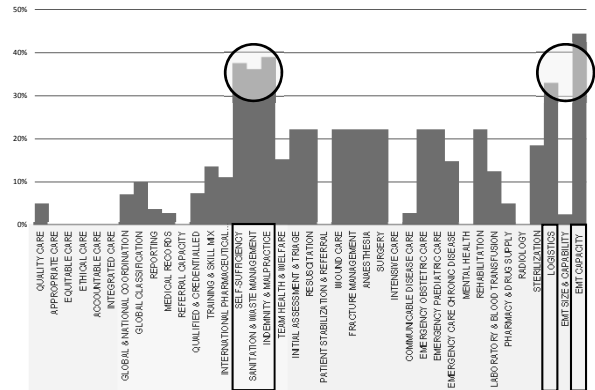
Items were extracted from minimum standard self-assessment checklist for Type 1 fixed EMT



At the Third ASEAN Member States (AMS) Training for ARCH Project 28-31 May 2018, Bangkok, Thailand.

Result

Themes that are **difficult to achieve**



Is it difficult for EMTs of ASEAN Member States to meet EMT minimum standards?

Yes

The most difficult themes were

1. EMT Capacity
2. Indemnity & Malpractice
3. Self-sufficiency
4. Sanitation & Waste Management
5. Logistics

in **Logistics**

Logistics may be challenges for regional deployment of EMTs in ASEAN.



Summary and way forward

ASEAN is disaster-prone area.

N-EMT capacity building is important, but it's under way.

There is a need of I-EMT for regional mutual assistance.

ASEAN and AMS are well-working with **global quality assurance movement** led by WHO EMT Initiative.

The preliminary survey suggested that EMTs in AMS have **difficulties** in meeting WHO's EMT minimum standard especially in logistic area.

Is it mandatory?



Optional (not mandatory)

Some countries may require global-classified status

What is the benefits?

easier invitation to be deployed

an expedited registration process

access to logistic support

on-site guidance

increased confidence for donors funding classified EMTs

(from EMT Coordination Handbook)

Easier invitation and Faster Registration

Not only global-classified, But all registered EMTs can have

Is it cost?

No Exam fee

Surveyors travel expenses: Covered by WHO

In many cases, have to **procure additional equipment or services** to meet the criteria

Full equipment may cost 20,000 USD

Do you recommend?

Definitely recommend

Best way to achieve better quality!

Develop capacity using **EMT guideline** and **self-assessment checklist**

Many **global/regional networking opportunities**

Learn and discuss with EMT mentors and peer EMTs

Why did you apply?

PROACTIVE STANCE

Because **some** countries **require global-classified status** for International EMTs. And more countries may follow the way in the future.

Discussions



How self-sufficient is too self-sufficient?

Balance between self-sufficiency and weight/volume

No-regret policy and many backup plans

Airport capacity may be limited

Any regional context and solutions?

Global indicators are not always good

Idea of same-standard-different-indicator

Various activities of EMTs

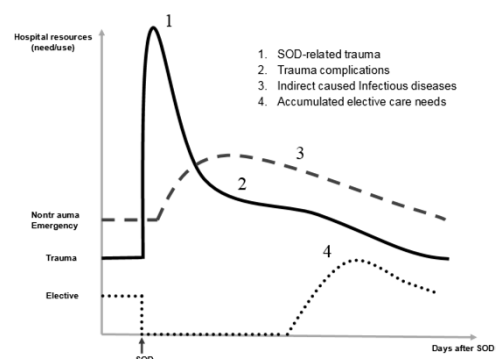
Primary medical care
Hospital care
General surgical care and Anesthesia
Intensive care
Pre-hospital transport care
Maternal Child Health
Midwifery & Obstetric care
Paediatric care
Neonatal Intensive care
Surgical Specialty care
General & Orthopaedic
Burns
Plastics & Reconstruction
Spinal injury

Dialysis care
Rehabilitation care
CBRN decontamination & treatment
Infectious Isolation & Outbreak care
Medevac Repatriation care
Logistical support to Health facilities
Psychosocial support

etc...

EMTs can provide various activities. But they must be needs-based, well-coordinated and with adequate quality.

EMTs are classified by the WHO guideline as Type 1, 2, 3 and Specialist Team.



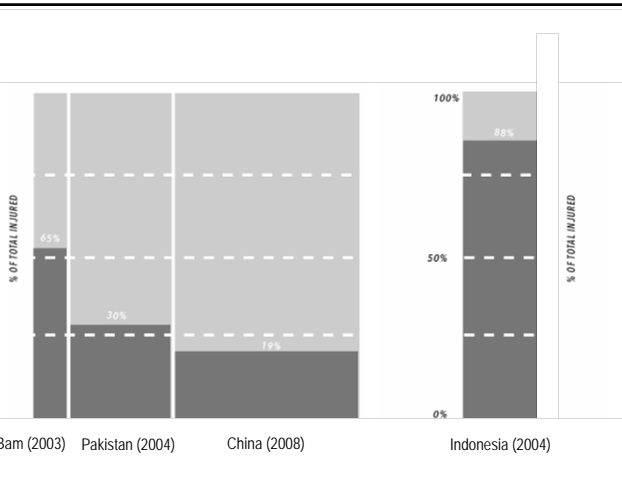
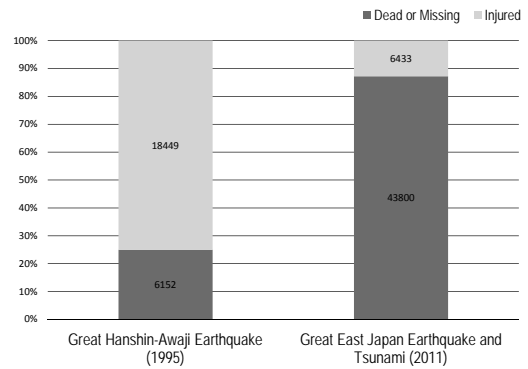
Conceptual model for the variation over time of needs/use of hospital resources for non-trauma emergencies, trauma complications and elective surgery before and following a SOD (Sudden-Onset Disasters)

Von Schreeb, J. et al. Foreign field hospitals in the recent sudden onset disasters in Iran, Haiti, Indonesia, and Pakistan. Prehosp Disaster Med 2008 Mar-April; 23 (2):144-51.

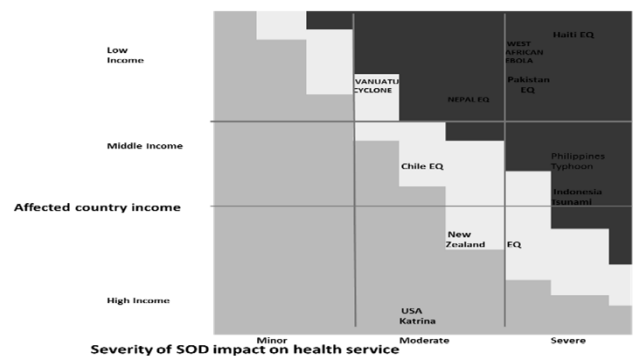
Effect	Earthquakes	Strong Winds	Tsunamis and Flash floods	Ordinary Floods	Landslides	Volcanic and Lava Activity
Loss of lives	High	Low	High	Low	High	High
Severe injuries requiring complex treatment	High	Moderate	LOW	LOW	LOW	LOW
Major risk of communicable diseases	Potential risk following all significant phenomena (Likelihood increases with crowding and the degradation of sanitary conditions)					
Damage to health facilities	Severe (structure and equipment)	Severe	Severe but localized	Severe (equipment only)	Severe but localized	Severe (structure and equipment)
Damage to water supply systems	Severe	Light	Severe	Light	Severe but localized	Severe
Food scarcity	Infrequent (generally caused by economic or logistical factors)	Common	Common	Common	Infrequent	Infrequent
Large migrations	Infrequent (common in severely affected urban areas)	Common (Generally limited)				

Expected Effects of Natural Disaster

(PAHO. Natural Disaster: Protecting the public's health. Washington, DC: PAHO, 2000)



“Need” for EMT's in relation to country income and SOD severity



Background

Lessons from recent disasters :

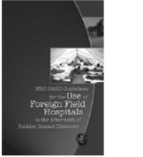
- Asia 2004, Pakistan 2005, Haiti 2010, Philippines 2013/4, Nepal 2015

EMT Response Issues

- Varying capacities
- Lack of coordination
- Lack of national capacity to receive and manage EMTs

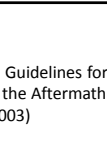
Gaps

- International standards – Foreign Field Hospitals and Sphere minimum standards insufficient
- Process for registration and authorization on arrival
- Awareness of EMTs/ad hoc medical groups of the minimum standards required
- Monitoring, reporting, quality assurance



PAHO/WHO Guidelines for the Use of Foreign Field Hospitals in the Aftermath of Sudden-Impact Disasters (2003)

↓



Classification and Minimum standards for Foreign medical teams in sudden onset disasters (2013)

Update for 2nd ed. in process

EMTs include

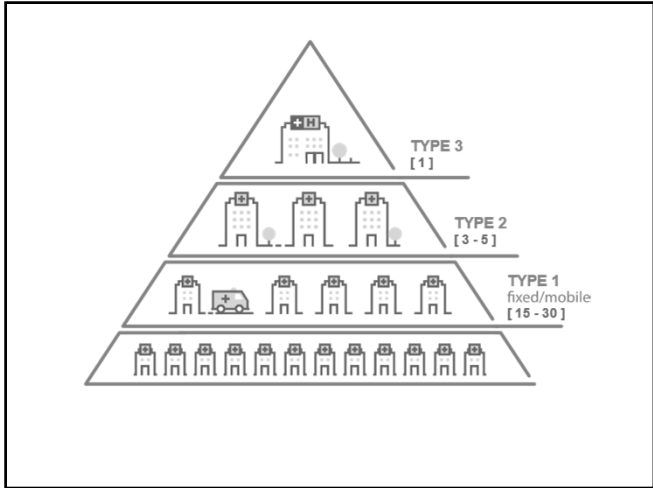
- Governmental teams
 - Civilian
 - military
- Non-governmental teams

Note:

- The definition seeks to apply to everyone from the very small groups of medical personnel arriving with a back pack after watching CNN to the large professional teams from IFRC, MSF and some Governments.
- It can apply to teams with or without Field Hospitals, an important change from previous PAHO guidelines. It describes the services and people more than the facilities that they may or may not bring.

EMT Classification

Type	Description	Capacity
1 Mobile	Mobile outpatient teams - remote area access teams for the smallest communities	>50 outpatients a day
1 Fixed	Outpatient facilities +/- tented structure	>100 outpatients a day
2	Inpatient facilities with surgery	>100 outpatients and 20 inpatients 7 major or 15 minor surgeries daily
3	Referral level care, inpatient facilities, surgery and high dependency	>100 outpatients and 40 inpatients Including 4-6 intensive care beds 15 major or 30 minor surgeries daily
Specialist Team (e.g. rehab, surgical, paediatric, infectious disease etc.)	Teams that can join national facilities or EMTs to provide supplementary specialist care services	Any direct patient care related service can be termed a specialist cell EMT when given in emergency response by international providers/clinicians



- ### EMT Core Standards
- Agree to register with the relevant national authority or lead international agency on arrival and collaborate with inter-agency response coordination mechanisms at global, national and sub-national levels, as well as with other EMTs and health systems.
 - Will undertake to report on arrival what type, capacity and services they can offer based on the international EMT classification system
 - Will undertake to report at regular intervals during response, and prior to departure, to the national authorities and the cluster, using national reporting formats, or if not available, the agreed international reporting format.
 - Will undertake to keep confidential records of interventions, clinical monitoring and possible complications.
 - Will undertake for the individual patient, to have record of treatment performed and referral for follow-up planned as needed.
 - Will undertake to be part of the wider health referral system, and depending on type, offer to accept or refer or both accept and refer patients to other EMTs, the national health system or, if approved, other countries.
 - EMTs will adhere to professional guidelines: all their staff must be registered to practice in home country and have licence for the work they are assigned to by the agency.

- ### EMT Core Standards
- EMTs will ensure that all their staff are specialists in their field, appropriately trained in either war or sudden onset disaster surgical injury management. The majority should be experienced in global health, disaster medicine and providing care in austere environments. Acknowledging the need to train and provide experience to new staff, there may be scope for junior and inexperienced staff in the later phase of a disaster response and working under direct supervision of experienced colleagues.
 - EMTs will ensure that all pharmaceutical products and equipment they bring complies with international quality standards and drug donation guidelines. http://www.who.int/medicines/publications/med_donationsguide2011/en/index.html
 - EMTs are self sufficient and not put demand on logistic support from the affected country, unless agreed otherwise before deployment.
 - EMTs comply with minimum hygiene and sanitation standards, including adequate management of medical waste.
 - EMTs must ensure the team and individuals are covered by adequate malpractice insurance, and have a mechanism to deal with complaints and allegations of malpractice.
 - EMTs must have arrangements in place for the care of their team members health and safety.

Minimum Standards – what benefit?


- **Core standards**

- Self sufficiency means less burden on the affected ministry and population
- Teams are registered and trained, making authorisation to practice easier
- Registration & Coordination: principle needs - coverage


- **Technical Standards for type of team**

- Surgical - Performance of surgery in non-surgical facilities is unsafe and unacceptable *(even in disaster, if by those who have just arrived specifically to help in a disaster)*
- Anaesthetic - safe anaesthesia and pain relief: a basic human right
- Logistics (team and field facility) - teams deserve a safe deployment and to not suffer injury or illness during their mission

6. Dr. Maria Suleiman



Malaysian Field Hospital, Cox's Bazar, Bangladesh



FIELD HOSPITAL MALAYSIA

Dr. Maria Suleiman, Dr. Badrul Hisham Bin Abd. Samad, Mr. (Dr.) Yuzaidi Bin Mohamad, Miss (Dr.) Asma' Binti Razak, **Dr. Khairi Bin Kassim**, **Dr. Kasuadi Bin Hussin**, et. al.

Content

- Introduction
- Planning & Preparation
 - Meeting
 - Recce Team
 - Procurement equipment and supplies
 - Training
 - Set-up
 - Run Dry
 - Predeploying
 - Departure of team
- MFH Services
- Patient Statistic
- Challenges
- Conclusion

BACKGROUND

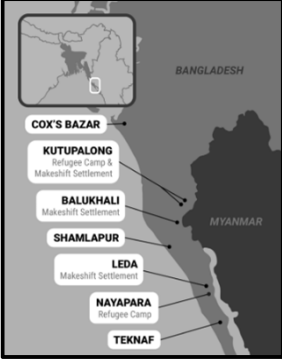
- In September 2017, **MOH Malaysia**, with Malaysian Armed Forces & NGOs, was mandated by the Malaysian Cabinet to set-up and operationalise Malaysian Field Hospital (MFH) in Cox's Bazar (CXB), Bangladesh (BD)



Distance 2,490 km

BACKGROUND

- This mission was executed in response to the call to provide health care services to displaced Rohingya refugees
- Objective to reduce morbidity and mortality
- Plan, preparation, set-up & operations of the field hospital was coordinated by Crisis Preparedness and Response Centre (CPRC)



MEETINGS

- Subsequently, coordination, technical and working group meetings were conducted to materialise this mission:-
 - MFH Deployment Coordination Meeting chaired by MOH DG on 21 September 2017
 - MFH Technical Meeting chaired by Director of Disease Control Division
 - MFH Working Group Meeting chaired by Deputy Director of Disease Control (Surveillance)



RECCE TEAM

- Recce Team consists of representatives from Malaysian Armed Forces (MAF), MOH and National Security Council (NSC) were sent twice to BD
 - ☐ 2 – 4 October 2017
 - ☐ 7 – 13 November 2017
- To identify suitable site for MFH, personnel accommodation and logistics needs i.e. electricity, water, fuel supply etc.



DEPLOYMENT

No.	Designation	1 st Team	2 nd Team	3 rd Team	Total
1	Specialists				
	General Surgeon	4	2	2	8
	Anaesthetist	2	2	2	6
	Physician	0	3	1	4
	Emergency Physician	1	1	2	4
	Obstetrician & Gynaecologist	2	2	2	6
	Paediatrician	2	1	1	4
	Orthopaedic Surgeon	2	2	1	5
	Psychiatrist	1	1	1	3
	Public Health Physician	1	1	1	3
2	Medical Officer	5	5	6	16
3	Pharmacist	2	2	2	6
4	Paramedics				
	Nurse (Matron, Sister, Staff Nurse)	12	13	18	43
	Assistant Medical Officer	7	6	1	14
5	Assistant Environmental Health Officer	1	1	1	3
6	Medical Laboratory Technologist	1	1	1	3
7	Radiographer	1	1	1	3
8	Logistician (MAF)	11	11	11	11
9	NGO volunteer	1	1	1	1
	TOTAL	56	56	56	143

Procurement of Equipment and Supplies

- Medical equipment, non medical & supplies were identified and acquired in compliance with the financial procedure



WHO CLASSIFICATION

- MFH in CXB is a Field Hospital (FH) **Type II**, with additional services and specialised care
- WHO classification of FH:-
 - Type I : Outpatient Emergency Care
 - Type II: Inpatient Surgical Emergency Care
 - Type III: Inpatient Referral Care
 - Additional Specialised Care: Additional specialised care cells within Type II, III or a local hospital

Clinical Services

- 01 // Emergency Medicine.
- 02 // Anaesthetics Services.
- 03 // General and Acute Surgical Services.
- 04 // General Orthopaedics Surgery.
- 05 // General Paediatrics Surgery.
- 06 // Obstetrics & Gynaecological services.
- 07 // General Medicine.
- 08 // Postoperative Anaesthesia Care Unit (PACU).
- 09 // General Paediatrics.
- 10 // Radiology (plain X-ray).
- 11 // Basic laboratory services (haematology, biochemistry, basic serology).
- 12 // Forward Medical Team.

Referral Hospital

- Operation hours: 9AM-4PM.
- Visiting hours: 12-1PM & 2-4PM.
- Closed for maintenance: Friday.
- 24 hours emergency services.
- Please call before referring.
- Ambulance for emergency only.
- No transportation services.

Ubhiya, Cox's Bazar, Bangladesh.
Cox's Bazar - Teknaf Highway.
• 20m from Ubhiya Army Coordination Cell.
• 400m from Degree College.
• 21°14'47"N 92°03'14"E.

Referral & Emergency: (+880) 018 5656 0456
Head of Forward Medical Team: Dr Bryan F (+880) 018 5656 2404
Senior Field Officer: Ash F (+880) 018 05 15 4460

ARPA TENTS

- MFH is using ARPA type with 36 tents arranged and linked together, Supported by:-
 - Two generators
 - One water filtration system with two water bladders (10,000 litres capacity for each bladder). Another bladder for sewerage
 - 50 foldable beds
 - One operating theatre (OT)
 - Two external air-condition system



SET UP TRAINING

- Held at Tuanku Mizan Armed Forces Hospital on 5 October 2017
- Familiarise with ARPA tents – each bay measuring 8' length x 20' width



DRY RUN TRAINING

- Held at Tuanku Mizan Armed Forces Hospital from 30 October 2017 until 2 November 2017
- Visit by YAB Prime Minister of Malaysia



PRE-DEPLOYMENT TRAINING

- Held 4 session – 25 October 2017, 16 November 2017, 13 December 2017 & 28 December 2017
- Medical screening
- Mental Health screening
- Briefing on MFH
- Vaccination
 - Typhoid
 - Influenza
 - Hepatitis A & B
 - DTaP
 - Cholera
- Vector control
 - Malarial prophylaxis
 - Mosquito repellent



SET UP TEAM DEPARTURE (on 20 November 2017)



MFH TEAM DEPARTURES (starting 26 November 2017)



Departure & Arrival

No.	Team	Date of Departure	Date of Arrival
1.	Set-up	20 November 2017	29 November 2017
		21 November 2017	1 December 2017
		22 November 2017	
2.	First Team	26 November 2017	12 December 2017
		10 December 2017	24 December 2017
			25 December 2017
			26 December 2017
3.	Second Team	22 December 2017	9 January 2018
		23 December 2017	22 January 2018
		24 December 2017	23 January 2018
		7 January 2018	24 January 2018
4.	Third Team	19 January 2018	6 February 2018
		20 January 2018	18 February 2018
		21 January 2018	28 February 2018
		4 February 2018	

MASKARGO FLIGHT (on 21 November 2017)

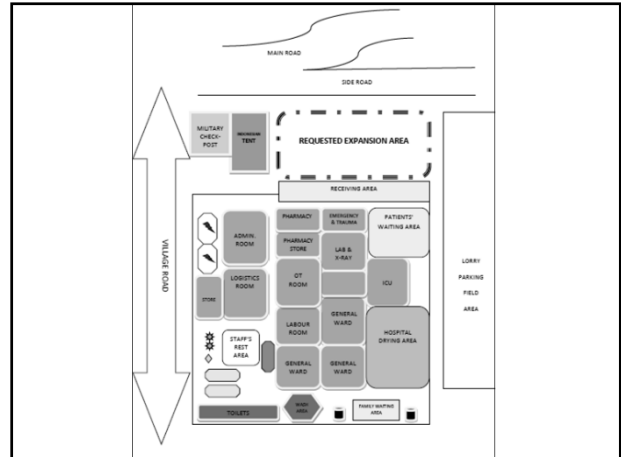
Transportation of equipment & supplies



SETTING UP MFH TENTS & FACILITIES



SETTING UP MFH TENTS & FACILITIES



WASH (Water, Sanitation & Hygiene)

Water Supply

- Sourced from tube well
- Using Jernih water treatment system
- Treated water for external use on patients
- Untreated water for wash and toilet usage
- Regular water quality tests were conducted
- Drinking water via sealed mineral water bottles only



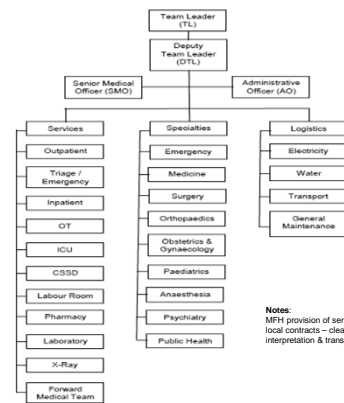
Provision of Basic Amenities (tube well, toilet, taps, drainage system)



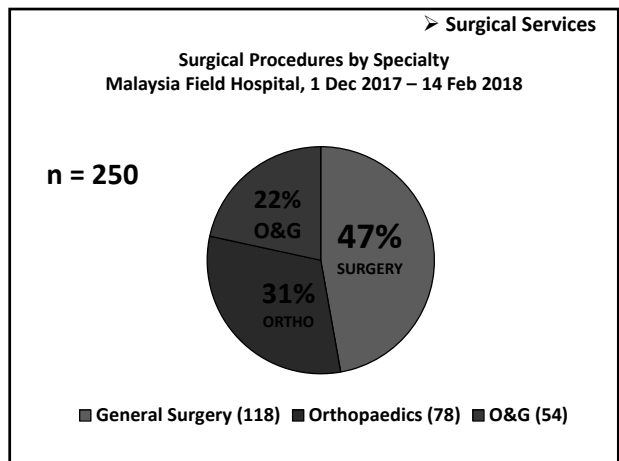
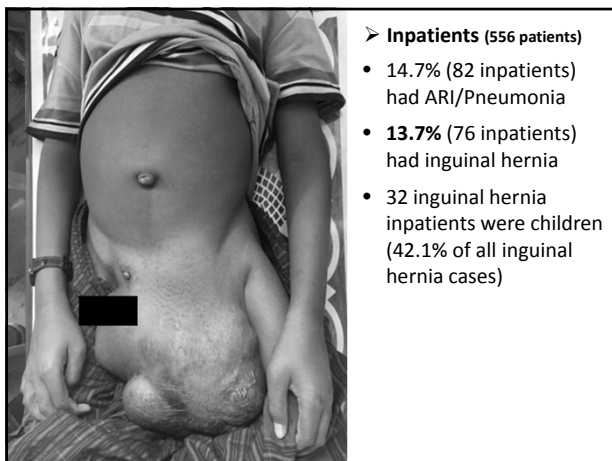
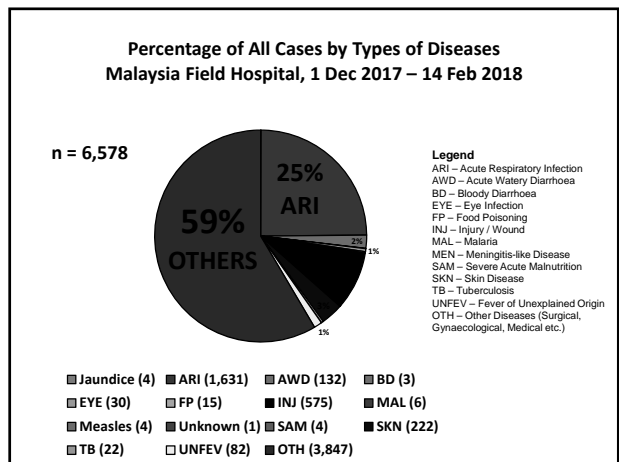
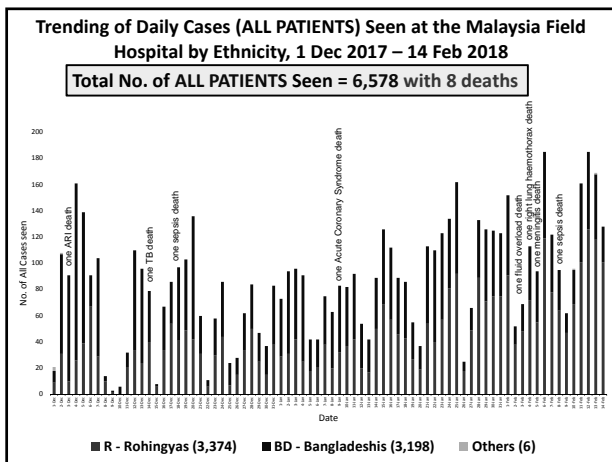
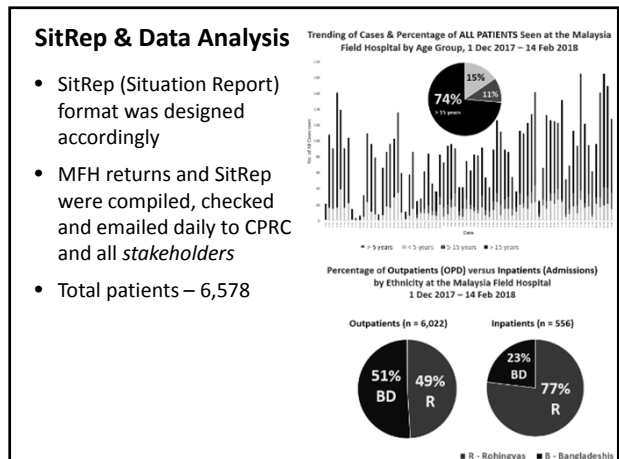
ELECTRICITY

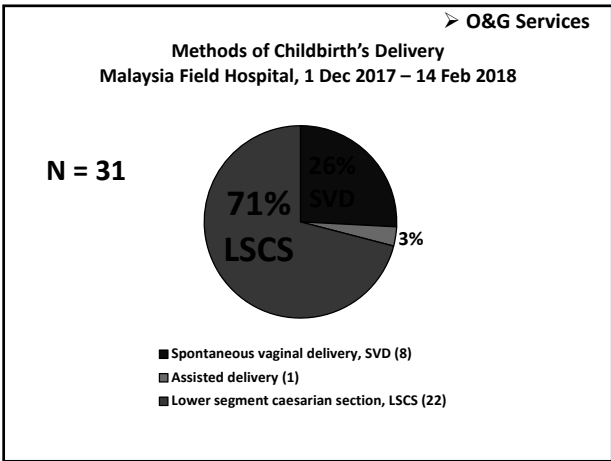


MFH ORGANISATIONAL STRUCTURE



Notes:
MFH provision of services by local contractors – clearing, interpretation & transportation





➤ Public Health Services

• Sharps & Solid Waste Disposal

- Incineration on sharps was conducted on every Thursday at the International Organisation for Migration (IOM) Logistics Base located about 500 metres away from MFH
- Whereas, solid waste was collected from all MFH units everyday at 3.00 pm and burned using two iron barrels under supervision by AEHO

Control on Vector & *Lilati* (*Lipas, Lalat, Tikus – Cockroach, Flies & Rat*)

- Both Public Health Specialist & AEHO 'hands on' in executing public health activities
- Preventive and control measures done within and around MFH perimeter
- Larvaciding
- Fogging



Water Quality Testing



Prevention & Control on Communicable Diseases

- MFH was not meant to treat infectious disease cases
- Patients would be stabilized and given necessary immediate treatment before being transferred out to:-
 - MSF Field Hospital for Diphtheria
 - IFRC Field Hospital for Measles
 - BRAC Bangladesh for TB & Malaria



EWARS (Early Warning System)

- Two workshops on Early Warning System (EWARS) were conducted by WHO
- To notify weekly (routine) and immediate (eg. outbreak) EWARS reporting to WHO based in CXB via online



FIELD HOSPITAL MALAYSIA									
Demography of All Patients Seen at the Malaysia Field Hospital									
Gender	Male	Female	Total	% Male	% Female	% Total	Age	0-14	15-64
Number									
Percentage									
Morbidity									
Mortality									
Total									

Demography of All Patients Seen at the Malaysia Field Hospital									
Age	0-14	15-64	65+	% 0-14	% 15-64	% 65+	Sex	Male	Female
Number									
Percentage									
Morbidity									
Mortality									
Total									

Logistical Support

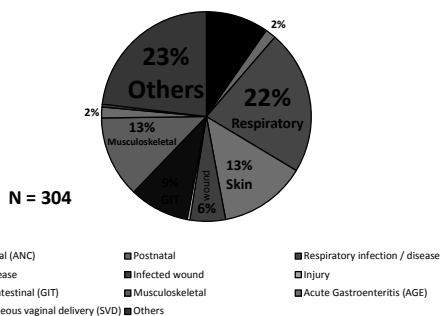


Forward Medical Team (FMT) Services



➤ Forward Medical Team (FMT) Services

FMT Patients Seen by Types of Diseases



Challenges

- Administrative
 - Tight budget
 - Non Delivery of orders
- Operational
 - Securing land for MFH
 - Delay in Cargo delivery
 - Distance access to MFH
- Clinical
 - Language barrier
 - Religion & culture sensitivity
 - Referral dilemma

Challenges

- Pharmaceutical
 - Stranded medical supplies at Dhaka Airport (BD claimed incomplete document though required documents were produced)
 - Poor domestic logistic services – procurement of local medical supplies took about 3 weeks
- Public Health
 - Insufficient manpower
 - Slow progress of constructing tube well and toilets by local contractors

Conclusion

- MFH – very first MFH constructed & manage by MOH Malaysia
- MOH went global in effort & approach to improve human health & well-being through this mission
- Successful embarkation strategic partnership with other agencies, NGO's, International organization
- MOH Malaysia proud of its MFH in Cox's Bazar Bangladesh
- Services continued by the Malaysian Armed Forces.



Dono Bhat!

7. Dr. Arifin Sudirman Maraudin

INTERNATIONAL DEPLOYMENT OF EMERGENCY MEDICAL TEAM

Arifin
INDONESIA

OUTLINE

- Lesson Learnt
- How to Meet the Standard

LESSON LEARNT

EXPERIENCE

- 2004, Earthquake, Bam Iran
- 2008, Earthquake, Sichuan, China
- 2008, Cyclone Nargis, Myanmar
- 2010, Flood, Pakistan
- 2010, Earthquake, Haiti (cancelled)
- 2011, Dengue Fever Outbreak, Pakistan
- 2015, Earthquake, Nepal
- NGO's ?



MISSION TO MYANMAR 2008



ARRIVAL AND REGISTRY



ON SITE ASSESMENT AND SET UP



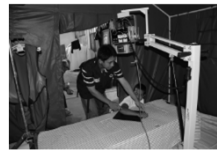
WATER AND ELECTRICITY



FOOD SUPPLY



HOSPITAL SERVICE



HOSPITAL SERVICE



HOSPITAL SERVICE



LOGISTIC



SANITATION AND HYGIENE



SUPPORTING FACILITIES



PARTNERSHIP



LEISURE TIME



EVALUATION



RE-PACKING



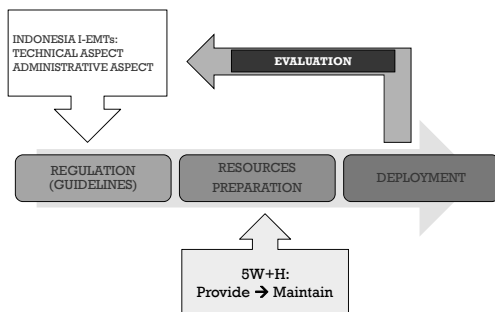
READY TO LEAVE



POINTS TO OBSERVE

- Not all International Deployment of EMTs conducted based on appropriate assessment
- Preparation for International Deployment of EMTs mostly started on emergency phase
- Increasing of Resources Capacity to build EMTs
- Data management, reporting and evaluation should be a key to determine mission follow up
- Authorization mechanism for International Deployment of EMTs has been changed

HOW TO MEET THE STANDARD ???



GUIDELINES



INDONESIA EMT GUIDELINES

Still on drafting
Finalised on 2019

PREPARATION
(PROVIDE → MAINTAIN)

- What → International EMT (personil, equipment, logistics etc)
- Who → NDMA, Ministry of Health, Other related ministry/agency, NGO
- When → Preparedness phase
- Where → Capital City, other big cities
- How → Develop SOPs

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8. Dr. Kanin Keeratipongpaiboon and Mr. Yosuke Takada

Health Needs Assessment

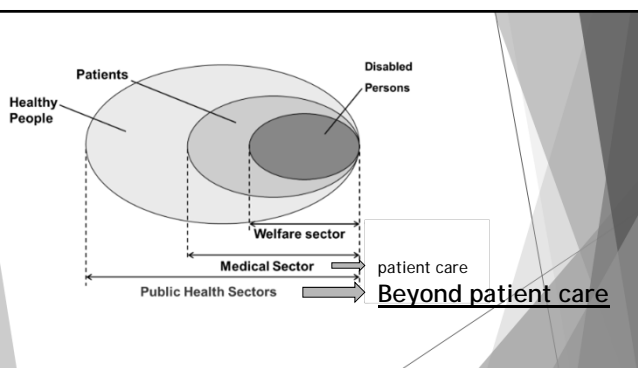
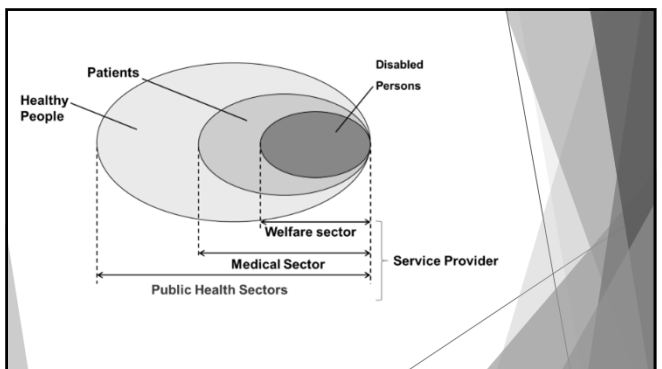
Kanin Keeratipongpaiboon, Md.
Yosuke Takada, RN, PHN, MSc

Background of Develop the Health Needs Assessment tool

- ▶ Through the start-up regional collaboration drill in ASEAN, all participants realized the need for a standardized assessment tool, because there was NO common/standard assessment form in ASEAN countries.
- ▶ This is an opportunity to create HNA tool.



- ▶ To collect primary data
 - ▶ Identify the vital needs of the affected population
 - ▶ Define the needs based response
- ▶ The information from HNA can be useful to
 - ▶ Mitigate the crisis impacts
 - ▶ Precaution for potential health risks
 - ▶ The relevant information can be shared with the local authority and other clusters/sectors for coordinated action
- ▶ Primary user:
 - ▶ Emergency Medical Teams (EMT)

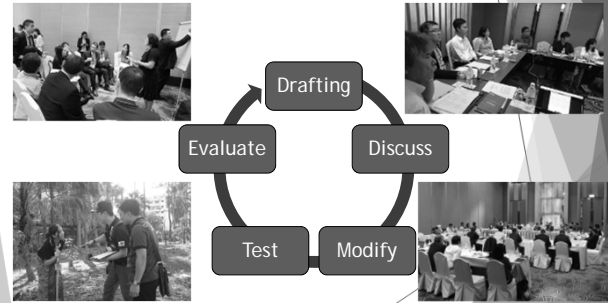


- ▶ Consensus among AMS on HNA by EMTs
 - ▶ The main role of EMTs is to provide medical services so that conducting HNA is not compulsory
 - ▶ HNA can be one of the options for EMTs
 - ▶ EMTs shall conduct HNA only if/when they have capacity (time, personnel and skills) and depending on the needs and decision of the local authority or the receiving country
- ▶ Intended Timing of Conducting HNA
 - ▶ EMTs may conduct HNA at any critical time of the disaster as required and/or requested by a local authority (e.g. PHEOC)

ARCH project's Health Need Assessment form

- ▶ Project working group member agreement
- ▶ Test for 3 time exercise and success for collect data
 - ▶ Jan 2017
 - ▶ July 2017
 - ▶ March 2018
- ▶ Training in Thailand for 5 times and success for use

Discussed and Agreed among ASEAN members



ARCH project's Health Need Assessment form

- ▶ **Health Need Assessment form**
 - Kind of an interview guide for collect information
 - Raw data for summary and analysis then fill out **HNA Summary Report**
- ▶ **Health Needs Assessment Summary Report**
 - Summary form to send back concerned authority (e.g. EMTCC, PHEOC, MOH)
 - Identify the critical area for support and situation of area

Health Need Assessment Form

- ▶ General information of Site/Shelter
 - Access and security
- ▶ Overall Situation of the Site/Shelter
 1. Disaster Situation on Population and Health Needs
 - Include mental health psychosocial support needs
 2. Public Health
 - WASH (Water, Sanitation and Hygiene)
 - Food Security
 - Nutrition
 3. Health Facilities and Services

HNA Summary Report

- ▶ **Critical area for Support**
 - Health
 - WASH: Water, Sanitation and Hygiene
 - Food security
 - Nutrition
 - Shelter

Regional Collaboration Dill



Regional Collaboration Dill



Training in Thailand



Training in Thailand



ARCH project's Health Need Assessment form

- ▶ Standard form for ASEAN
- ▶ ARCH assessment form can beyond patient care and cover all public health people


Point of improvement and Capacity building

- ▶ Point of improvement:
 - ▶ Knowledge and skill for assessment and form utilization
 - ▶ Gapping of knowledge between each country
 - Skill
 - Team management
- ▶ Capacity building:
 - ▶ Knowledge and skill for assessment and form utilization
 - ▶ Understand about role and responsibility of EMT for assessment

Thank you

9. Dr. Ferdinal Moreno Fernando

ASEAN Health Cooperation on Disaster Health Management



Addressing Potential Challenges or Gaps in ASEAN in Meeting the WHO EMT Minimum Standards through the ARCH Project

14th Asia Pacific Conference on Disaster Medicine / 16-18 October 2018 / Kobe, Hyogo, Japan

*Presented by (Dr) Ferdinal M. Fernando, Acce-BS Bio, MD, MDM
Assistant Director and Head of Health Division
Human Development Directorate, ASEAN Socio-Cultural Community Department
ASEAN Secretariat*

MANDATE: Project for Strengthening ASEAN Regional Capacity in Disaster Health Management (ARCH Project)

ASEAN Blueprints or Road Map (2016 – 2020)

ASEAN 2025: FORGING AHEAD TOGETHER

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

ASEAN Post 2015 Health Development Agenda

ARCH Project Progress

Establishment of mechanism of coordination for governance and implementation

- Regional Coordination Committee (RCC) on ARCH, Project Working Group (PWG 1) on Regional Collaboration Tools, Project Working Group (PWG 2) on Capacity Development
- Under the purview of ASEAN Health Cluster 2 (AHC2) on Responding to All Hazards and Emerging Threats, Senior Officials Meeting on Health Development (SOMHD), and ASEAN Health Ministers Meeting (AHMM)

Development of appropriate tools for effective regional collaboration on disaster health management

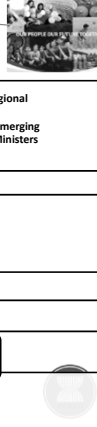
- Standard operating procedures for disaster health response coordination
- Minimum requirements and qualifications of emergency medical teams ASEAN
- Database of emergency medical teams in ASEAN
- Health needs assessment framework at time of disaster; Medical Record

Capacity development to strengthen disaster health management preparedness and response at regional level

- Regional collaboration drills, study visits, capacity development trainings

Institutionalisation of disaster health management mechanisms through the adoption and implementation of political commitments

- ASEAN Leaders' Declaration on Disaster Health Management
- ASEAN Declaration on One ASEAN, One Response
- ASEAN Agreement on Disaster Management and Emergency Response (AADMER)



ARCH Project Progress

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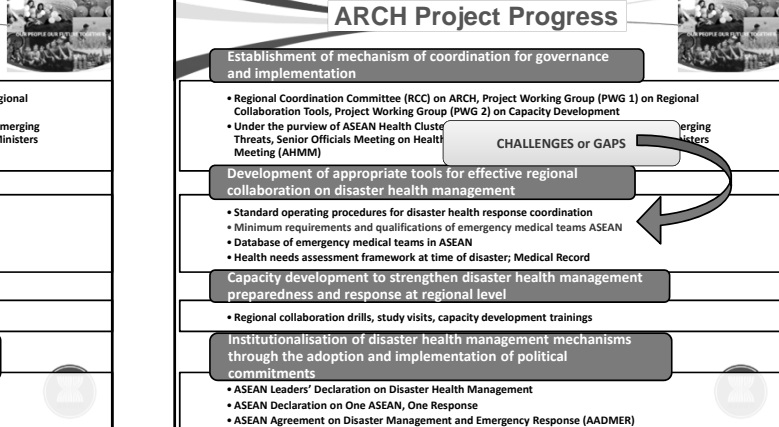
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CHALLENGES or GAPS

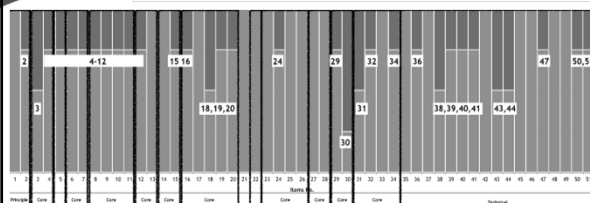
Organizing factors



Third AMS Training on Disaster Health Management: Challenges or Gaps

- Attended by all AMS, **focused on International EMT**, particularly on aspects related to –
 - Requirements and processes for the development, maintenance and deployment of I-EMT guided by the WHO EMT Initiative minimum standards and guidelines
 - Roles of disaster-affected countries in the reception and coordination of I-EMT
 - Relationships between the EMT Coordination Cell and Public Health Emergency Operations Centre
- Facilitated by resource persons from AMS and Japan, ASEAN Secretariat, AHA Centre, ASEAN EOC Network and WHO Thailand.
- Through group discussions, **participants exchanged views on aspects of WHO EMT Initiative minimum standards that are considered difficult to fulfill and to meet, and proposed actions that could be collectively addressed by ASEAN.**

Third AMS Training on Disaster Health Management: Views Shared & Challenges or Gaps – 'Quick Survey'



Graphical Presentation of Essential and Optional Standards that Need to be Fulfilled from the Point of View of Receiving Countries

- As **receiving countries**, some documents and forms may not be required from incoming/deploying I-EMT. Receiving countries have guidelines, procedures and forms which are to be followed.
- Receiving countries are perceived to be more concerned with the outcomes of services delivered by deployed I-EMT.

Third AMS Training on Disaster Health Management: Views Shared & Challenges or Gaps – ‘Quick Survey’

➤ As **assisting/sending countries**, almost all documents and forms are considered essential and need to be fulfilled to illustrate their capacity and capability, as well as recognising that forms are to be adapted according to the laws, regulations, systems and procedures of the receiving country.

Graphical Presentation of Essential and Optional Standards that Need to be Fulfilled from the Point of View of Assisting/Sending Countries

Exchange of Views in Addressing Major Potential Challenges or Gaps in ASEAN in the context of the WHO EMT Minimum Standards

Challenges or Gaps	Opportunities to Address
<p><u>On matters related to customs compliance on controlled substances and dangerous goods</u></p>	<ul style="list-style-type: none"> Setup pre-agreements between ASEAN Member States regarding importation of identified dangerous goods and controlled substances (including prohibited drugs) Explore centralized stockpiling of these goods and substances Ensure availability of funds for deployed EMT to facilitate customs processing/clearance
<p><u>On matters related to waste management (general and clinical waste)</u></p>	<ul style="list-style-type: none"> Develop ASEAN regional standards and guidelines on waste management for EMT in disaster/emergency response as reference for ASEAN Member States. The guidelines shall take into account existing national policies and regulations, as well as regional/global best practices, guidelines and recommendations on general and medical waste management.

Exchange of Views in Addressing Major Potential Challenges or Gaps in ASEAN in the context of the WHO EMT Minimum Standards

Challenges or Gaps	Opportunities to Address
<p><u>On matters related to team safety and security</u></p>	<ul style="list-style-type: none"> Develop ASEAN minimum regional requirements and guidelines on team safety and security as reference for ASEAN Member States. The guidelines shall consider the following: <ul style="list-style-type: none"> ➤ Designation of safety and security focal point for deployed EMT, including minimum qualifications and terms of reference ➤ Minimum requirements to capacitate EMT on safety and security matters ➤ Safety and security plans (including evacuation plans) and standard operating procedures ➤ Safety and security training and exercises
<p><u>On matters related to indemnity and malpractice insurance</u></p>	<ul style="list-style-type: none"> Approach AHA Centre to explore the possibility of securing indemnity and malpractice insurance to protect deployed ASEAN EMT from liability risks resulting from international disaster response, which could be through contributions from ASEAN Member States.

Building Bridges for Disaster Preparedness and Response: Opportunities to Address the Challenges or Gaps in the ASEAN Architecture:

- Internal agreements initially within the architecture of the ASEAN Health Cooperation regarding minimum requirements or guidelines to address gaps
- Develop Value-Added Operational Coordinative Interventions for the Joint Task Force on Humanitarian Assistance and Disaster Reduction
- Operationalisation of the New Governance and Implementation Mechanism of the ASEAN Health Sector Cooperation for 2016 to 2020
- Operationalisation of the ASEAN Leaders' Declaration on Disaster Health Management through a Plan of Action
- External coordination and collaboration: AHA Centre, WHO

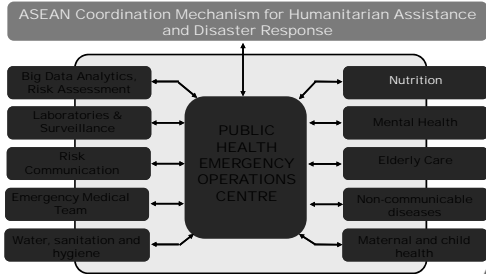
Thank you
www.asean.org

Initiatives to address disasters and other public health threats

ASEAN POST-2015 HEALTH DEVELOPMENT AGENDA

PROMOTING HEALTHY LIFESTYLE	RESPONDING TO ALL HAZARDS AND EMERGING THREATS	HEALTH SYSTEMS STRENGTHENING & ACCESS TO CARE	FOOD SAFETY
Nutrition in Emergencies	Disease Health Management Emergency Medical Teams	Health Financing	Rapid response in food safety issues (in progress)
Mental Health	Emergency Operations Centres	Universal Health Coverage	
Elderly Care	Big Data Analytics Risk Assessment	Human Resources for Health	
Non-communicable diseases	Risk Communication	Pharmaceutical Development	
	Laboratory & Disease Surveillance Strengthening	Maternal and child health	

Potential setup of ASEAN Health Sector response to all public health threats



Operationalised through all-hazards, whole-of-health-system, whole-of-government, whole-of-society approach;
Encompasses the whole spectrum including preparedness, response and recovery



ASEAN Health Cooperation on Disaster Health Management



Addressing Potential Challenges or Gaps in ASEAN in Meeting the WHO EMT Minimum Standards through the ARCH Project

14th Asia Pacific Conference on Disaster Medicine / 16-18 October 2018 / Kobe, Hyogo, Japan

Presented by (Dr) Ferdinal M. Fernando, Acce-BS Bio, MD, MDM
Assistant Director and Head of Health Division
Human Development Directorate, ASEAN Socio-Cultural Community Department
ASEAN Secretariat



Attachment 24 :

Monitoring Survey Report

Summary of Project Review Survey Result for ARCH Project



Outline of Survey

Tally: 14 answers from 10 countries

Components:

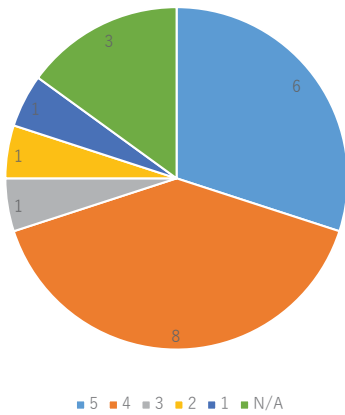
- ① Evaluation of progress & Activities
- ② Question about your country's situation
- ③ Request to the project

Assessment for achievement on project's goal "Regional coordination on disaster health management is strengthened in ASEAN."

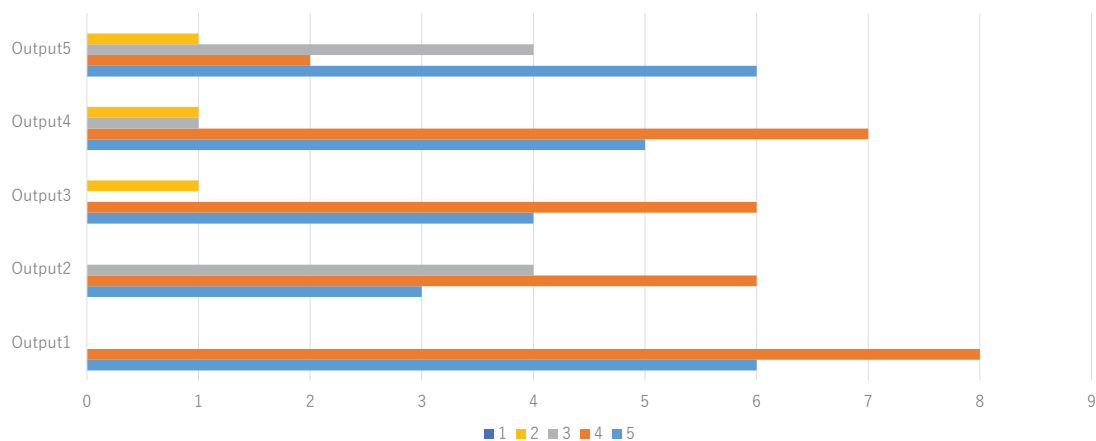
【Phillipines/4】 With the development of the standard operating procedures on disaster health management and the several trainings conducted under the ARCH Project, coordination among the ASEAN Member States (AMS) was improved with a guideline that will be followed by the AMS. The camaraderie among the key officials and representatives of the ASEAN Member States was strengthened through the several drills they participated. A lot became friends making coordination easy. Further improvement can be achieved through sustaining interventions such as the conduct of regular drills and the conduct of AMS training and other capability development activities on different technical and operational areas. There is also a need to ensure implementation of the agreed collaboration platforms.

【Vietnam/5】

1. Understand better the health sectors among ASEAM countries and could be able to help each other.
2. Develop the SOP for ASEAN countries which could be used for the situation.
3. Improve the quality of EMT to respond to disaster management locally and standard the I-EMT for ASEAN countries.
4. Improve the ability to offer the assistance to health disaster management.



Evaluation of Outputs



Comments:Output1: Coordination platform on disaster health management is set up.

- The organization of the Regional Coordination Committee became an instrumental platform among the AMS to discuss disaster health management. Most of the representatives of the AMS to the Regional Coordination Committee are permanent, and therefore there is continuity in the discussion. (Philippines/4)
- Need to be enhanced about coordination among EMT and other health sub cluster team i.e public health, nutritionist, mental health, reproductive health etc(Indonesia/4)
- Because the Regional coordination meetings are organized every year could share the progress and discuss the direction of the Project. It's a good chance to check over the problems and to revise the plans accordingly(Vietnam)
- The platform exists but when real emergency occurred for the past year, The affected countries still did not activate or request support through the platform.(Thai/4)

Comments: Output2: Framework of regional collaboration practices is developed.

- AMS never had chance to practice in actual disaster(Malaysia/3)
- Need a bit more work on the operational details(Singapore/4)
- Need more clarification about collaboration framework among AHA Centre, WHO SEARO, WHO WPRO(Indonesia/4)
- The three (3) sub-outputs were achieved as scheduled, except for Sub-Output No. 4 for a possible on-site practice where disaster occurs in ASEAN. The conduct of AMS Training provided opportunities for sharing of country lessons, experiences and practices. (Phillipines/4)
- Experience learning from each drill. Some limitations are still presents(Vietnam/3)
- Only regional Drills were conducted and framework is not established yet(Mynmar/3)

Comments:Output3 : Tools for effective regional collaboration on disaster health management are developed.

- The tools were developed by the Project Working Groups and tested in three drills (including the start-up drill. However, there is a need to continually review and update the tools developed, maintain and update the database, and standardize the other tools across AMS like the use of SASOP forms vis-a-vie EMT forms.(Philippines/4)
- Still have some limitation and not fully agreement aspects: health need assessment, data analyzing, …(Vietnam/2)
- For Asean level, should be officially endorsed by related organization.(Thai/4)

Comment:Output4 : Academic network on disaster health management in AMS is enhanced.

- The recommended training institute may be the platform for interaction(Singapore/3)
- academic networking should be maintained and conduct regular update(Indonesia/4)
- …There is a need to further study how the operationalization of an ASEAN Disaster Health Management Center can promote the established academic network. (Philippines/4)
- Because the present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM were conducted successfully(Vietnam/5)
- Need to be more developed (Vietnam/4)
- Much stronger network both national and international(Thai5)

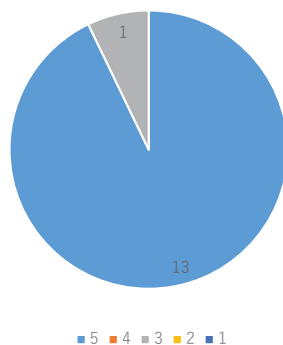
Comment:Output5:Capacity development activities for each AMS are implemented.

- Experience from each other in AMS(Cambodia/5)
- capacity development activity should meet each AMS need, which may be different between AMS(Indonesia/4)
- Aside from drills and training, other capacity development activities must be initiated like on the job exposure, exchange scholars, and webinars. (Philippines/4)
- Because we have conducted the following activities :
/Training plan, curriculum and materials on disaster health management and emergency medical system based on needs survey with the project working group
/Training on disaster health management and emergency medical service for AMS
/ Monitoring survey and evaluating on capacity development on disaster health management in each AMS
/A study tour in Japan for AMS
/Training program in Japan for the Thai counterpart personnel(Vietnam/5)
- More academic activities and workshop using knowledge from ARCH project(Thai/5)

Evaluation of Activities:

Output1: 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.

RCC worked as Regional coordination platform.

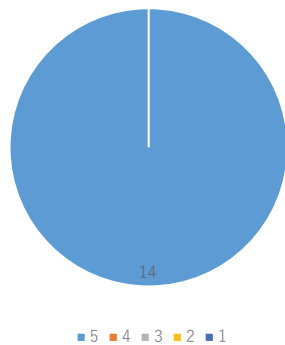


- To seek the solution(C/5)
- still need to be endorsed by SOMHD(I/3)
- The composition of the RCC, with senior officials and staff, served as a good platform to discuss concerns related to disaster health management. Also, the agenda and level of discussions set forth the coordination among AMS on key issues and concerns. (P/5)
- Because the RCC has the responsibility to inspect, evaluate, contact the among ASEAN countries together and planned activities, helping each other.(V/5)
- Regional coordination meetings are organized every year(My/5)
- we are develop but it not complete(L/5)

Evaluation of Activities:

Output1: 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.

Regional Coordination Meeting encouraged active discussion and helped to adjust AMS's opinion.

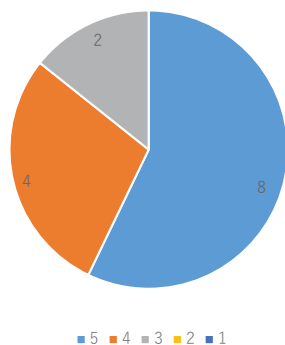


- To seek the solution(C/5)
- all the member states are attended and discuss their experiences.(My/5)
- The discussions during RCC meetings works under the spirit of camaraderie and solidarity, ensuring that all the opinions of the AMS are taken into consideration, and are given importance. Each representative of the AMS are open to the comments, insights and opinions of the other AMS. The agreements and higher level of consultations and decisions from PWGs meetings are attained through the RCC meetings. (P/5)
- Yes, from the open and active discussion, we understand each other better. Due to the countries have the differences of culture, policy, mechanism ...and health sector system, it helps us to work together and to share the opinion, then we could adjust the plan and activities of AMS accordingly.(V/5)

Evaluation of Activities:

Output2: Framework of regional collaboration practices is developed.
2-2 Conduct the regional collaboration drill every year in AMS

Your country's response capability on disaster has improved by participating Regional Coordination drill.

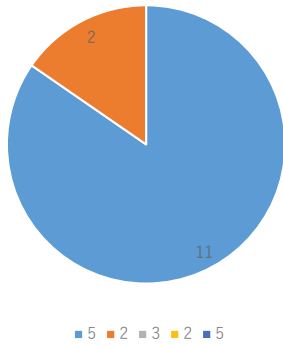


- Need to organize more(Ma/5)
- there is no involvement in real regional response on disaster during this project(I/3)
- The Philippines does not have experience on actual international response operations yet after the conduct of the Regional Collaboration Drills. However the learnings from the Regional Collaboration Drills contributes in the preparation of the Philippines in hosting the INSARAG Exercise last June 2018, and to the 3rd Regional Collaboration Drill in December 2018. The country's participation to the drill led to the identification of country's strengths and areas for improvement. (P/5)
- Yes, because from this activity we have learned from the experts of countries which have experienced on disaster management such as Japan, Indonesia ...Also it's really a good opportunity for us to share the situation on health disaster management in Vietnam, to know where we are, to learn the SOP of health disaster management, the forms ...and then we could be able to revise our plan on health disaster management in real situation as well. (V/5)
- my country's response capability on disaster has more improved after participation on Regional Coordination drill(My/4)
- We still need more engagement or more recognition from Sub national area.(T/4)
- yes we learn from practicing to develop our technique(L/5)

Evaluation of Activities:

Output2: Framework of regional collaboration practices is developed.
2-2 Conduct the regional collaboration drill every year in AMS

The drills helped to enrich understanding of SOP.

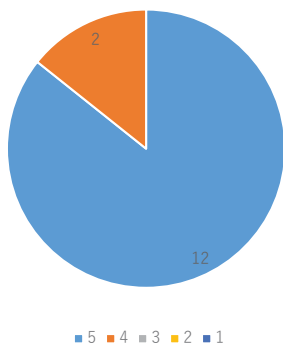


- In general, the conduct of the drill helped to better understand the SOP. However, there are components of the SOP that needs to be further tested like the acceptance, registration and demobilization of assistance. The customs, immigration and quarantine process needs to be tested too. It will help if the AMS will have a clear understanding of the different types of EMTs based on the WHO Blue Book, and the coordination mechanism through the EMTCC. (P4)
- Yes because the experiences we learned from drills, especially the SOP which could be implemented in real situation. We should try it and revise if necessary before implementing. SOP is really helpful and guides us to collaborate with other countries(V5)

Evaluation of Activities:

Output2: Framework of regional collaboration practices is developed.
2-2 Conduct the regional collaboration drill every year in AMS

Participating drill enabled to collaborate with AMS.

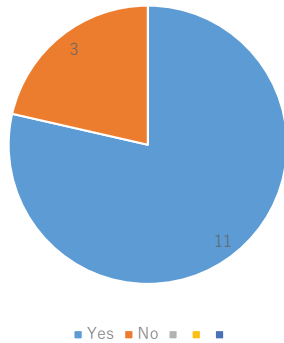


- need to tested in real disaster(I4)
- The collaboration is more on the assisting AMS with the affected AMS. The coordination among the assisting AMS is seen more during the coordination meetings. The drill tested AMS team's ability to collaborate given the scenario. (P5)
- Yes because this way to understand each other better and we could revise our mechanism/policy more suitable to the SOP of ASEAN countries(V5)
- Drills still needs to design scenario more specifically for coordination(T4)

Evaluation of Activities:
 Output3 : Tools for effective regional collaboration on disaster health management are developed.
 3-3 Prepare databases of emergency medical teams of AMS

Your country's data was submitted to project.

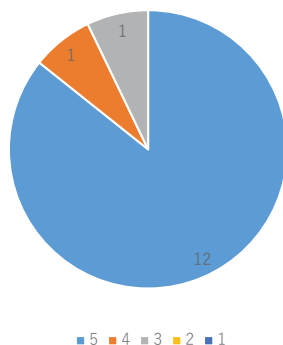
- we want to share to AMS(C-Yes)
- I don't know exactly . (My)
- Still on going discussion(I)



Evaluation of Activities:
 Output 5 Capacity development activities for each AMS are implemented.
 5-2 Conduct trainings on disaster health management and emergency medical service for AMS

Conducted trainings were beneficial for your country's capacity building on disaster health management and emergency medical service.

- Gained the new knowledge and method on disaster health management and emergency medical service(C5)
- The topics incorporated and experiences integrated were very important in enhancing the disaster risk reduction and management capacities among those trained and in feed-backing these in systems development. (P5)
- Vietnam, one of countries of ASEAN is facing with the disaster quite often happened, however, the materials and skilled staff for disaster management are not always available. Conducting training helps to build up one professional team (human resource and materials) ready to respond to the demand on disaster management)(V5)
- Because these training are based on best experiences and lesson learn from previous disasters(My5)

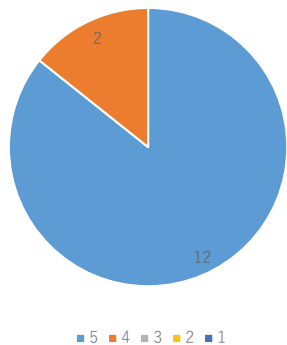


Evaluation of Activities:

Output 5 Capacity development activities for each AMS are implemented.

5-2 Conduct trainings on disaster health management and emergency medical service for AMS

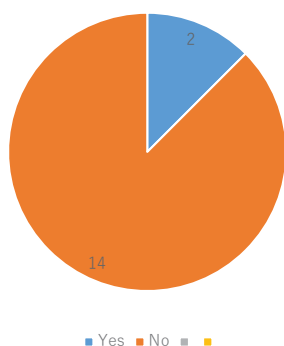
Conducted trainings strengthened ASEAN's capacity building on disaster health management and emergency medical service..



- participant should be maintain as ASEAN asset through AHA Centre(15)
- The learnings which yielded and exchange of best practices from the attendance to training generally contributed to strengthening AMS capacity building initiatives. The level at which discussions were very practical promote application as an expected follow-through. (P5)
- Due to the SOP for International disaster management among ASEAN countries is not available, different to respond immediately in case the serious disaster happened, so trainings strengthened ASEAN's capacity building on disaster health management and emergency medical service because we could follow one SOP approved by our Govt.(V5)
- Learning each other, improve coordination, networking set up(V4)

Real Disaster Response

Did your country dispatch EMT when a dam collapsed in Laos, July 2018?



Vietnam

①How was the EMT coordinated?

(Border province's Health team was formed and dispatched)

②Did knowledge you obtained from project contribute on the situation? Please write down the detail.

(Leadership and management from project to have a command from MoH to guide province nearby border to form and dispatch health team base on the 4 on-site principle)

Laos

①How was the EMT coordinated?

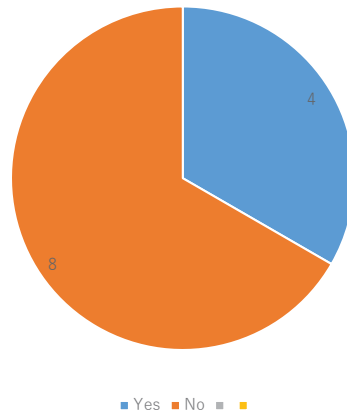
(We have the EOC in the Ministry of Health and Minister is commander to deployment EMT)

②Did knowledge you obtained from project contribute on the situation? Please write down the detail.

(Yes we apply the knowledge from the project to situation that occur)

Real Disaster Response

Has your country dispatched EMT to other countries?



Real Disaster Response

① How was the EMT coordinated?

- Coordinated with Bangladesh authorities and Malaysian embassy (Ma)
- In 2016, our country EMT dispatched EMT to other country. The coordination was influence among other member states and host countries.(My)
- Coordinated through Government to Government(My) Government-to-Government coordination.(S)
- Actually it's not clear in Vietnam. First our Steering Committee for Natural Disaster Prevention and Control get the information for responding the assistance, then they contact to other Ministries for deployment of human resources including MOH for worker staff such as EMT. The hospitals and EMT (belong the Ambulance system) could be involved not only EMT because some specialty the EMT cannot manage themselves. And finally EMT both from hospitals and Ambulance are coordinated as one team to respond the requirement.(V)

② Did knowledge you obtained from project contribute on the situation? Please write down the detail.

- Since this was a government to government arrangement, a different approach and SOP was used (Ma)
 - The main problem was the members of EMT. The EMT members were not fixed and poor organization. And then the EMT were organized exactly according to the classifications.(My)
 - Yes , Easy to contact through Government to Government , Departmental to Departmental due to project contribute(My)
 - The knowledge we obtained from project are based on real situation and lesson learn from previous disasters(My)
 - No, as the deployment was before AMS involvement in ARCH Project.(S)
 - Yes, it's really helpful
1. I learned the mechanism and procedure how to start in real situation.
 2. The urgent deployment is very important in short time and I know how to deal with.
 3. The SOP, the forms used for situation I could share with my colleagues not only for the international disaster management, also could be used national if the disaster occurred in my country.
 4. Strengthen the relationship among ASEAN countries members, also to other countries such as Japan ... (V)

To achieve outputs, what kind of extra activities do you want to add into the project?

<p>Output1 ; Coordinati on platform on disaster health managemen t is set up.</p>	<p>Regular Regional Coordination Committee meeting every year by AMS(Ma) Some of operational details still needs to be worked out(S) Including other sub cluster (public health, nutrition, mental health, reproductive health) in platform(I) Organize regional conferences, convention, fora on newer areas/ challenges of disaster health management. Need to practicing in real disaster(V) Coordination meeting and evaluation meeting at the end of year should be done yearly(My) More advertising or about the project to field operation staff, or Putting the platform to SASOP, sonwhen real emergencies, the platform will be used.(T)</p>
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To achieve outputs, what kind of extra activities do you want to add into the project?

<p>Output 2 Framework of regional collaboration practices is developed.</p>	<p>√ More Regional Drills to be conducted to perhaps tell the SOP fully. Maybe longer days and different disaster scenarios.(Brunei) Hoped that AMS affected by disaster would allow other AMS to assist and respond during actual disaster(Ma) Some of operational details still needs to be worked out(S) Regular exercise with other stakeholders in disaster management(I) Conduct of a drill that will involve the real set-up of an EMT. For example, if the team is EMT Type 1 Fixed, then the composition should be EMT Type 1 Fixed. There is also a need to include the use of VOSOCC and JOCCA. Expand areas of concerns of PWG from policies and training to information and logistics management. (P) Framework should be developed with time-bound by a well-organized team(My)</p>
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To achieve outputs, what kind of extra activities do you want to add into the project?

<p>Output 5: Capacity development activities for each AMS are implemented.</p>	<p>√ More comprehensive training programs + suggest ONLINE access? Forums / group chats?(Brunei) Capacity mapping to identify real needs of each country(I) Sharing of working organizational structure and systems. (P) Regular capacity development schedules should be set up in each country(My) Can we ask AMS participants about the possibilities of having at least one training of the subnational level each year? As the KPI to follow the progression(T)</p>
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【Questions for further cooperation】

In order to strengthen disaster health management and emergency medical service in ASEAN, what kind of activities are most necessary.

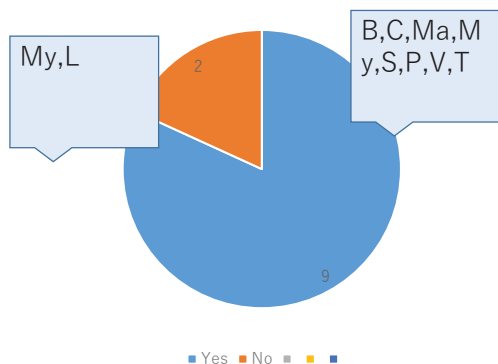
- Drills / exercises with different scenarios, Training programs specific in DHM(Brunei)
- An annual Regional Collaboration Drill should be conducted in AMS on a rotational basis.(Ma)
- Coordination and collaboration(MY)
- EMT in each country should be well- prepared and well organized and co-operated (My)
- Training workshops, drills and exercises.(S)
- Drill and evaluation post disaster(I)
- Conduct of field and tabletop exercises. (P)
- Regular exercise(V)
- EMT in each country should be well- prepared and well organized and co-operated(My)
- Advocacy and promotion activities (P)
- Should include in the declaration of ASEAN countries and updated/revised during the SUMMIT meeting annually (V)
- More Regional drills, more scientific conference, ASEAN association of disaster medicine, ASEAN training center for disaster health management(V)
- Government commitment(T)
- The Drill are most necessary (L)

What is burden or/and obstacle for ASEAN to realize "Regional coordination on disaster health management is strengthened in ASEAN?"

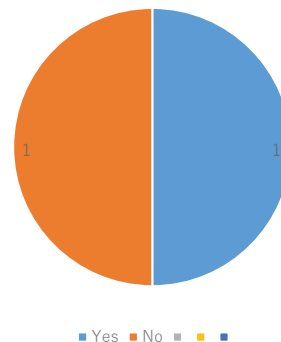
- **Government approval** and **financial constraints**(Brunei)
- Human resource, Equipment, and **financing**(Cambodia)
- Resources pooling and Financial Limitations(My)
- Different level of preparedness and capability between each AMS.(Ma)
- **Financial support**.(Ma)
- **Bureaucracy**.(S)
- Diversity of the background of each countries(T)
- Too many stake holders and coordination bodies(I)
- Possible burden/obstacle for ASEAN to realize Regional Coordination is an in-country policy which is not aligned with the SOP developed. A way around this is for AMS to review existing in-country policies and have the Protocol approved by senior leaders of the AMS. (P)
- Differences in policies and priorities(P)
- Low level of administrative/management support(P)
- Language barriers ,Culture,Mechanism / polices ,Health sectors are different (V)
- Management mechanism among each AMS(V)
- Gaps and different on economic development, Health care system, interested cooperation, **cost**(V)
- The coordination to be improve organization and contact information (L)

About Drill

Has your country ever conducted emergency medical drill before?



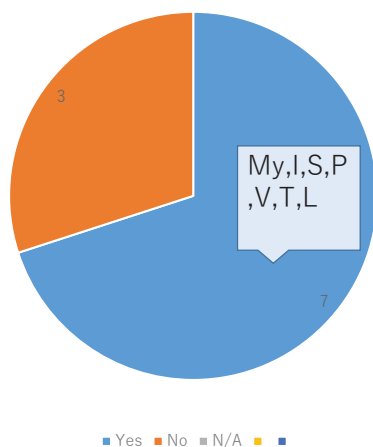
(If you chose "No",)Would you like to conduct drill in your country if you can get support from ARCH project?



What kind of operation do you want to practice on the drill in your country? Please check the activities you want to try.

Work of Emergency Operation Centre	8
Organizing EMTCC	3
Cooperation with AHA Centre	4
Operation for hosting and cooperating I-EMT	5
Collaboration of N-EMT and I-EMT	6
Others	Use of VOSOCC and JOCCA (P)

By following SOP for I-EMT, your country will be able to dispatch EMT to ASEAN member countries when disaster occurred.

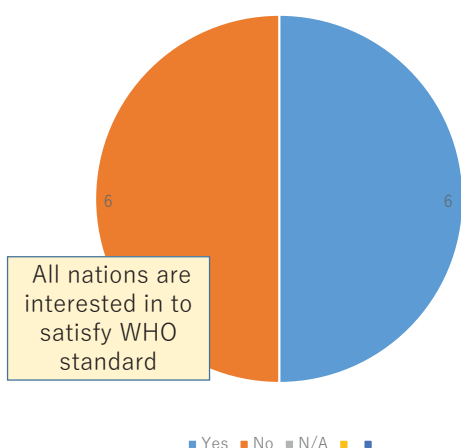


Yes, however there is a need to streamline processes and coordination with ASEAN Committee on Disaster Management (ACDM), ASEAN Center for Military Medicine (ACMM), and other regional collaboration platforms.(S)

If you chose “No”, what are the main obstacles to do that.

Our country does not own EMT.	
There is no system to send EMT abroad.	2
It is difficult for our EMT to fulfill the WHO standard in near future.	2
There is few members who registered on EMT.	1
Shortage of training for EMT members.	1
The number of medical practitioner in not enough who is capable of working in foreign countries.	2
Shortage of logistical support staff.	2
It is required transportation to send I-EMT.	
Limited medical equipment and medicines for EMT.	1
Others	

【EMT】
Are you planning to take a test for WHO Global Classification?



When are you taking the test?

tentatively end of 2019(My)

Next year(I)

Done with Step 1 on the mentor program consultative site visit, and step 2 on the mentor team support development of organization and their preparation of minimum standards evidence package. Preparing for step 3 on the verification peer review team and conduct of site visit. Also, ongoing is the finalization of the draft Philippine EMT Operation Guide. (P)

Depending on our Minister(V)

2019(T)

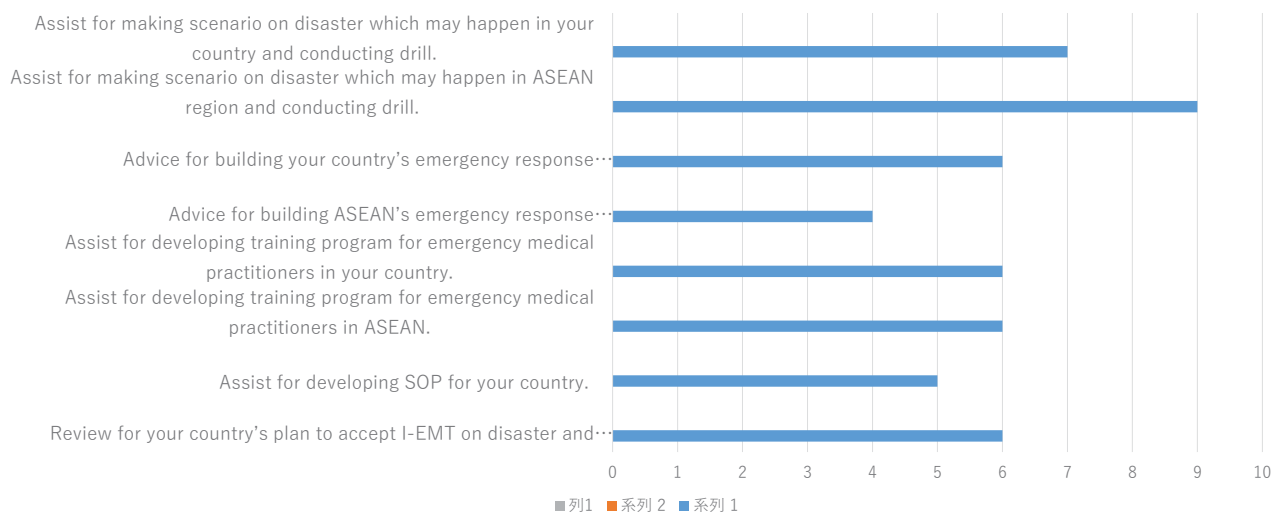
in next year 2019(L)

Type1 fix	Type2
7 (My,P,V)	3 (P,V)
1 Type1 mobile(Thai)	

To achieve ALD (attachment2) , what kind of activities will your country work on?

- Work on DHM capacity development in our country(Brunei)
- Need to discuss further with MOH higher officials on ways to achieve the targets set out in ALD. (Ma)
- We will participate in initiatives as recommended in ALD.(S)
- 1. Maintain participation on each activities(I)
- 2. Conduct regular consultation with relevant stakeholders(I)
 - Support in the conduct of drills and exercises.
 - Sustain capacity development activities.
 - Continue establishing linkage with AMS.
 - Test AMS Materials and Tools for country applicability. (P)
- Strengthening and enhancing of the regional collaborative frameworks on disaster health management
- Increase dialogue and communication platform among the ASEAN Member States and stakeholders to forge greater collaboration
- Integration of disaster health management framework/concepts into national and sub-national legal and regulatory framework
- Promote investment to improve and develop critical health facilities and infrastructure at national level.
- Facilitate the development of regional collaboration on disaster health management.
- Collaborate with relevant ASEAN Sectorial bodies both in health and non-health sector and other international organization.(V)
- Cordination and Commander on site(V)
- To achieve ALD, our country will participate timely and effectively to fulfill the facts in Declaration.(My)
- Preparing the exercise EMT in Central hospital, Provincial Hospital and District Hospital(L)

In order to put ALD into practice, what are you expecting to JICA?



In order to put ALD into practice, what are you expecting to JICA?

- Assist for developing SOP for your country.
 - Review for your country's plan to accept I-EMT on disaster and training for EMTCC.
 - Others: Assist in system enhancement on disaster risk reduction and management(P)
- Funding to build up the EMT standard as I-EMT including training course, materials, exchange human resources ... as well as organizing the workshop on disaster management.(V)
- - To Assist for developing training program for emergency medical practitioners in my country;
- To Assist for developing SOP for my country;
- To Review for my country's plan to accept I-EMT on disaster and training for EMTCC(L)

Attachment 25 :

Capacity Development/Needs Assessment Questionnaire

Questionnaire

As of July 14, 2019

Objectives of the Study

- 1) To identify **possible educational/training institutes** which are capable to conduct domestic training programs on DHM in each ASEAN Member States (AMS)
- 2) To identify **training/competency needs** of personnel in Disaster Health Management (DHM)
- 3) To identify **needs for external supports** in case that the above institutes will organize domestic training programs on DHM
- 4) To specify AMS educational/training institutes which will be members of ASEAN academic/training centers network on DHM whose purpose is to strengthen regional and domestic capacities on DHM in collaboration with ASEAN regional disaster training center which is considered to be established in the POA on DHM

1. Current medical education system in each AMS

1.1 Please explain the steps to become doctor/nurse*

Doctor	
Nurse	
Remarks	

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

1.2 Which organization manage ambulance services in your country?

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

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

content)

1.5 Number of educational institutes

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

1.6 License

1.6.1 Is national examination for medical license conducted in your country?	Doctor: 1. Yes 2. No Nurse: 1. Yes 2. No
1.6.2 How often is license revised? (e.g. every 5 years)	Doctor: Nurse:
1.6.3 Is the license valid in other ASEAN Member States?	1. Yes 2. No
Remarks	

2. Educational institutes for emergency medicine

2.1 Is training curriculum available for doctors and nurses working for ER?	1. Yes 2. No
2.2 If yes, which institute has the training curriculum?	
2.3 How long is the training period?	
2.4 Do they obtain certification?	1. Yes 2. No
2.5 What are the main challenges in ensuring the quality of emergency medicine education in your country?	
Remarks	

3. Current education for disaster health management (DHM) for medical personnel

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

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

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

4.1 What kind of training programme does your country need most?
4.2 What type of support needed from curriculum committee* in carrying out DHM training in your country? Please specify.

*Curriculum committee is planned to be set up under ARCH Project, which is comprised of representatives from AMS.

5. Potential core educational institute(s) to conduct training courses for DHM in each AMS

5.1 Which institute(s) will be eligible to lead training activities in your country and to contribute to networking with relevant institutes in other AMS under the POA for ALD?
5.2 Please specify the reason for 5.1
5.3 Are there any academic society (e.g. Society for Acute Medicine) or NGO in your country, which provide DHM training program? If yes, please specify the names of organization(s).

6. Others

6.1 Do you think current DHM education/training in your country give special consideration to multicultural issues (e.g. culture, religion, gender) in disaster management?	1. Yes (go to 6.2) 2. No (go to 6.3)
6.2 If yes, please give an example	
6.3 If no, what should be included in DHM education in order to work in a multicultural environment?	

6.4 What are the challenges in providing training programs for DHM?

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

END

Thank you very much for your cooperation.

Attachment 26 :

Program of the First Thai Counterpart Training in Japan

ARCH Project
Training Program in Japan for Thai C/Ps
February 22 to March 7, 2017

As of Feb 21st, 2017

Date		AM			PM		
		Programme	Lecturer/Facilitator	Venue	Programme	Lecturer/Facilitator	Venue
Feb.22	Wed	Arrival in Japan (15:05 at Narita, NH806)					
23	Thu	9:30 - 10:00 Program Orientation	Ms.Junko Sato Ms.Mami Wakabayashi Capacity Dev.Planning ARCH Project	JICA Tokyo Seminar Rm 305	14:00 - 14:30 Courtesy call to JICA	Ms. Junko Nakaji, Urban and Regional Development Group Infrastructure and Peacebuilding Department, JICA	JICA HQ Conference Rm 108
		10:00-12:00 Registration and Briefing	Briefing Staff Japan International Cooperation Agency (JICA)	JICA Tokyo Seminar Rm 306	14:30-16:30 Lecture: "History of disaster health management in Japan"	Dr. Tatsuro Kai, Senior Advisor, Emergency & Disaster Management, Osaka Saiseikai Senri Hospital	
24	Fri	9:30-10:30 Lecture: "Overview of Disaster Medical Assistance Team (DMAT) and its role"	Dr. Yuichi Koido, Director of DMAT Secretariat, Ministry of Health, Labour and Welfare (MHLW) Japan, National Hospital Organization Disaster Medical Center	National Disaster Medical Center, Tachikawa/ Tokyo	Travel to Niigata by Shinkansen, Japanese bullet train (15:16 - 17:05)		
		10:30-11:00 Lecture: Minimum Data Set (MDS)	Dr.Tatsuhiko Kubo Lecturer Department of Public Health, School of Medicine, Univeristy of Occupational and				
		11:10-12:00 Observation: National Disaster Medical Center					
25	Sat	8:30 - 12:30 Observation: Disaster medicine training at Kaetsu Hospital	Dr.Kazuo Mizutani, Kobe Century Memorial Hospital, Dr.Eiichi Sato, Center for Disaster Medicine and Education, Niigata University Faculty of Medicine	Kaetsu Hospital	14:00 - 14:30 Lecture: "Overview of Center for Disaster Medicine and Education, Niigata University Faculty of Medicine"	Dr. Masashi Takahashi, Vice Director, Center for Disaster Medicine and Education, Niigata University Faculty of Medicine	Center for Disaster Medicine and Education, Niigata University Faculty of Medicine Conference Room, 12F
		12:40 - 13:30 Move from Kaetsu Hospital to Center for Disaster Medicine and Education, Niigata University			14:30 - 15:30 Discussion: "Significance of establishing the center and its background"	(Facilitator) Dr.Nakajima, ARCH Project	
		13:30 - 14:30 Lunch (@Conference Room, 12F)					
26	Sun	8:00 - 12:55 Observation: Training for Mass Casualty Life Support (MCLS)	Dr.Eiichi Sato, Center for Disaster Medicine and Education, Niigata University Faculty of Medicine	Center for Disaster Medicine and Education	12:55 - 17:00 Observation (cont'd) : Training for Mass Casualty Life Support (MCLS)	Dr.Eiichi Sato, Center for Disaster Medicine and Education, Niigata University Faculty of Medicine	Center for Disaster Medicine and Education
27	Mon	10:00 - 11:00 Visit: Yahiko Shrine		Yahiko Shrine	12:45 - 13:30 Visit: Learning Center for preventing floods in Sanjo-city		Learning Center for preventing floods in Sanjo-city
		11:30 - 12:30 Lunch at Restaurant, "Spice Lab" in Sanjo-city (http://spicelabo.net/)		Restaurant "Spice Lab"	14:00 - 15:30 Lecture: "Lessons learned from relief/rescue activities of 7.13 flood in Sanjo-city and Preparation for Disaster)	Dr.Kusano, Former President of Medial Association of Sanjo- city Dr. Toshiyuki Maruyama, Sanjo	Sanjo Hospital

Date		AM			PM		
		Programme	Lecturer/Facilitator	Venue	Programme	Lecturer/Facilitator	Venue
27	Mon			Restaurant "Spice Lab"	15:30 - 17:30 Move to Niigata-city: To stop at "Niigata Furusato Village" for a break on the way back to Niigata-city (http://furusatomura.pref.niigata.jp/en) 18:30 - 20:30 Dinner with Members of Niigata University Faculty of Medicine at Restaurant "Hakobune" (in Niigata Station Building) (http://www.hakobuneceory.com/shop)		Niigata Furusato Village Restaurant "Hakobune"
28	Tue	10:00 - 11:00 Wrap-up meeting for training in Niigata 11:00 - 12:00 Preparation for Action Plan (Group Work)	Dr.Eiichi Sato, Center for Disaster Medicine and Education, Niigata University Faculty of Medicine Mr.Takashi Senda Capacity Dev.Planning ARCH Project	Center for Disaster Medicine and Education	PM: free time		
March 1	Wed	Travel to Tokyo by Shinkansen, Japanese bullet train (10:15 - 12:28)				PM: free time	
2	Thu	9:30-12:00 Exercise: "Capacity building of the community using gaming strategy: HUG(r)"	Dr. Shinichi Egawa, Professor, Division of International Cooperation for Disaster Medicine, International Research Institute of Disaster Science, Tohoku University	JICA Tokyo Seminar Rm 402	13:30 - 15:00 Lecture: "Overview of Japan Disaster Relief (JDR)"	Mr.Shota Suzuki, Emergency Relief Division 1 and 2, Secretariat of Japan Disaster Relief Team, JICA	JICA Tokyo Seminar Rm 402
3	Fri	10:00 - 12:00 Lecture: "Experiences and Lessons Learned from the Great East Japan Earthquake"	Dr.Satoshi Yamanouchi, Director of Emergency Center, Osaki Citizen Hospital	JICA Tokyo Seminar Rm 306	13:30 - 15:00 Lecture: "How to deal with Disaster Mental Health Issues - Basics and Lessons from the Great East Japan Earthquake -" 15:00 - 16:30 Lecture: "What is Support-Receiving Plan?" 16:30 - 16:45 Briefing on Presentation of Action Plan	Dr. Hiroaki Tomita, Professor, Department of Disaster Psychiatry, International Research Institute of Disaster Science, Tohoku University Dr. Hiroyuki Sasaki, Assistant Professor, Division of International Cooperation for Disaster Medicine, International Research Institute of Disaster Science, Tohoku University Ms.Junko Sato, Capacity Dev.Planning ARCH Project	JICA Tokyo Seminar Rm 306
4	Sat	Holiday					
5	Sun	Holiday					
6	Mon	9:30 - 10:30 Presentation of Action Plan 10:30 - 11:30 Evaluation Meeting 11:30 - 12:00 Closing Ceremony 12:00 - 14:00 Luncheon party	Participants JICA staff ARCH Project Members	JICA Tokyo Seminar Rm 302 Restaurant JICA Tokyo	PM: free time		
7	Tue	Departure for BKK (from Haneda at 11:00, NH847)					

Attachment 27 :

Program of the Second Thai Counterpart Training in Japan

**Training Programme in Japan for Thai C/Ps
January 25 to February 3, 2018**

Date		Time	Programme	Lecturer/Facilitator		Venue	Accommodation
Jan. 24th	Wed	22:55	Leaving BKK (NH850)				
25th	Thu	6:30	Arrival in Japan (@Haneda Airport)			Conference Room at ART Hotel Joetsu	ART Hotel Joetsu
		8:00 ~	Haneda to Niigata Prefecture (by bus)				
		15:30 ~ 16:30	Briefing	Mrs.Miyuki Nozaki	Coordinator		
		16:30 ~ 17:00	Programme Orientation	Ms.Junko SATO	ARCH Project		
26th	Fri	8:20 ~	Departure from Hotel to Joetsu General Hospital (by taxi)			Joetsu General Hospital, Joetsu City, Niigata	ART Hotel Joetsu
		9:00 ~ 12:00	Observation: Training for Disaster Health Management * Pls.see Annex 1 for the details	Ms.Mayumi SATO	Joetsu General Hospital		
		12:00 ~ 13:00	Lunch				
		13:00 ~ 17:00	Observation: Training for Disaster Health Management (Cont'd)				
		17:15 ~	Departure from Joetsu General Hospital to hotel				
27th	Sat	6:40	Departure from Hotel to Niigata City (by bus)			Center for Disaster Medicine and Education, Niigata University Faculty of Medicine	
		10:00 ~ 12:00	Lecture: "Overview of Center for Disaster Medicine and Education, Niigata University Faculty of Medicine"	Dr. Masashi Takahashi	Vice Director, Center for Disaster Medicine and Education, Niigata University Faculty of Medicine		
		12:00 ~ 13:00	Lunch				
		13:00 ~ 13:45	Tour: Center for Disaster Medicine and Education, Niigata University Faculty of Medicine				
		14:00 ~ 15:00	Discussion: "Significance of establishing the center and its background"	Dr. Masashi Takahashi	Vice Director, Center for Disaster Medicine and Education, Niigata University Faculty of Medicine		
		15:00 ~ 15:20	Departure from Niita University to Niigata Station				
		16:00 ~	Leaving for Tokyo by Shinkansen, Japanese bullet train				
28th	Sun		Holiday				JICA Tokyo
29th	Mon	9:00 ~ 9:40	Departure from JICA Tokyo to Ministry of Health, Labor and Welfare			Conference Room, 9F, MHLW	JICA Tokyo
		10:00 ~ 11:00	Lecture: "Role and function of Ministry of Health, Labor and Welfare during disasters as well as peacetime"	Dr.Satoshi Kotani	Ministry of Health, Labor and Welfare (MHLW)		
		11:15 ~	Departure from MHLW to JICA HQ				
		12:00 ~ 13:00	Lunch			Conference Room 108, JICA HQ	
		13:00 ~ 14:15	Lecture: "History of disaster health management in Japan"	Dr. Tatsuro Kai	Senior Advisor, Emergency & Disaster Management, Osaka Saiseikai Senri Hospital		
		14:30 ~ 15:00	Courtesy call to JICA HQ	Ms. Junko Nakaji	Development Group Infrastructure and Peacebuilding Department, JICA		
		15:00 ~ 15:15	Review of the Day and briefing on Action Plan	Ms.Junko SATO	ARCH Project		
		15:20 ~	Departure from JICA HQ to JICA Tokyo				

**Training Programme in Japan for Thai C/Ps
January 25 to February 3, 2018**

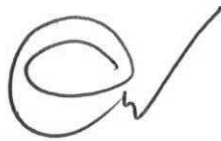
Date		Time	Programme	Lecturer/Facilitator		Venue	Accommodation
30th	Tue	8:00 ~	Departure from JICA Tokyo to National Disaster Medical Center			National Disaster Medical Center, Tachikawa/ Tokyo	JICA Tokyo
		9:30 ~ 10:30	Lecture: "Overview of Disaster Medical Assistance Team (DMAT) and the role of a disaster base hospital"	Dr. Yuichi Koido	Director of Institute for Clinical Research, National Disaster Medical Center, Japan Director of DMAT Secretariat		
		10:30 ~ 11:00	Tour in National Medical Center				
		11:30 ~ 12:30	Lunch				
		12:30 ~ 14:30	Lecture: "Logistics and Team Management"	Mr. Yoshiaki Toyokuni	DMAT Secretariat		
		14:30 ~ 14:40	Review of the Day	Ms. Junko SATO	ARCH Project		
		14:45	Departure from National Medical Center to JICA Tokyo				
31st	Wed	10:00 ~ 11:30	Lecture: "Overview of Japan Disaster Relief (JDR)" · Organization structure and activities of JDR · Human resource development for international disaster medical response	Mr. Shota Suzuki	Secretariat of Japan Disaster Relief Team, JICA	JICA Tokyo	JICA Tokyo
		12:00 ~ 13:00	Lunch@JICA Tokyo			JDR Stockpile in Narita	
		13:00 ~ 14:30	Departure from JICA Tokyo to Narita JDR stockpile				
		14:30 ~ 15:30	Observation: JDR Stockpile in Narita				
		15:30 ~ 17:00	Departure from Narita to JICA Tokyo				
Feb.1st	Thu	10:00 ~ 11:30	Departure from JICA Tokyo→JICA Yokohama				JICA Tokyo
		11:30 ~ 12:15	Lunch@JICA Yokohama				
		12:30 ~ 14:00	Health data collection during disaster - The WHO EMT Minimum Data Set -	Dr. Tatsuhiko Kubo	Lecturer Department of Public Health, School of Medicine, University of Occupational and Environmental Health, Japan	Conference room @Yokohama Landmark Tower	
		15:00 ~ 15:30	The 23rd Annual Meeting of Japanese Association for Disaster Medicine (JADM) - Presentation by ARCH Project (Dr. Phumin, Dr. Prasit)	Dr. Yasushi Nakajima	ARCH Project	Conference room 511-512, 5F Pacifico Yokohama Hotel	
		15:45 ~	Departure from Pacifico Yokohama Hotel to JICA Tokyo				
2nd	Fri	9:30 ~ 10:30	Presentation of Action Plan	Ms. Junko SATO	ARCH Project	JICA Tokyo	JICA Tokyo
		10:30 ~ 11:30	Evaluation Meeting	Ms. Junko Nakaji	JICA HQ	JICA Tokyo	
		11:30 ~ 12:00	Closing Ceremony	Ms. Junko Nakaji	JICA HQ	JICA Tokyo	
3rd	Sat	11:00	Departure for BKK (NH847)				JICA Tokyo

Attachment 28 :

Proceedings of JCC meetings

**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 Chotirosniramit and 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. Jirof 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. Subhaweewee 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

**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. Jiroth 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
Dr. Kanda Limitlaohaphan	Representative	Thai Red Cross
Ms. Dutsadee Arunrakthavon	Representative from PWG 1	Thai Red Cross
Dr. Prasit Wutthisuthimethawee	Chief of Information Section	Price of Songkla University
Sr. Col. Watanauth Sanpanich	Director, Bureau of Emergency Medicine	Asian Centre of 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 JICA Headquarters
Ms. Junko Nakaji	Special Advisor, Infrastructure and Peace building	
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 Yuddhasarasiddhi	Section Chief, Bureau of Emergency Medical Coordination and Alliance Relation	NIEM NIEM
Ms. Kunpalee Sopeng	Coordinator	
Ms. Dangfun Promkhum	Project Coordinator	NIEM

Annex 2: Handout

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, specifically 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 POAs 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 EVALUATION 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 questionnaire 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 the 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 be integrated into the SASOP, will be ensured the sustainability.

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 (21 months) 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 discussion 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.

Attachment 29 :

Project Evaluation Report

EVALUATION REPORT
ON
THE PROJECT
FOR
STRENGTHENING REGIONAL CAPACITY ON
DISASTER HEALTH MANAGEMENT
(ARCH PROJECT)

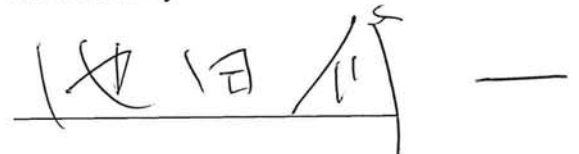
December 24, 2018

Approved by



Dr. Atchariya PANGMA
Project Director, ARCH
Secretary-General,
National Institute for Emergency Medicine,

Presented by



Shuichi IKEDA
Evaluator
JICA Chief Advisor, ARCH

1. Background of the Evaluation

The Project for Strengthening Regional Capacity on Disaster Health Management (ARCH Project) was commenced in July, 2016 as an ASEAN Regional Cooperation project approved by the Committee of Permanent Representatives to ASEAN (CPR) in Jan.2016, and has been implemented as a three-year technical cooperation project until July,2019, by Thai National Institute for Emergency Medicine(NIEM), Ministry of Public Health(MOPH), and Japan International Cooperation Agency(JICA), based on a Record of Discussions (R/D) signed in Feb.2016, which constitutes the bilateral agreement for the implementation of the project under Japan's ODA. According to Article IV of the R/D stipulated for the Evaluation, JICA's Chief Advisor, as JICA's evaluator, has conducted the evaluation in consultation and collaboration with various stakeholders of the Project and has prepared this evaluation report.

2. Outline of the Project

The outline of the Project is described in the Project Design Matrix (PDM) which is attached in the last page (Annex1) of this report. Followings are summary of the Project.

2-1 Overall Goal;

“ASEAN and Japan collaboration mechanism on disaster health management is developed.”

2-2 Project Purpose;

“Regional coordination on disaster health management is strengthened in ASEAN.”

2-3 Outputs

Output1; “Coordination platform on disaster health management is set up.”

Output2; “Framework of regional collaboration practices is developed.”

Output3; “Tools for effective regional collaboration on disaster health management are developed.”

Output4; “Academic network on disaster health management in AMS is enhanced.”

Output5; “Capacity development activities for each AMS are implemented.”

3. Objectives of the Evaluation

- (1) To verify the accomplishments of the Project compared to those planned;
- (2) To identify obstacles and/or facilitating factors that have affected the implementation process;
- (3) To analyze the Project in terms of the five evaluation criteria (i.e. Relevance, Effectiveness, Efficiency, Impact, and Sustainability); and
- (4) To make recommendations on the Project regarding the measures to be taken for the remaining period as well as the post-project period.

4. Analyses for the Evaluation

(1) Accomplishment of the Project

The accomplishment of the Project was measured in terms of the Outputs and the Project Purpose in comparison with the Objectively Verifiable Indicators of PDM as well as the plan delineated in the R/D.

(2) Implementation Process

The implementation process of the Project was reviewed to see if the Activities have been implemented according to the schedule delineated in the latest PO, and to see if the Project has been managed properly as well as to identify obstacles and/or facilitating factors that have affected the implementation process.

(3) Evaluation based on the Five Evaluation Criteria

(a) Relevance : Relevance of the Project was reviewed to see the validity of the Project Purpose and the Overall Goal in connection with the needs of the beneficiaries and policies of the ASEAN and Japan.

(b) Effectiveness : Effectiveness was analysed by evaluating the extent to which the Project has achieved and contributed to the beneficiaries.

(c) Efficiency : Efficiency of the Project implementation was analysed focusing on the relationship between the Outputs and Inputs in terms of timing, quality, and quantity.

(d) Impacts : Impacts of the Project were forecasted by referring to positive and negative impacts caused by the Project.

(e) Sustainability : Sustainability of the Project was analysed in institutional, financial and technical aspects by examining the extent to which the achievement of the Project would be sustained and/or expanded after the

Project is completed.

4. Accomplishments of the Project

1) Activities and Outputs

Activity and Output	Progress	Outstanding issues
<p>Output 1 Coordination platform on disaster health management is set up.</p> <p>1-1 Regional coordination meetings are organized every year to share the progress and discuss the direction of the Project.</p>	<p>RCC was set up and RCC meetings were held 4 times.</p>	<p>RCC meetings will be held one more time on next March</p>
<p>Output 2 Framework of regional collaboration practices is developed.</p> <p>2-1 Develop and prepare the program of the regional collaboration drill with project working group</p> <p>2-2 Conduct the regional collaboration drill every year in AMS</p> <p>2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities</p> <p>2-4 On-site practice is conducted when disaster occurs in ASEAN (if possible).</p>	<p>RCDs were conducted 4 times, including the start-up drill. Last RCD (3rd RCD) was conducted in Philippines in Dec, 2018. I-Speed was tested in the 3rd RCD</p> <p>So far, no cases for on-site practice</p> <p>MDS was tested in the RCDs and was verified the effectiveness.</p>	
<p>Output 3 Tools for effective regional collaboration on disaster health management are developed.</p> <p>3-1 Formulate project working groups for regional collaboration tools at the beginning of the project</p> <p>3-2 Develop a draft regional SOP and minimum requirements for disaster health management with the project working group</p> <p>3-3 Prepare databases of emergency medical teams of AMS</p> <p>3-4 Draft framework of health needs assessment in emergencies with the project</p>	<p>PWG1&2 were set and meetings were respectively held 7 times and 5 times</p> <p>Drafts of SOP, MR, HNA were developed. SOP, MR and HNA were finalized through testing those tools in the RCD in Philippines and were reviewed in the PWG1.</p> <p>Template of DB for EMT was made. EMTs Data was collected from All AMS.</p>	<p>Final drafts will be submitted to SOMHD.</p> <p>It is necessary to study ASEAN regional collective approach toward deployment of ASEAN-EMT.</p>

working group		
Output 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	Various Presentations on the activities and outputs of ARCH were made at the 13 th and 14 th APCDM, 2 nd REMPAN Workshop, 22 nd JADM annual meeting, and WADEM	
Output 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	AMS trainings were conducted 3times. Thai C/P training programs in Japan were conducted twice. Study tour in Japan for key members from all AMS was conducted in October 2018 and the review meeting for the evaluation of the Project was held during the Study tour.	

2) Accomplishment for Project Purpose

Project Purpose	Regional coordination on disaster health management is strengthened in ASEAN.
Verifiable Indicators	<p>1 Coordination meetings on disaster health management in ASEAN are held on a regular basis.</p> <p>2 Activities needed for regional collaboration are clarified and approved in the coordination meeting.</p> <p>3 Recommendations for developing regional collaboration mechanism in disaster health management is proposed to the SOMHD.</p> <p>4 Regional collaboration tools are developed and approved in the coordination meeting.</p>

Indicator1; **Expected to be achieved.** The RCC meetings were already held 4

times and one more meeting is scheduled to be held.

Indicator2; **Achieved.** Necessary activities of regional collaboration were clarified and the progress and products were reviewed in the RCC and PWG.

Indicator3; **Expected to be achieved.** The RCC and PWG have discussed not only on the directly related activities and outputs of the ARCH but also on the text of the ASEAN Leaders' Declaration (ALD) on Disaster Health Management and the Plan of Actions (POA) to implement the ALD in consideration of sustainability for regional collaboration after the project. 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; **Expected to be achieved.** The Regional Collaboration tools such as the SOP have been almost developed. Those tools will be submitted to the SOMHD in next April.

3) Accomplishment for Overall Goal

Overall Goal	ASEAN and Japan collaboration mechanism on disaster health management is developed.
Verifiable Indicators	<ol style="list-style-type: none"> 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 will work if large scale disaster occurs.

Indicator1; **Expected to be achieved.**

The ASEAN Leaders' Declaration on Disaster Health Management (ALD DHM) was adopted on the occasion of the 31st ASEAN Summit in Philippines on 13 Nov. 2017. The Plan of Action (POA) to implement the ALDDHM (2018-2025) was drafted by leadership of Thailand and was submitted once to the SOMHD in April 2018. The RCC and PWG of ARCH have discussed to improve the POA and a revised version based on those discussions will be submitted again to the

SOMHD in April 2019.

Indicator2; Partially Achieved. Expected to be achieved after the project period

The Regional Coordination Committee (RCC) on DHM and the ASEAN Institute of DHM (AIDHM) were proposed as two important mechanisms to operationalize the POA. The RCCDHM and the AIDHM could be regarded as “Hub organization in-charge of coordination of ASEAN and Japan collaboration mechanism” referred in this Indicator. The draft of the Terms of Reference (TOR) for the RCC and the AIDHM were also discussed and polished in the Project. Although it is still necessary to continue negotiations and discussions among AMS on the RCC and AIDHM, if the discussions will be concluded, it can be said that this indicator would be satisfied.

ARCH has been conducting in close collaboration with the Japanese Advisory Committee and the JDR Secretariat as well as JDR registered members. In addition, several opportunities have been provided for the ARCH AMS members to participate and make presentations in the JADM and the APCDM. The network of practitioners and experts on disaster health management between AMS and Japan has been already strengthened through the ARCH.

ARCH took a very important role for the standardization of the Minimum Data Set (MDS) which is the I-EMT reporting format developed in collaboration between WHO and Japan (JICA and JDR members). Moreover, the i-SPEED which is a rapid information collection system for the Surveillance in Post Extreme Emergencies and Disasters (SPEED) of Philippines was tested by the Regional Coordination Drill of the ARCH. The i-Speed system was developed based on the Japanese system (J-SPEED) and is compatible with the MDS and has possibilities to largely improve the management on disaster health information in each AMS. The ARCH is expected to test the effectiveness and promote this i-SPEED in ASEAN.

Indicator3; Expected to be achieved after the project period.

After a host country for permanent secretariat of the RCCDHM and the AIDHM is decided and first meeting of the RCC is held and the AIDHM is established, this indicator could be said to be achieved.

Indicator4; uncertain

6. Implementation Process

Involvement of the Thai Ministry of Public Health (MOPH) in the ARCH hadn't been clear since the project started in July 2016. However, the MOPH is mainly responsible for contact with health sector bodies or meetings in ASEAN and WHO. In addition, the MOPH is responsible to set up the Emergency Operation Center (EOC) in the health sector if a large scale disaster occurs in Thailand. Moreover, MOPH should be responsible for overseas deployment of EMT. Therefore, it is essential to get commitment from the MOPH in some certain all the activities of the ARCH. Accordingly, the R/D of the project was amended on Aug. 2017, the Permanent Secretary and Director of Division of Public Health Emergency Management (DPHEM) of MOPH were assigned respectively as the Co-Project Director and the Co-Project Manager. The amended R/D also clarified the titles and organizations for the members of the Joint Coordination Committee (JCC) and stipulated that JICA should dispatch long-term experts who are responsible to improve the coordination with ASEAN bodies and WHO and to strengthen the collaboration among the MOPH, NIEM and JICA. The long-term expert (Chief Advisor) based on the amended R/D was dispatched in June 2018.

7. Five Evaluation Criteria

Relevance	High; <ul style="list-style-type: none"> ✓ ASEAN is continuously the region where frequently occurs large scale disasters. ASEAN have been strengthening their efforts for disaster prevention/mitigation as well as rapid and effective disaster response. ✓ Regarding the disaster medicines which had not been approached enough in comparison with other sectors relating to disaster management in the ASEAN, as a result of the adoption of ALDDHM at the occasion of the ASEAN Summit last year, it can be expected that political priority for the Disaster Health Management could rise higher in this region than the situation before the project.
Effectiveness	Relatively High; <ul style="list-style-type: none"> ✓ Targets of all the indicators for the Project Purpose have been achieved or could be achieved by the end of the Project. ✓ The SOP and other tools developed by the project are very useful, but they are not sufficient for actual international deployment,

	<p>because EMTs of AMS have difficulties in meeting some elements of WHO I-EMT minimum standards, especially in the area of logistics, and their capabilities are not enough for self-sufficient international deployment.</p> <ul style="list-style-type: none"> ✓ It is not certain how the participants of the AMS trainings and the RCDs have utilized their acquired knowledge or could contribute for capacity development on Disaster Health Management in each AMS.
<p>Efficiency</p>	<p>Medium;</p> <ul style="list-style-type: none"> ✓ The organizational commitment from Thai MOPH for the ARCH had not been clear even up to the latter part of the Project period. ✓ There are many relevant parties of Japan involved in the project implementation such as the Advisory Committee, the Consultant Team, Infrastructure and Peacebuilding Department of JICA and the Secretariat of Japan Disaster Relief Team. However, the roles and responsibilities of each party were not distinct and communication among the parties was somewhat confused in the first half of the project period. ✓ Because the participants for the RCC and PWG from each AMS were often changed, it was difficult to maintain the consistency of the sequence of discussions. ✓ It is not certain how the participants of the AMS trainings and the RCDs could contribute for the regional collaboration and capacity development on Disaster Health Management in the ASEAN and their home countries.
<p>Impact</p>	<p>High;</p> <ul style="list-style-type: none"> ✓ The ARCH has been able to have many opportunities to make presentations on the progress and outputs of the project and to publicize the importance of Disaster Health Management on the occasions of the ASEAN Summit, ASEAN Health Ministers Meeting, SOMHD or other important ASEAN meetings relating to the disaster management. ✓ The text of the ALD was drafted through a series of discussions in the RCC and PWG of the ARCH. ALD DHM was adopted on the occasion of the 31st ASEAN Summit in Philippines on 13 Nov. 2017 and the leaders of the ASEAN confirmed to strengthen the further

	<p>efforts for Disaster Health Management in the ASEAN.</p> <ul style="list-style-type: none"> ✓ Plan of Action (POA) to implement the ALDDHM (2018-2025) was drafted and was submitted once to the SOMHD in April 2018. The RCC and PWG of ARCH have discussed to improve the POA and a revised version based on those discussions will be submitted again to the SOMHD on April 2019. If the POA will be approved by the SOMHD and proceed into the implementation stage, it could be regarded that the ASEAN Collaboration Mechanism was developed and ASEAN is expected to be gradually strengthening the capacities of Disaster Health Management and be acquiring the capabilities of rapid and effective medical response for any large scale disasters in near future. ✓ MDS which JICA proposed WHO to develop and took the lead for the development was tested by the RCD of ARCH and its effectiveness was verified by the ARCH regional drills. MDS was officially adopted by WHO on Feb.2017 as an international standard. It is regarded that ARCH has also made a significant international contribution beyond the ASEAN region. ✓ Based on J-SPEED which was developed in Japan, referring to Philippine Method "SPEED", a Japanese company has developed i-SPEED system and that company is now trying to introduce its products to Philippines using JICA's Public-Private Partnership Program. ARCH worked to test the effectiveness of this rapid information collection system by the Regional Coordination Drill and introduced this i-SPEED system to other AMS. If the effectiveness will be verified and i-Speed will be utilized in this region, ARCH can contribute to improve the information management on Disaster Medicine.
<p>Sustainability</p>	<p>High;</p> <ul style="list-style-type: none"> ✓ The ALD was already adopted and the Leaders of the ASEAN have reconfirmed to strengthen the system and mechanism for the Disaster Health Management in each country as well as in the region as a whole. It could be expected that the political priority for the DHM will continue at a higher level. ✓ Once the POA will be approved, it is regarded that the RCC set up by the ARCH could expand its role and function, and upgrade to

	<p>the RCCDHM which should be a permanent formal mechanism of the ASEAN.</p> <ul style="list-style-type: none"> ✓ Once the SOP and other collaboration tools developed by the ARCH are endorsed by the SOMHD, those will be recognized as the official tools which should be continuously utilized in ASEAN. The integration of those tools into the SASOP, which is a most important official standard procedure for Humanitarian Assistance to disasters in ASEAN, could ensure the effective utilization for actual disaster cases. Moreover it is expected that the tools will be continuously effective for various cases in ASEAN in future because the RCCDHM set up by the POA would repeatedly review and improve and revise the tools if necessary. ✓ Once the POA is approved and AIDHM is established, implementation of RCD and AMS training courses which were initiated by the ARCH will be taken over to the AIDHM. AIDHM will be responsible to develop training curriculum and teaching materials as the regional training center on DHM, referencing the products of the ARCH. AIDHM will also play the role as the facilitator to enhance the Academic network on DHM ✓ It is regarded that the activities and products through the ARCH will be integrated into the part of the POA and be improved.
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8. Conclusion

Most of the Activities have been implemented and the Outputs have been almost achieved as planned. Regarding the indicators for the Project Purpose, the Project has already achieved or can be expected to achieve all of the targets by the termination of the Project period. In addition, the Project has worked on the efforts beyond the Project Purpose and has made results in some extent toward the Overall Goal, which should be achieved several years after the termination of the Project period, and it is regarded that the Project has succeeded to generate a bigger Impact and to secure higher Sustainability than those expected before the Project. Then if the POA to implement the ALD is approved and the RCC & AIDHM to operationalize the POA start up, the Impact and Sustainability for the ARCH could be ensured further.

On the other hand, it is necessary to continue testing the products through the ARCH such as the collaboration tools or the RCD whether those can be functional

and effectively applied to an actual disaster. In addition, it is also necessary to improve the capacities on DHM in each AMS and to consider the regional collective measures in order to complement the incomplete capacities of AMS until each AMS could fulfill capabilities necessary for disaster medical response.

9.Recommendation

Based on the above conclusion, it is recommended that this ARCH Project should extend the cooperation period until the POA is approved and the main Mechanism of the POA (RCC & AIDHM) can start and get its actual activities on track so that the ARCH could ensure the Impact and Sustainability.

In addition, it is recommended that continuous testing for the tools and study on the capacity development needs in each AMS should be conducted and the regional approach to complement the capabilities of ASEAN-EMT should be discussed during the extension period.

Annex 1 ; Project Design Matrix(PDM)

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
<p>Overall Goal ASEAN and Japan collaboration mechanism on disaster health management is developed.</p>	<p>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.</p>	<p>1. Monitoring/review survey report 2. Agreement documents in ASEAN SOMHD 3. Summary of related meetings/ conferences (SOMHD or Summit etc)</p>	
<p>Project Purpose Regional coordination on disaster health management is strengthened in ASEAN.</p>	<p>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.</p>	<p>1. Agreement and/or summary of coordination meeting</p>	<p>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.</p>
<p>Output Output 1. Coordination platform on disaster health management is set up.</p>	<p>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</p>	<p>1-1 and 1-3 Records of coordination meetings 1-2 List of focal points</p>	<p>1 Commitment of AMS for is assured.</p>
<p>Output 2. Framework of regional collaboration practices is developed.</p>	<p>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.</p>	<p>2-1 Records of the regional collaboration drills 2-2 Monitoring/review survey report 2-3 Draft regional agreement of the regional collaboration on disaster health management</p>	
<p>Output 3. Tools for effective regional collaboration on disaster health management are developed.</p>	<p>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</p>	<p>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</p>	
<p>Output 4. Academic network on disaster health management in AMS is enhanced.</p>	<p>4-1 Number of presentation(s) made at academic conference(s) (Target: at least 1 paper/year)</p>	<p>4-1 Academic conference/journal such as JADM, APCDM, and WADEM</p>	
<p>Output 5. Capacity development activities for each AMS are implemented.</p>	<p>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)</p>	<p>5-1 and 5-3 Training report(s) 5-2 Monitoring/review survey report 5-3 Training report(s)</p>	
<p>Activities</p>	<p>Inputs</p>		
<p>1-1 Regional coordination meetings are organized every year to share the progress and discuss the direction of the Project.</p>	<p>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 necessary (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</p>	<p>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</p>	
<p>2-1 Develop and prepare the program of the regional collaboration drill with project working group</p>			
<p>2-2 Conduct the regional collaboration drill every year in AMS</p>			
<p>2-3 Compile recommendations on regional collaboration on disaster health management based on the discussion and knowledge sharing through project activities</p>			
<p>2-4 On site practice is conducted when disaster occurs in ASEAN (if possible).</p>			
<p>3-1 Formulate project working groups for regional collaboration tools at the beginning of the project</p>			
<p>3-2 Develop a draft regional SOP and minimum requirements for disaster health management with the project working group</p>			
<p>3-3 Prepare databases of emergency medical teams of AMS</p>			
<p>3-4 Draft framework of health needs assessment in emergencies with the project working group</p>			
<p>4-1 Present outcomes of the Project activities at academic conferences such as JADM, APCDM and WADEM</p>			
<p>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</p>			
<p>5-2 Conduct trainings on disaster health management and emergency medical service for AMS</p>			
<p>5-3 Conduct monitoring survey and evaluation on capacity development on disaster health management in each AMS</p>			
<p>5-4 Conduct a study tour in Japan for AMS</p>			
<p>5-5 Conduct training program in Japan for the Thai counterpart personnel</p>			