



World Health
Organization



5TH EMERGENCY MEDICAL TEAMS
GLOBAL MEETING
REPORT

Yerevan, Armenia
5-7 October, 2022



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Global Meeting
Report

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Organization**

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List of Abbreviations

AECID	Spanish Agency for International Development Cooperation (Agencia Española de Cooperación Internacional para el Desarrollo)
CBRNE	chemical, biological, radiological, nuclear and explosives
CICOM	Medical Coordination and Information Cell (Célula de Información y Coordinación Médica)
CNMI	Commonwealth of the Northern Mariana Islands
CoP	community of practice
EMT	Emergency Medical Team
EMTCC	Emergency Medical Teams Coordination Cell
GOARN	Global Outbreak Alert and Response Network
HEPR	health emergency preparedness, response and resilience
HID	highly infectious diseases
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
INEM	Instituto Nacional de Emergência Médica
INSARAG	International Search and Rescue Advisory Group
IPC	infection prevention and control
KIMEP	Knowledge and Information Management Emergency Platform
MCI	mass casualty incident
MDS	minimum data set
MHPSS	mental health and psychosocial support
NCCTRC	National Critical Care and Trauma Response Centre
OSOCC	On-Site Operations Coordination Centre
PAHO	Pan American Health Organization
PCPM	Polish Center for International Aid
PEMAT	Philippine Emergency Medical Assistance Team
PICs	Pacific Island Countries and Areas
PPE	personal protective equipment
RIDU	Republic of Indonesia Defense University
RRT	rapid response team
SCI	spinal cord injury
SCT	Specialized Care Team
SOP	standard operating procedure
TEMAT	Tonga Emergency Medical Assistance Team
TSP	trauma stabilization point
VHF	viral haemorrhagic fever
WADDEM	World Association of Emergency and Disaster Medicine
WAHO	West African Health Organization
WASH	water, sanitation and hygiene
WHO	World Health Organization
UN-CMCoord	United Nations Civil Military Coordination
UNDAC	United Nations Disaster Assessment and Coordination
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs



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As we build a new and stronger architecture for health emergency preparedness and response, a rapidly deployable global health emergency corps will be vital, building on the experience and capacities of Emergency Medical Teams.

The EMT 2030 Strategy envisions a world in which every country has the ability to respond rapidly and effectively to national emergencies, leveraging regional and sub-regional capacities to support vulnerable communities and others in need.

Dr Tedros Adhanom Ghebreyesus
Director-General, World Health Organization

Executive Summary

The 5th WHO Emergency Medical Teams (EMT) Global Meeting took place in Yerevan, Armenia on 5-7 October, 2022. The meeting was jointly held by the EMT Secretariat from WHO Headquarters and the WHO Regional Office for Europe, the WHO Armenia Country Office, and the Ministry of Health of the Republic of Armenia.

Building on the successes of four previous global meetings, and taking stock of the growth and achievements of the EMT Initiative and its network, especially as highlighted by recent responses to the COVID-19 pandemic and other health emergencies, this Global Meeting was significant in its purpose and ambitious in its agenda. The meeting was not only an opportunity to bring together the expanding global EMT network and community and to exchange knowledge and experiences; it was also a defining milestone in the evolution of the EMT Initiative, setting its longer-term directions with the EMT 2030 Strategy. This was also relevant and timely in the broader context of unprecedented and increasing threats of health emergencies facing the world today, and aligned well with current global dialogue on and commitments towards a stronger global health emergency preparedness, response and resilience (HEPR) architecture¹, of which EMTs form a critical part.

The Global Meeting achieved its objectives. The meeting brought together over 500 participants (plus another 2000 connecting via live stream) from 110 countries, representing EMTs, stakeholders and partners from national, regional and global levels. This was valuable in strengthening relationships across network stakeholders and partners. Six regional group sessions reinforced regional engagement with discussions on strategic priorities and activities. Eighteen technical sessions covering critical topics across the core EMT domains of standard setting, emergency response and capacity building provided the means to disseminate updates and exchange knowledge, experiences and best practices. Additionally, in recognition of the growing evidence-base and opportunities for research to inform EMT activities, a dedicated research stream with a special session on capacity building for research in emergencies along with 16 oral abstract and 50 poster presentations were included in this year's agenda. Another first for the Global Meeting was the Exhibition Hall where 20 EMTs and partners showcased their work and innovations as an additional means of knowledge exchange. Finally, and most importantly, a central theme and outcome for the Global Meeting was defining the longer-term strategic direction for the EMT Initiative. This was consolidated with presented feedback on strategic priorities from the regions and two plenary strategic dialogues during the Global Meeting, concluding with the launch of the EMT 2030 Strategy.

[1] Strengthening the global architecture for health emergency preparedness, response and resilience. Report by the Director-General. Geneva: World Health Organization, 2022. https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_20-en.pdf

5TH EMERGENCY MEDICAL TEAMS GLOBAL MEETING
IN NUMBERS



500+

PARTICIPANTS

+2000 CONNECTED VIA 



110

COUNTRIES



220

TEAMS

PARTNERS & ORGANIZATIONS

18

TECHNICAL
SESSIONS

116

SPEAKERS



20

EXHIBITORS

1 GLOBAL NETWORK
together towards
VISION





When we look at the logo for the EMTs and that little line that makes the M and goes out the other side. That is a thin blue line.

You are the thin blue line. You are the line between life and death. You are the line between fear and reassurance. You are the line that brings hope – the people in the worst of situations who bring the best of standards; not best effort, not do-gooding, but the highest professional standards to the worst possible situations.

Dr Mike Ryan
Executive Director, WHO Health Emergencies Programme



Introduction

About the EMT Initiative

The purpose of the EMT Initiative is to improve the timeliness and quality of health services provided by national and international EMTs in response to disasters, outbreaks and other health emergencies, and to enhance the capacity of national health systems in leading the activation and coordination of EMTs for such a response. Fundamental to this purpose is the global framework and mechanism, established in 2015, for EMT classification and quality assurance, and a set of guiding principles and core standards to which all EMTs must adhere.

Over the years, the EMT Initiative has continued to expand and to evolve as EMTs respond to an increasing number and diversity of health emergencies across different contexts and locations. On top of the core standards, the Initiative has developed Minimum Technical Standards for specific clinical care services, such as for Rehabilitation and for Reproductive, Maternal, Newborn and Child Healthcare, with further additions in progress. It has also produced guidance documents such as that for EMTs responding to health emergencies in armed conflicts and other insecure environments (the "Red Book")². In 2021, the foundational *Classification and Minimum Standards for EMTs* (the "Blue Book")³ was updated to incorporate accumulated experience and lessons learned since inception of the Initiative. The approaches to EMT coordination and operational responses have also evolved, catalysed in part by recent emergencies such as the COVID-19 pandemic. There is now added considerations for greater interoperability, scalability and flexibility, and for tailoring EMT responses to the specific needs of the context and national system. Finally, in recognition of the criticality of national EMTs in providing immediate assistance in any health emergency, the building of national and subnational capacities, including of EMTs and corresponding training and coordination mechanisms, has solidified as a core mandate and strategic priority of the EMT Initiative.

Today, the EMT Initiative represents not only an essential component of the global health emergency workforce, with its network of classified teams and partners ready and qualified to respond, but also an effective model and mechanism for expanding the availability, quality and localisation of this essential workforce and for strengthening health emergency preparedness and response systems. The Initiative can also complement other global initiatives and work synergistically to support countries in expanded areas of preparedness and response such as medical planning for mass gatherings, response to chemical, biological, radiological, nuclear and explosive (CBRNE) incidents, mass casualty management, and joint rapid responses for public health emergencies.

[2] A guidance document for medical teams responding to health emergencies in armed conflicts and other insecure environments. Geneva: World Health Organization; 2021. <https://extranet.who.int/emt/sites/default/files/Red%20Book2021.pdf>

[3] Classification and minimum standards for emergency medical teams. Geneva: World Health Organization; 2021. <https://extranet.who.int/emt/sites/default/files/BlueBook2021.pdf>



Above: Participants from all around the world gather at the Karen Demirchyan Complex in Yerevan, Armenia for the 5th WHO EMT Global Meeting.

Global Meeting in Context

Since the inception of the EMT Initiative, four Global Meetings have been held to gather the community of EMT providers, Member States and partners to guide the Initiative and to foster collaboration and support from the various Member States and partners of the network. The first four Global Meetings in Geneva (2015), Panama City (2015), Hong Kong (2016) and Bangkok (2019) were mainly aimed at creating the momentum for the development and integration of the global EMT mechanism. These meetings proved vital in steering the direction of the Initiative and gaining buy-in from all partners and stakeholders involved in EMT surge response. The fifth Global Meeting was initially slated for 2021, but due to the COVID-19 pandemic was deferred to 2022.

This 5th WHO EMT Global Meeting was held in Yerevan, Armenia on 5-7 October, 2022. The meeting was timely, occurring at an important juncture in the strategic evolution of the EMT Initiative. Even in the three years since the last Global Meeting, the Initiative and its network have made significant strides: the experience of EMT responses has expanded in scope and context; numerous national EMTs have been established with many more in development or having expressed interest; EMT training and capacity building approaches have been extended to and established at regional and national levels; and research and innovations across all facets of EMT operations, coordination and training have been generated. The Global Meeting was an important opportunity to bring together the EMT community and network partners to take stock of recent emergency responses, share knowledge and experiences, disseminate new ideas, evidence and best practices, and most importantly, to define the future directions and milestones of the EMT Initiative, that is, the EMT 2030 Strategy.

The Global Meeting also occurred at a pivotal moment in the global agenda on health emergencies. The recent COVID-19 pandemic and the increasing threats of climate-driven disasters, new and protracted conflicts and re-/emerging infectious disease outbreaks have focused current global dialogue and commitment on strengthening the health emergency preparedness and response architecture, of which the EMT Initiative, its network and mechanisms are a critical part. The Global Meeting was an opportunity to reiterate the relevance of the EMT Initiative to the HEPR architecture and to articulate the alignment of the EMT 2030 Strategy with broader health emergency preparedness and response priorities.

The 5th EMT Global Meeting brought together over 500 participants from 110 countries representing all six WHO regions. Over three days, participants were engaged in two plenary strategic dialogues, six regional group discussions, and 18 technical sessions across the three thematic streams of standard setting, emergency response and capacity building. This year's meeting also featured a special research stream in collaboration with the World Association of Disaster and Emergency Medicine (WADEM), and an Exhibition Hall with over 20 EMTs and partner organizations showcasing their work and innovations. The Global Meeting culminated in the articulation and launch of a unified, longer-term strategy for the EMT Initiative – EMT 2030.

Meeting Objectives and Expected Outcomes

The major objectives of the meeting were to engage participants in discussions and knowledge sharing on:

- Strategic governance and future direction of the EMT initiative, including global and regional priorities;
- Current clinical, technical and operational minimum standards and best practices as well as areas for further development;
- New evidence and recent experiences of EMT responses to identify best practice models and to examine opportunities and strategies to help improve operations and coordination;
- EMT capacity building at local, national and regional levels; and
- Collaborative actions with other initiatives and networks, and partnerships between network stakeholders to support Member States to prepare for and respond to emergencies.

The expected outcomes of the meeting were:

- The development and launch of the EMT 2030 Strategy;
- Strengthened engagement and relationships between EMT network stakeholders and partners, including at regional and global levels;
- Knowledge sharing and acquisition by participants on recent developments, research evidence and best practices for EMT emergency response, standard setting, and national capacity building; and
- Identification of areas for further development in clinical, technical and operational minimum standards and best practices.

Opening Plenary

The 5th WHO EMT Global Meeting opened with a dynamic, Armenian cultural performance, welcoming participants to the host country. This was followed by a scene-setting video tracing the evolution and milestones of the global EMT Initiative leading up to the current Global Meeting and its forward-looking agenda. The relevance of the EMT Initiative to the Armenian context was also highlighted with footage of the devastating 1988 earthquake and the present-day development of an Armenian EMT programme, exemplifying the importance of strengthening such capacities at national and subnational levels.

Official opening remarks were given by His Excellency Mr Hambarzum Matevosyan, Deputy Prime Minister of the Republic of Armenia; Dr Tedros Adhanom Ghebreyesus, WHO Director-General; Dr Hans Kluge, WHO Regional Director for Europe; Dr Mike Ryan, Executive Director of the WHO Health Emergencies Programme; Professor Leonard Notaras, EMT Strategic Advisory Group Chair and Executive Director of the National Critical Care and Trauma Response Centre (NCCTRC) of Australia; and Dr Flavio Salio, WHO EMT Network Leader. Each reflected on the unprecedented challenges and emergencies facing the world today, and reaffirmed the importance of EMTs, the Initiative and its network in addressing these challenges, both as part of the global health emergency workforce as well as through contributions in strengthening preparedness and response systems at national, regional and global levels. The Global Meeting was recognized as an important platform for the EMT network and its partners to come together, to discuss and exchange ideas, and to build and implement an ambitious longer term agenda for the EMT Initiative.

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Above: Scenes from the Opening Ceremony in the Plenary Theatre

Mr Hambardzum Matevosyan, Deputy Prime Minister, Republic of Armenia

"The challenges that we've been facing throughout the past years shed light on the importance of the collective actions by all countries to ensure concerted, unified and sustainable response to all public health emergencies. It is our collective duty to adapt to the ever-changing world so that we can tackle any health emergency that may arise in the future. This is why Armenia has committed itself to establishing EMTs and becoming an integral part of the global EMT network."



Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization



"The COVID-19 pandemic and increasing numbers of other emergencies around the world have highlighted the need for well-trained and properly equipped emergency medical teams. Since the pandemic began, emergency medical teams have played a vital role in supporting countries to prevent infections, treat the sick and save lives. As we build a new and stronger architecture for health emergency preparedness and response, a rapidly deployable global health emergency corp will be vital, building on the experience and capacities of emergency medical teams. At this meeting you will discuss what is needed for this health emergency workforce of the future, with strong teams ready to mobilize rapidly, nationally, regionally and globally."

Dr Hans Kluge, WHO Regional Director for Europe

"It is no exaggeration to say that we live and work at the time of unprecedented overlapping emergencies. We call it a perma-crisis. In our region alone, we are responding simultaneously to COVID-19, monkey pox, a devastating war in Ukraine, which shows no signs of de-escalation, and an increasing number of vaccine-derived poliovirus type 2 outbreaks. And this together with constant reminders of the climate crisis, including most recently devastating wildfires triggered by extreme summertime heat. No organization on its own can respond to emergencies of this scale. That's why we call upon Member States and other stakeholders to work even more closely together to further strengthen emergency preparedness and response capacities, including essential partnership mechanisms such as Emergency Medical Teams."



Dr Mike Ryan, Executive Director, WHO Health Emergencies Programme

"For the first time ever WHO has 50 graded emergencies on our books at one time, ever more complex intertwined disasters. It's interesting when we look at the logo for the EMTs and that little line that makes the M and goes out the other side...That is a thin blue line. You are the thin blue line. You are the line between life and death. You're the line between fear and reassurance. You're the line that brings hope. The people in the worst of situations who bring the best of standards, not best effort, not do-gooding, but the highest professional standards to the worst possible situations... And therefore, the EMT initiative needs to be a really strong part not only of achieving your own goals as a network and as a platform, but in driving a new health emergency preparedness and response architecture for the world."



Professor Leonard Notaras, Chair, EMT Strategic Advisory Group and Executive Director, National Critical Care and Trauma Response Centre of Australia



"In preparedness and readiness we [EMTs] have continued to improve our systems at global, regional and country levels and we take a broad approach to these incredible challenges that we are now confronting. Never has EMT been more relevant as a building block for preparedness and response."

Dr Flavio Salio, Network Leader, WHO Emergency Medical Teams

"The [next] three days will present a great opportunity to look forward and embrace the future for the initiative. I would like to invite each and every one of you to be ambitious during these three days, to seek opportunity to expand the scope of the EMT initiative, as well as enhance the role of the EMT as a core component of the health emergency workforce."



Armenia is pleased to host this [Global Meeting], especially given our experiences tackling multiple emergencies in recent decades...

For us, EMTs are a critical extension of the wider health ecosystem, and we are grateful to WHO and all our health and development partners for sharing their expertise and creating a platform for regional and global collaboration, helping us learn from others, and to share our experiences as well.

Ms Anahit Avanesyan
Minister of Health, Republic of Armenia



Above: Ms Anahit Avanesyan, Minister of Health of Armenia (second from left) speaking at the EMT Global Meeting Press Conference along with (from left to right) Dr Gerald Rockenschaub, Regional Emergency Director, WHO Regional Office for Europe; Dr Mike Ryan, Executive Director, WHO Health Emergencies Programme; and Dr Flavio Salio, WHO EMT Network Leader.

EMT 2030 Strategy

The EMT 2030 Strategy was a central focus and key outcome of this Global Meeting. With the EMT mechanism well established, and with the continued advances in scope and approaches of the EMT Initiative, defining future directions with this milestone EMT 2030 Strategy was important and necessary. These strategic directions were also developed in response to WHA75/20, Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience as well as the Agenda for Recovery and Renewal, the Triple Billion targets and the Sustainable Development Goals.

A world in which every country has the capacity to respond rapidly and effectively to national emergencies, leveraging regional and subregional capacities to support vulnerable communities and the most in need.

[Vision of the EMT 2030 Strategy](#)

The primary objective of the EMT Initiative is to help countries strengthen their national surge and emergency response capacities through the establishment of national EMTs and other rapid response capacities; these are best positioned to provide immediate assistance in an emergency. Applying the EMT model of guiding principles, core and technical standards and coordination ensures predictability, reliability and quality assurance. However, international surge remains valuable to support national systems when overwhelmed. In this regard, applying the EMT model systematically across national systems also looks to build interoperability, coordination and stronger relationships between national and international systems. All these facets of the EMT Initiative will contribute to an effective global HEPR architecture as well as a scalable, interoperable global health emergency workforce. These important roles and contributions of EMTs and the EMT Initiative for a stronger global HEPR architecture was affirmed during a plenary senior strategic dialogue on the first day of the Global Meeting.

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With the above rationale in mind, the four core objectives of EMT 2030 are to:

01

Strengthen effective partnership, leadership & operational governance



The EMT mechanism is now well established. In order to apply to the maximum extent the benefits of the EMT model across wider national and subnational levels as well as to all hazards and a broader range of health needs in emergencies, the strengthening of linkages with relevant entities at global, regional, subregional, national, WHO institutional and cross-network levels is essential. This includes further promoting awareness and adoption/adaptation of the EMT model, establishing new linkages and advancing existing partnerships, formalizing agreements for technical and operational collaborations and for strategic commitments and investments, and strengthening governance, particularly with a regional focus.

02

Provide comprehensive, accessible and quality health services



EMT response experiences have seen an expansion in the scope of healthcare needs and requests as well as an evolution in approach towards greater flexibility to meet context- and country-specific needs. Surge requirements have move beyond replacement facilities to also include specialist care and expertise, knowledge transfer and management, and coordination. Corresponding developments of technical standards for specialized care teams as well as other anticipated areas of need, such as mental health care and mass gathering medical support, are a priority to ensure quality health services. Also essential to accessible health services is timely surge capacity, which is best provided by national teams. Further focus on building national and subregional capacities, such as training approaches, coordination structures and pre-positioned supply caches, is therefore expected.

03

Implement and scale up strategies for standardization and quality assurance



Standardization and quality assurance remain a core tenant of the EMT model. There is need and opportunity to extend this across national systems as well as to a wider range of rapid response health capacities. However, this requires development and implementation of adapted scale-up strategies, such as an external validation system, to be appropriate for different national and regional contexts.

04

Strengthen information systems, evidence and research



As the EMT Initiative continues to advance, there is need for a stronger evidence base to improve response practices, planning, predictability and effectiveness. This requires specific attention and greater investments in operational research, evidence translation, innovation, and systems to facilitate monitoring and evaluation, data and knowledge management, and learning across the EMT network and partners.

Fig 1. Rapid response capacities and solutions framework



The Global Meeting was the planned forum for the EMT 2030 Strategy to be disseminated and discussed with the global network and partners, building upon preceding bilateral and preliminary regional consultations. Discussions on regional priorities and correlation to the EMT 2030 core objectives took place during the Regional Group Sessions on the first day of the Global Meeting with each region reporting their outcomes at the plenary EMT 2030 session on the final day. While each region differed in their priorities due to context, needs and differing stages of EMT development, these priorities aligned with the core objectives. At the whole-of-network level, a plenary panel discussion, with opportunity for engagement from all participants, endorsed each of the core objectives and officially launched the EMT 2030 Strategy.

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Above: Senior Strategic Dialogue on the role of EMTs in the new global HEPR architecture. Panelists (from left to right): Dr Mike Ryan (Executive Director, WHO Health Emergencies Programme), Dr Melchior Aissi (Director-General, West African Health Organization (WAHO)), Dr Gerald Rockenschaub (WHO Regional Emergency Director for Europe), Professor Leonard Notaras (Executive Director, NCCTRC, Australia), Dr Johanna Hanefeld (Director, Centre for International Health Protection, Robert Koch Institute, Germany), Mr Hideaki Yamamoto (Emergency Relief Coordinator, Ministry of Foreign Affairs, Japan), Mr Steinar Olsen (Director, Emergency Medicine and Preparedness, Norwegian Directorate of Health), Mr Gaafar Uherbelau (Minister of Health, Palau), and Ms Anahit Avanesyan (Minister of Health, Armenia); and moderator (far right) Professor Gregory Clottone (President, WADEM)

Reports from the Regions

The first afternoon of the Global Meeting was dedicated to Regional Group discussions. This was an opportunity for participants, EMTs, partners and stakeholders to gather in their respective WHO regions to share updates on progress, celebrate achievements, define priorities and network. These sessions reflect the shift towards greater regionalization of the EMT Initiative, and help to strengthen regional collaborations and governance.

African Region

There were 31 participants from the African Region, representing 14 different Member States or partner organizations. Of note, Dr Melchior Aissi, Director-General of WAHO, was a high-level participant. During the session, various participants from the African Region presented their experiences and perspectives, including:

- Introduction to the flagship initiative and place of EMTs in the Initiative (WHO Regional Office for Africa)
- Supporting the West African countries in building national EMTs (WAHO)
- Building Senegal military EMTs, and responding to public health emergencies (Senegal Army EMT)
- Building and deploying EMTs to national emergencies in Ethiopia (Ethiopia EMT)

Discussions during the session covered:

- Funding strategies for EMT activities and resource mobilization at national, regional and global levels; some of lessons learned from the approach used by the Western Pacific Region may be applied
- Approaches to leverage and increase regional capacity to feed into global agenda and strategy
- Advocacy for institutionalizing EMTs in the region through resolutions by Member States; it was observed that there was a lack of national policies by country in terms of EMT work. Despite recommendations of the WHO, most African countries do not have instruments to respond to disasters and epidemics. There is need to integrate the strategic and operational network of EMTs in emergency response
- Use of the twinning program, and encouraging African Region EMTs to reach out to countries in the region and international EMTs to be supported technically and logistically

- Need to improve clinical management of highly infectious disease (HID) outbreaks; this could be well defined using the EMT initiative. Regions and countries should enhance the capacity of health workers to build their tenacity and resilience to be able to respond in a timely and effective manner to outbreak emergencies. Additionally, there should be adequate equipment and funding resources to complement the workforce capacity and methods to have sustainable interventions must be put in place.

The conclusion overall was that the priorities for the African Region were in alignment with the objectives of the EMT 2030 Strategy.

Below: African Regional Group discussion session on day one of the EMT Global Meeting



Key African Regional Priorities

- Strengthen a fully operational governing EMT secretariat, develop criteria of inclusion and governance
- Ensure high level advocacy for involvement of all member states (WAHO proposed to agree on a resolution of institutionalization of EMT in different countries)
- Engage regional and country level stakeholders to advocate for commitment in pursuing and attaining the goals of the EMT
- Identify and build capacities for a regional EMT (leveraging on trained national teams)
- Identify mechanisms, mobilize resources and commit funds to support EMT work; this will ensure that EMTs are self-sufficient and self-reliable
- Encourage countries and regions to complete the required processes to attain an accredited EMT
- Adapt training resources to countries with limited resources (for example, Africa and Latin America)
- Contribute to developing minimum standards for clinical and EMT interventions across all HID outbreaks
- For Member States and partners to improve and expand on research focusing on the multiple outbreaks in the region
- Capitalize the availability of different platforms in our African Region (SADC, ECOWARS, IGAD, AU, etc.) to support the full implementation of EMT meetings

Region of the Americas

There were over 85 participants representing 19 countries from the Region of the Americas. During the session, the achievements for the EMT Initiative in the Americas were highlighted: over 30 countries with designated national EMT focal points, Medical Coordination and Information Cell (CICOM, acronym in Spanish) activated in real emergencies or regional simulation exercises in 15 countries, and an EMT coordinator roster of 121 professionals trained from 35 countries. Support is continuing for 17 countries developing their own national EMTs, including training to increase clinical and operational capacity as well as donations of equipment to ensure self-sufficiency for deployments in own or neighboring countries. Over the years, EMTs have become an essential part of respective national health services network, including in responding to the COVID-19 pandemic. The Region of the Americas accounted for more than 40% of all COVID-19 deaths reported globally, and the EMT Initiative was a key player in the pandemic response. EMTs participated in 60 regional EMT missions, and 300 national EMTs were deployed and 385 alternative medical care sites installed, providing an expansion of 50 552 inpatient and 2285 critical care beds.

Participants from the Americas focused their discussion on the road map for implementing the EMT 2030 Strategy, and shared experiences and good practices aligned with the goal and core objectives:

- Strengthening regional governance
 - [Argentina] Experience implementing national EMT committees
 - [Chile] Knowledge sharing programme and partnership with national and local networks.
 - [Antigua & Barbuda] Cross-regional collaboration in the Caribbean
- Comprehensive accessible and quality health services
 - [Colombia] Scaling EMT response at local and national level: FBSR Experience
 - [Costa Rica] Implementing CICOM in Costa Rica
 - [Costa Rica/Spain/Panama] Interoperable responses: Joining efforts during COVID-19 response
- Strategies for standardization and quality assurance
 - [Mexico] Adopting global standards for national response
 - [Ecuador] National mechanism for registering mobile hospitals

Regarding information systems, the Pan American Health Organization (PAHO) Regional Secretariat has also bolstered development of IT tools and platforms to respond to emergencies and disasters, including COVID-19. Those tools and platforms include SIMEXAmericas (to facilitate regional simulation exercises), Virtual CICOM (online tool to support coordination of offers, requests and deployments of EMTs), and SISMED911 (computerized aid ambulance dispatch software). Also, the platform EMTAmericas.org has been operational since 2018, supporting knowledge sharing and virtual discussions.

Below: Americas Regional Group discussion session on day one of the EMT Global Meeting



There was a virtual poll and live discussion on evidence and research with regional professionals. Topics included conducting After Action Reviews, employing operational research, monitoring and evaluation systems as well as main challenges facing operational research within their EMTs.

For the Americas, building national EMT capacities and mechanisms is central to the regional vision and key to the EMT 2030 Strategy. The current achievements have been developed over years of implementing the EMT Initiative in the Americas. Central to the success has been the people – sharing one passion, one EMT language, and one goal that all people affected by disasters or health emergencies are able to have safe, accessible care provided by EMTs.

Key Americas Regional Priorities

- Strengthen EMT coordination (CICOM, virtual CICOM and roster)
- Establish national mechanisms for EMT registration
- Provide technical support of national EMTs
- Develop guidance for sustainability and operational maintenance
- Develop virtual/remote/IT tools
- Implement national EMT committees
- After action reviews
- Strengthen civil military cooperation
- Design curricula and plan of training that could work for each country

Eastern Mediterranean Region

The Eastern Mediterranean Regional session convened participants from United Arab Emirates (UAE), Tunisia, Jordan, Qatar and Iran, and offered an opportunity to present the EMT implementation status in the region and to propose new approaches to move forward with the initiative in their respective countries. UAE participated with a four-member team very willing to build a national EMT. An initial agreement was convened to support the first EMT Regional Meeting to be held in UAE tentatively in January 2023.

The session was conducted in two parts:

- The first part covered the status of the EMT Initiative and perspectives in the region. Discussions among the group allowed identification of bottlenecks and barriers hindering the implementation of EMT work in the region, and proposals of new approaches to align with EMT methodology and standards while building national teams.
- The second part was an introduction to the new concept paper of the EMT 2030 Strategy, and the group discussed how to ensure alignment at regional and country levels to the key objectives of this proposed global strategy.

Overall, the regional vision is in alignment with the EMT 2030 Strategy, including:

- Establishment of a regional governance structure
- Regional representatives' network as drivers of the Initiative
- Fostering of an all hazards approach while building wider national capacities
- Utilization of new approaches: regional hub, community of practice, twinning, partnerships and/or building cross border capacities (that is, subregional teams)
- Capacity strengthening and training closer to countries
- Adaptation of the global standards to the regional context



Above: Participants from across the Eastern Mediterranean Region at their regional group session.

Identified foreseen challenges for the region included:

- Scarce resources, such as financial and/or human resources, in some countries of the region
- Great disparities between countries of the region, including some conflict settings and protracted emergencies
- Building national capacities while responding to ongoing events
- Limited experience
- Lack of Awareness: There remains limited understanding by WHO country offices and Ministries of Health about the EMT Initiative.

Key Eastern Mediterranean Regional Priorities

- Establishment of a regional network of EMT focal points and experts to support regionalization and implementation of the global strategy
- In-depth analysis of regional resources and capabilities to guide identification of regional needs and to inform planning priority activities
- Advocacy among high level stakeholders to identify leads in interested countries to expedite the EMT establishment process
- Endorsement of the regional strategy, and agreement on the important milestones and timeline for implementation

European Region

The meeting of the European Region was attended by over 150 individuals, including the WHO Regional Emergency Director, Dr Gerald Rockenschaub and the Deputy Minister of Health of Armenia, Dr Lena Nanushyan. This meeting was structured as an opportunity to gather together in person a broad range of EMT stakeholders to convene and collaborate on the direction of the EMT Initiative moving forward, with an emphasis on recognizing the accomplishments of recent years and reflecting on lessons learned and perspectives from across the region to inform progress and next steps.

The various sessions of the meeting were facilitated by Dr Gerald Rockenschaub, Dr Lena Nanushyan, Dr Oleg Storozhenko, the Regional EMT Focal Point, Florian Schwoebel, Gino Claes, and Steinar Olsen of the Regional Chairmanship Group, and Kris Ronsin from the regional secretariat.

The opening session of the meeting featured voices from the field, candid presentations on lessons learned, best practices, and recommendations for strategic priorities for the region moving toward 2030. The main priorities emphasized across presentations were the need for:

- Strengthened national capacity building, including health systems and national focal points
- Shift toward all-hazards response, including climate change
- Further regionalization
- Enhanced interoperability
- Digitalization and innovation
- Sustainable financing and investment

The following sessions and presentations focused on how to implement the EMT 2030 Strategy in the European Region and proposed regional governance reform. Presentations from the current Regional Chairmanship Group highlighted the European Region's overall alignment with the Strategy and areas of opportunity as well as sharing a planned shift from a



Above: Panelists for the European Regional Group discussion session. Above Right: Dr Gerald Rockenschaub, WHO Regional Emergency Director for Europe, presenting during the session.

troika model of governance to a more horizontally oriented steering committee that is more inclusive, participatory and balanced in terms of member representation. There was also resounding agreement among attendees that the role of focal points, particularly national focal points, should be strengthened to further enhance and support EMT development at the national level.

Through live discussion and online polling/surveying with the audience, feedback was collected on the meeting discussion, proposed structure and overall operational goals. The overarching priorities to those in attendance were frequent communication, engagement and exchange, capacity building and networking, inclusivity, and advocacy for EMT at the national level.

[Watch Now](#)



Key European Regional Priorities

- Further regionalization and defined subregionalization of the Initiative across Europe
- The establishment of and engagement in technical working groups to support the development of guidance or standards for:
 - Information and knowledge management for EMT Initiative
 - Climate change
 - CBRNE
- Rapid progress on the proposed governance reform through the integration of membership feedback collected at the meeting, which will be integrated and a new governance proposal circulated to the membership for further comments
- The continued development of the Knowledge and Information Management Emergency Platform (KIMEP), led by the European Region with support from WHO Headquarters, for launch in 2023

South-East Asia Region

The South-East Asia Regional Group discussion was attended by Member State participants from Bhutan, Nepal, Thailand, Sri Lanka and Timor-Leste. In addition, representatives from the EMTs that are already classified or enrolled in the classification process participated, which included the Thailand EMT, Bhutan EMT, Sri Lanka Army Medical Assistance Team and Muhammadiyah EMT. Representatives from the Republic of Indonesia Defense University (RIDU) were also in attendance.

It was informed to the Regional Group that the 2nd Meeting of the Regional EMT Working Group was conducted virtually on 8 June, 2022. The main discussions during the meeting included discussions on the progress made in the region and the way forward on strengthening national EMT capacity. In addition, new co-chairs were selected for the next two years in line with the Regional Committee resolution on EMT. Some of the key progress discussed during the regional meeting were presented, which included work on establishment of a multi-country training hub for operational readiness including EMT by RIDU, and the expression of interest from Thai EMT to establish a WHO Collaborating Centre.

Following this briefing, focus turned to the EMT 2030 Strategy. Participants were briefed on the concept of the Strategy, followed by extensive group discussions and feedback from the region. All members unanimously agreed on the goal of the strategy and the core objectives.

Below: Participants from across the South-East Asia Region at their regional group session.



Key South-East Asia Regional Priorities

- Map existing types of health emergency response teams across health systems and national surge capacity (staff, supplies, systems, standard operating procedures (SOP))
- Develop national response team typology/terminology based on national context
- Develop and maintain inventory for communication and mobilization
- Develop agreeable coordination and standard for quality assurance
- Integrate Health Emergency Operations SimEx with EMT

Western Pacific Region

Over 70 participants representing 17 countries and areas joined the EMT Global Meeting from the WHO Western Pacific Region. Discussions during the regional group session included:

- An opportunity for participants to introduce themselves to each other
- Confirmation of the 2023 Regional Chair Group for the Western Pacific, with Malaysia as Chair, Samoa as "incoming" Vice-Chair, the Commonwealth of the Northern Mariana Islands (CNMI) and Palau as "outgoing" Co-Vice-Chairs" and Mercy Malaysia as the non-governmental organization representative.
- An update on the significant progress achieved in the Western Pacific Region, including the development of a wide range of national and international teams, often collaborating and supporting one another.
- A presentation and discussion on the "Towards EMT 2030" strategic document, including soliciting inputs from Western Pacific Region EMTs on priorities to advance as the document is further developed.

Participants from the Western Pacific Region noted the significant progress achieved in developing and utilizing EMTs in the Region over the past 10 or more years, including providing regional and global response support, the significant expansion of national EMTs across the region, and creating strong localized clinical response capacity based on "Blue Book" standards and principles, appropriately adapted to the diverse contexts of our region.

Pacific Island Countries show that even the smallest countries can develop national EMT capacity.

Despite their small populations and remote locations, Pacific Island Countries and Areas (PICs) played a huge role in this year's 5th EMT Global Meeting. Led by senior officials from several PICs, delegations from Fiji, Kiribati, the Federated States of Micronesia, the CNMI, Palau, Samoa, Tonga and Tuvalu joined this year's meeting to share the impressive work they have done to develop and utilize strong, self-sufficient national EMTs in some of the world's smallest nations by both population and land area. In a dedicated session on EMTs in Small Countries/Areas, the Honourable Minister of Health of Palau and the CEO of the CNMI's health system shared how they developed EMTs in their jurisdictions of approximately 18000 and 50000 people, respectively. The Kingdom of Tonga's self-sufficient EMT response to the massive volcanic eruption and tsunami that struck the island nation in early 2022 featured prominently in multiple plenary sessions. And the Pacific was among the best represented regions in poster presentations, with nine abstracts presented on topics ranging from adapting EMT cache to Pacific contexts to novel approaches to EMT training in the Pacific.



Clockwise from above: EMT members from the Pacific at the Global Meeting venue; Representatives from Fiji presenting a poster on utilizing a medical ship during COVID-19; the Honorable Minister of Health of Palau presenting during session on EMTs in Small Countries and Areas

Key Western Pacific Regional Priorities

- Continue and expand EMT deployment tracking and consolidate into an online dashboard
- Cache delivery for Pacific Island countries and areas and ongoing evaluation, assessment and feedback on optimizing cache for the wide range of contexts in which Western Pacific Region EMTs operate
- Expanding capture of lessons through research, evaluation & publication on EMT development, deployment and continuous improvement
- By EMT Global Meeting 2025 establish national EMTs and/or provide EMT orientation and coordination mechanisms to prepare for receiving EMTs in all countries in the Western Pacific Region
- Continuously review the mix of EMT capabilities in the Region and maintain dialogue on capacities being fit-for-purpose.
- Expand capacity on EMT coordination, including through regional EMT Coordination Cell (EMTCC) training, and through supporting Member States to embed the EMTCC methodology into national health emergency response systems.
- Continue to advocate for funding to support national EMT development across the region, noting the cost-efficiency of maintaining strong national EMTs relative to high-cost international deployments.
- Western Pacific Region EMTs are supportive of the EMT 2030 vision, and believe that work already underway in the Region is aligned with the objectives outlines in the document.

Eleven Newly Classified Teams Recognized at Global Meeting

An International Recognition Ceremony for EMTs that had achieved classification in the last three years was held at the Official Welcome Dinner hosted by the Armenian Ministry of Health on 5 October, 2022. Eleven EMTs from around the world were presented with their Recognition Certificates. International Recognition is the next step after an EMT becomes classified; it implies inclusion in the global registry with the corresponding capability demonstrated at the verification visit. The newly classified teams were:

- Thailand Emergency Medical Team, Thai EMT. Government EMT; Type 1 Outpatient Emergency Care – fixed EMT (July 2019);
- Barbados Defense Force, BDF. Military EMT; Type 1 Outpatient Emergency Care – fixed EMT (September 2019);
- Polskie Centrum Pomocy Międzynarodowej, PCPM. NGO from Poland. Type 1 Outpatient Emergency Care – fixed EMT (October 2019);
- Ulusal Medikal Kurtarma Ekibi, UMKE. Government EMT from Türkiye. Type 2 Inpatient Surgical Emergency Care EMT (June 2020);
- Swiss Humanitarian Aid, SHA. Government EMT. Specialized Care Team for Reproductive, Maternal, Newborn & Child Health EMT (June 2021);
- International Medical Corps, IMC. NGO from the United States of America. Type 1 Outpatient Emergency Care - Fixed EMT and Type 1 Outpatient Emergency Care – Mobile EMT (June 2021);
- L'Element de Securite Civile Rapide d'Intervention Medicale, ESCRIM. Government EMT from France. Type 2 Inpatient Surgical Emergency Care EMT (April 2022);
- Secouristes sans Frontieres Medical Team, SSF MT. NGO from France. Type 1 Outpatient Emergency Care – Mobile EMT (May 2022);
- Korea Disaster Relief Team, KDRT. Government EMT. Type 1 Outpatient Emergency Care – Fixed EMT (June 2022);
- UK-Med. NGO. Type 1 Outpatient Emergency Care – fixed EMT and Type 1 Outpatient Emergency Care – mobile EMT (June 2022); and
- AmeriCares. NGO from the United States of America. Type 1 Outpatient Emergency Care – Mobile EMT (July 2022).



Above: Newly classified EMTs from different regions are presented with their Recognition Certificates and EMT flags by Dr Mike Ryan, Ms Anahit Avanesyan, Dr Gerald Rockenschaub, Dr Flavio Salio, Professor Leonard Notaras and their respective Regional Focal Points. Clockwise from top left: KDRT; PCPM; Thai EMT; and BDF.

Standard Setting

Highly Infectious Diseases

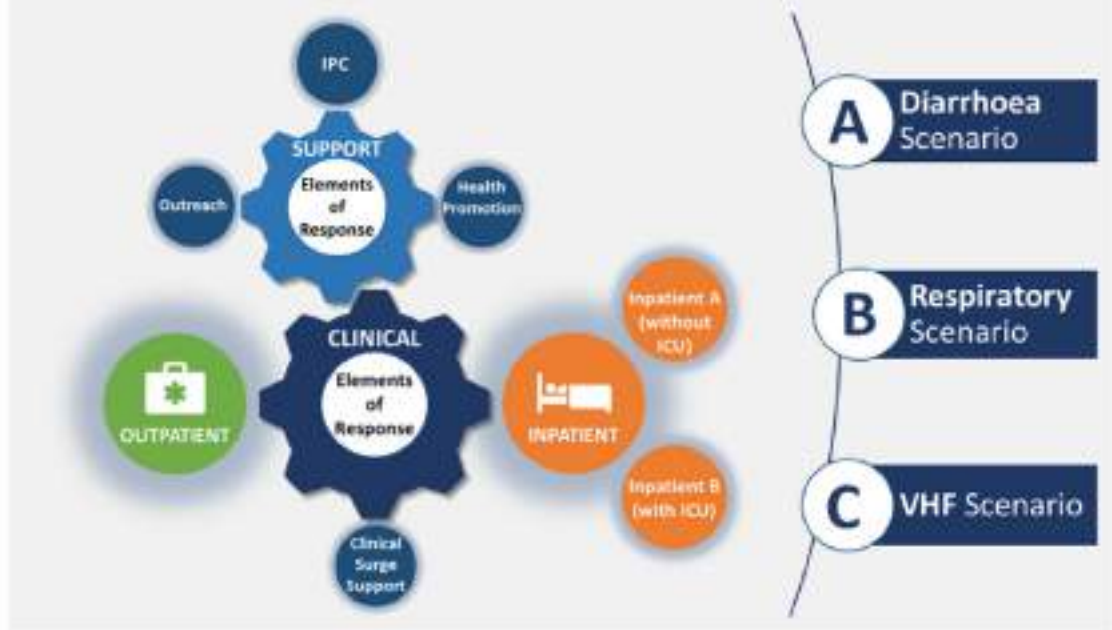
Chair: Mark Sherlock (Médecins Sans Frontières)

Speakers: Daniel Peter (Robert Koch Institute), Glenn Fatupaito (Samoa Ministry of Health), Rashidatu Fouad Kamara (WHO Republic of Congo), Faquir Calu (WHO Mozambique), Eshrak Naji Mohammed Al-falahi (WHO Yemen), David Wightwick (UK-Med)

In recent years, national and international EMTs have responded not only to disasters and conflicts, but have increasingly also responded to requests for assistance for several outbreaks, epidemics and a pandemic. This has shown the increasing need for medical teams with specialized outbreak response capacities. Even before the COVID-19 pandemic, medical teams were challenged to operate in highly infectious disease (HID) contexts. In 2019, several East African countries were hit by cyclone Idai, followed by an outbreak of Cholera in several of the affected districts around the city of Beira in Mozambique. Two years earlier, in 2017, the already precarious humanitarian situation among the Rohingya refugees in Cox's Bazar, Bangladesh, came to a head when, simultaneously to a measles outbreak and a high prevalence of tuberculosis, the first cases of diphtheria were detected. Recurrent outbreaks of ebola in the Democratic Republic of Congo and the measles outbreak in Samoa and other Pacific Islands have demonstrated the need for rapidly available national and international resources to support affected states. Pooling the available knowledge on HID management will allow both well established and newly formed EMTs to respond safely and effectively to infectious disease outbreaks.

In this session, the background and current progress of the HID Minimum Technical Standards were presented. This focuses on three main scenarios, each with model diseases: acute watery diarrhoea with cholera, viral haemorrhagic fever (VHF) with ebola, and acute respiratory infections with COVID-19, SARS and diphtheria. Elements of response to be defined include outpatient, inpatient, technical and complementary services (such as outreach, health promotion, and infection prevention and control (IPC)), and clinical surge support, although activation of elements will depend on factors such as scenario, context, needs and epidemic curve. To provide real-world context for the discussion, speakers shared experiences and lessons learned from previous infectious disease outbreak responses: measles in Samoa, ebola in West Africa, cholera in Mozambique and in Yemen (compounding a protracted crisis), and diphtheria in Bangladesh. Highlighted challenges included increased complexity of coordination and logistics, such as for WASH, supply chain and Personal Protective Equipment (PPE) stocks, importance of strengthened national capacity for coordination, and need for a wide range of response elements, such as clinical case management, IPC, risk communication, WASH, laboratory and field epidemiology.

Fig 2. Preliminary conceptual diagram of elements of HID response, including additional technical services and complementary activities



Key Outcomes

- Minimum standards for HID need to be adaptable to the context; not all elements of response need to be deployed for every outbreak situation
- HID responses may demand a wide diversity of response elements and capacities, ranging from clinical, IPC and laboratory services to risk communications and community engagement to WASH and infectious disease waste management, thus increasing the complexity of coordination
- HID Minimum Standards complement the Blue Book

Medical Evacuation and Prehospital Services

Chair: Geert Gijls (WHO HQ)

Speakers: Kobi Peleg (WHO HQ), Steinar Olsen (Norwegian Directorate of Health), Sebastian Junemann (Cadus), Joanna Drogowska (European Commission), Luis de la Fuente (PAHO/WHO AMRO), Luca Ragazzoni (CRIMEDIM), Natalie Simakoloyi (Marybegg Health Services Zambia)

Medical evacuation and prehospital care services may need to be considered and provided by Emergency Medical Teams as part of their response to a natural disaster, conflict or other health emergency. However, in such contexts, implementing quality practices and systems for these services can be challenging. Minimum technical standards, including a comprehensive framework and uniform language, for medical evacuation of casualties and patients from disaster areas are currently in development.

This session provided an update on the current status of development, and introduced the range of aspects to be addressed, such as clinical criteria, staff training, specific logistical and regulatory needs, and effective coordination. This was placed in real-world context with presentations on experience with medical evacuation during the current Ukraine crisis, including air medical evacuation, long-distance ground evacuation, and use of a computerized system to assist in coordination and communications. The latter half of the session focused on prehospital services with presentations on SISMED911, a computer assisted dispatch system that is being rolled out to support strengthening of prehospital services in less resourced countries in the Americas, and on the experience of developing a prehospital service in Sierra Leone. These were capped with a presentation discussing the specific challenges and needed considerations for developing prehospital care services in a low-resource country such as Zambia, and the potential role and benefit of the EMT minimum standards and mechanism for establishing or strengthening such a prehospital service.

Fig 3. Medical evacuation elements for coordination



Key Outcomes

- Provision of medical evacuation services are part of the EMT response
- Minimum technical standards for medical evacuation are necessary, and need to consider broad range of aspects such as clinical, logistical, regulatory and coordination requirements
- There is a clear role and potential for the EMT mechanism and minimum standards to be used to support the building of national and subnational prehospital care capacities

Burns in Mass Casualty Settings

Chair: Tom Potokar (International Committee of the Red Cross (ICRC))

Speakers: Pauline Convocar (Philippines College of Emergency Medicine), Alberta Rockson (Interburns), Teresa Yolanda Barrios De La Fuente (Spanish Agency for International Development (AECID)), Gino Claes (Belgium Ministry of Health), Mansour Fall (Senegal Army EMT)

The frequency of burns injuries following a mass casualty incident (MCI) should not be underestimated. The nature of burn injuries often results in a protracted clinical journey for the patient, commonly resulting in long-term health consequences affecting function, quality of life and mental health. Burn patients also risk being stigmatized by communities.

This session provided background on the work of the WHO EMT Technical Working Group on burns, which began in 2017. Current review and update of recommendations are under way. The relevance of EMTs and the EMT approach for providing burns care in MCIs was reiterated: MCIs involving burns are not uncommon and frequently occur in low resource environments with sparse or non-existent burn services. The role of specialized burns care teams in responding and providing burns care in such incidents was demonstrated with presentations on EMT responses to gas tanker explosions in Sierra Leone and in the Democratic Republic of Congo, and to military barrack explosions in Equatorial Guinea. The experiences highlighted the need for standardized guidelines on managing MCIs involving burns (which may differ from standard MCIs), clinical burns treatment and inclusion of psychological and rehabilitative care as well as opportunities for building national burns capacities as part of the EMT approach. The composition and functions of responding EMT teams may differ according to context, including providing rapid assessment or coordination, supplementing national systems with specialized burns care teams, including rehabilitation specialists, and providing training to national teams on MCI burns response.

Key Outcomes

- The EMT approach is highly applicable to the burns care in MCIs
- Standardized guidelines and recommendations need to be comprehensive in covering all aspects of care, including patient distribution, flow and triage, initial and definitive clinical care, rehabilitation, and training
- Burn rehabilitation specialists are vital for facilitating faster recovery and prevention of long-term disability

Abstract Poster: Example of Burns MCI with EMT Response



Review of the deployment of the Senegalese Emergency Medical Team (EMT) Following a tanker explosion in Freetown Sierra Leone



Rashidatu Fouad Kamara MD MSc, Boniface Oyugi PhD, Ibrahim Kamara MD MSc, Mustapha Kabba MD MSc, Prysanka Rehan MD MSc, Thierno Balde, MD PhD

Introduction

- In Nov 2021, a tanker exploded in Freetown, Sierra Leone.
- It injured and killed many people.
- To support the Ministry of Health (MoH) to provide care to the injured patients and save lives, WHO facilitated the deployment of an international Emergency Medical Team (I-EMT)
- During the 7-week deployment, the team was directly involved in the clinical and psychosocial care of the burns patients in three referral hospitals.



Results

Deployment used a participatory approach

- WHO facilitated the team's deployment and mobilised medical supplies and equipment; MoH provided accommodation and logistics; EMT team brought equipment to support work.
- EMT augmented the care provided by the available health workers (HWs). EMT provided additional care on reconstructive surgery, pain management, palliative and wound care, rehabilitation, physiotherapy and psychosocial counselling.
- By the end of the deployment, 87 out of 155 patients were discharged home; National clinicians acquired additional skills
- Communities appreciated the team, despite a barrier in language



Discussion and conclusion

- There were bureaucratic challenges which led to delayed deployment of the EMT and can be addressed through diplomatic commitments such as regional accreditations of EMTs.
- The I-EMT deployed was an added advantage for national health care staff in improving their clinical skills and this can be complemented by making available infrastructure, supplies and equipment.
- Regional and sub-regional based responses, particularly from near neighbours have significant benefits in terms of speed, political acceptability, shared language, health context/experience and cultures.
- Twinning EMT's national and international will build capacity of national responders, accessing training and simulation opportunities to develop their own national capacities.



Methods and Materials

- A cross-sectional After-Action Review (AAR) virtual debriefing workshop was conducted.
- There were 15 participants (key informants) including MoH staff (n=3); WCO Sierra Leone (n=5); WHO AFRO (n=5); and WHO HQ (n=2)
- Six thematic areas: **mobilisation, deployment, coordination, case management activities, national capacity and community acceptance** were analysed including through gap analysis.

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EMT EMERGENCY MEDICAL TEAMS
GLOBAL MEETINGS 2022
10-12 OCTOBER 2022



EMT EMERGENCY MEDICAL TEAMS
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Rehabilitation in Emergencies and New SCI Minimum Standards

Chair: Zhanna Haruntyunyan (WHO Armenia)

Speakers: Sophia Rapti (Save the Children International), Alberta Rockson (Interburns), Marlee Quinn (WHO EURO), Erica Bleakley (AUSMAT), Zoe Clift (Humanity and Inclusion UK), Pete Skelton (WHO HQ)

In this session, participants were updated on the current development of Minimum Technical Standards and Recommendations for Spinal Cord Injuries (SCI) in emergencies. This is a specialized but important issue for which appropriate clinical and rehabilitative care services must be provided during and after an emergency. During the session, experiences from recent responses involving rehabilitation teams were also shared. This included responses to the conflict in Ukraine, the explosion and mass casualty burns incident in Sierra Leone, the Beirut blast, and COVID-19. This series of presentations illustrated that rehabilitation has a role in response to all types of contexts, including conflict, burns, sudden onset disasters and outbreaks. Furthermore, due to the need for continuity of and longer-term care, EMT rehabilitation specialists and teams also have a critical role in building the capacity of local staff and national systems in providing needed rehabilitation care. Finally, participants were introduced to and invited to engage in the newly established EMT Rehabilitation Community of Practice (CoP), a first for the EMT Initiative. The CoP will be a platform for collaboration and resource sharing, and a number of meetings, trainings and other activities have already been planned for the coming year.

Key Outcomes

- There is a role for rehabilitation services in the response to all types of emergencies
- EMTs have a key role in providing early surge for rehabilitation care, and in helping to ensure continuity of care as part of their link to the longer-term response
- EMTs also have a role in building the capacity of local staff
- There are challenges in tracking short- and long-term rehabilitation needs, especially in walking wounded patients who may still have major rehabilitation needs
- A Community of Practice is useful to help team members in more specialized areas share best practices and to collaborate; participants were invited to engage and can sign up [here](#) (web link also in Annex 3).



REHABILITATION IN EMTs: COVID-19 Deployments in the Western Pacific and South East Asia Regions



Background

The Western Pacific Region (WPR) is home to 40 countries and 5 billion people. It is the largest region in the world, covering 11% of the world's land area and 40% of the world's population. The WPR is a diverse region, with a wide range of cultures, languages, and religions. It is also a region of high economic growth, with many countries experiencing rapid development. The WPR is a region of high health inequality, with many countries facing significant health challenges. The WPR is a region of high health inequality, with many countries facing significant health challenges. The WPR is a region of high health inequality, with many countries facing significant health challenges.

AUSMAT Rehabilitation COVID-19 Deployments

AUSMAT (Australian Support Mission to Timor-Leste) is a joint Australian and Timor-Leste effort to support Timor-Leste's health system. AUSMAT is a joint Australian and Timor-Leste effort to support Timor-Leste's health system. AUSMAT is a joint Australian and Timor-Leste effort to support Timor-Leste's health system. AUSMAT is a joint Australian and Timor-Leste effort to support Timor-Leste's health system.

Discussion

Recovery from COVID-19 is a long and complex process. It involves not only the physical recovery of the body, but also the psychological and social recovery of the individual. Recovery from COVID-19 is a long and complex process. It involves not only the physical recovery of the body, but also the psychological and social recovery of the individual. Recovery from COVID-19 is a long and complex process. It involves not only the physical recovery of the body, but also the psychological and social recovery of the individual.

Outcomes

- 1. Improved knowledge of COVID-19 among healthcare workers.
- 2. Increased capacity for COVID-19 diagnosis and treatment.
- 3. Enhanced collaboration between healthcare professionals and local rehabilitation staff.
- 4. Improved patient outcomes for COVID-19 patients.
- 5. Increased awareness of the importance of rehabilitation in the recovery of COVID-19 patients.

Conclusion

The design and implementation of rehabilitation services for COVID-19 patients is a complex task. It requires a multidisciplinary approach, involving healthcare professionals, rehabilitation professionals, and local rehabilitation staff. The design and implementation of rehabilitation services for COVID-19 patients is a complex task. It requires a multidisciplinary approach, involving healthcare professionals, rehabilitation professionals, and local rehabilitation staff.

Acknowledgements

We would like to thank the following individuals for their support and assistance in the development and implementation of this project: [Names of individuals]



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Above: Speakers on Civilian-Military Interaction; Left: Junior Brown; Centre: Zein Tayyeb; Right: Tjaja Nurrobi.

Civilian-Military Interaction: Towards an EMT Coordination Channel

Chair: Peter Muller (Office for the Coordination of Humanitarian Affairs (OCHA))

Speakers: Zein Tayyeb (OCHA), Heather Pagano (ICRC), Tjaha Nurrobi (Indonesian Armed Forces), Junior Brown (Barbados Defence Force Field Medical Team), Gustavo Vásquez Almonacid (Chilean Army), Flavio Salio (WHO HQ)

For the EMT Initiative, civil-military cooperation has emerged as a reliable response tool capable of addressing all necessary elements of surge capacity (the 4S's) during sudden onset disasters as well as public health emergencies. Many countries have made significant gains through engaging military health services in support of national health emergency response and preparedness.

United Nations Civil-Military Coordination (UN-CMCoord) is the essential dialogue and interaction between civilian and military actors in humanitarian emergencies that is necessary to protect and promote humanitarian principles, avoid competition, minimize inconsistency and, when appropriate, pursue common goals. Basic strategies range from cooperation to co-existence.

While the COVID-19 pandemic may have fostered a more intense collaboration between civilian and military healthcare actors, significant practical and operational challenges remain. This session explored perspectives from both sides of the dialogue and investigated the steps needed to improve synergies in future responses.

Key Outcomes

- A Guidance Document to help streamline civil and military medical interactions in emergency response should be developed
- Challenges exist around establishing a common language and in aligning standards in different types of scenarios
- Increased cross-training as well as joint civil-military simulation exercises are needed

Special Lunchtime Session: Mental Health and Psychosocial Support (MHPSS) Roundtable

A roundtable discussion on integrating mental health and psychosocial support in EMTs was held on the third day of the Global Meeting. The session was facilitated by Dr Fahmy Hanna, WHO HQ Expert and Co-chair of the Inter-Agency Standing Committee (IASC) Mental Health and Psychosocial Support Reference Group and included 21 invited participants from 18 organizations or Member States with prior or existing engagements in MHPSS. The objective of the session was to discuss how capacities providing MHPSS services can be developed, expanded and strengthened on local/national and international levels using the EMT model.

Future Areas of Work

Chair: Bronte Martin (AUSMAT)

Speakers: Fahmy Hanna (WHO HQ), Mays Shamout (US Centers for Disease Control and Prevention), Yoshi Toyokuni (Japan DMAT Secretariat), Mohammed Al Hajri (Qatar Ministry of Public Health), Kanokporn (Jum) Kaojaroen (WHO HQ), Juan Carlos Negrette (University of Utah)

The work of the EMT Initiative continues to evolve and expand in its scope, approach and scale in preparing for and responding to different health emergencies, especially with the increasing threats of climate-driven natural disasters, conflict, and re-/emerging infectious disease outbreaks. Recent emergencies, such as the COVID-19 pandemic, have demonstrated further evolutions of the EMT approach with deployments of a wider range of clinical services and health capabilities, increased flexibility and modularization to tailor responses to national and context-specific needs, and further focus on building national and subnational capacities. This has also demonstrated the necessity and applicability of the EMT mechanism in contributing to the availability, capacity and quality of the global health emergency workforce, and as such, to strengthening the health emergency preparedness, response and resilience architecture. With these expanding areas of work and roles, the underpinnings of the EMT mechanism – guiding principles, core and technical standards, and coordination – remain fundamental.

In this forward-looking session, participants joined expert panelists in exploring the frontiers of the EMT Initiative. Opportunities and needs for developing EMT standards and approaches for mental health services, joint responses with public health rapid response teams (RRT), mass gathering planning and medical support, migration and refugee health crisis response, and surge capacity systems models were presented. Each topic has links to the objectives of the EMT 2030 Strategy, thereby illustrating concrete examples of future directions as a preface to this broader and important discussion for this Global Meeting.

Fig 4. A conceptual model of joint RRT-EMT operations with certain areas of functional integration and others of complementation

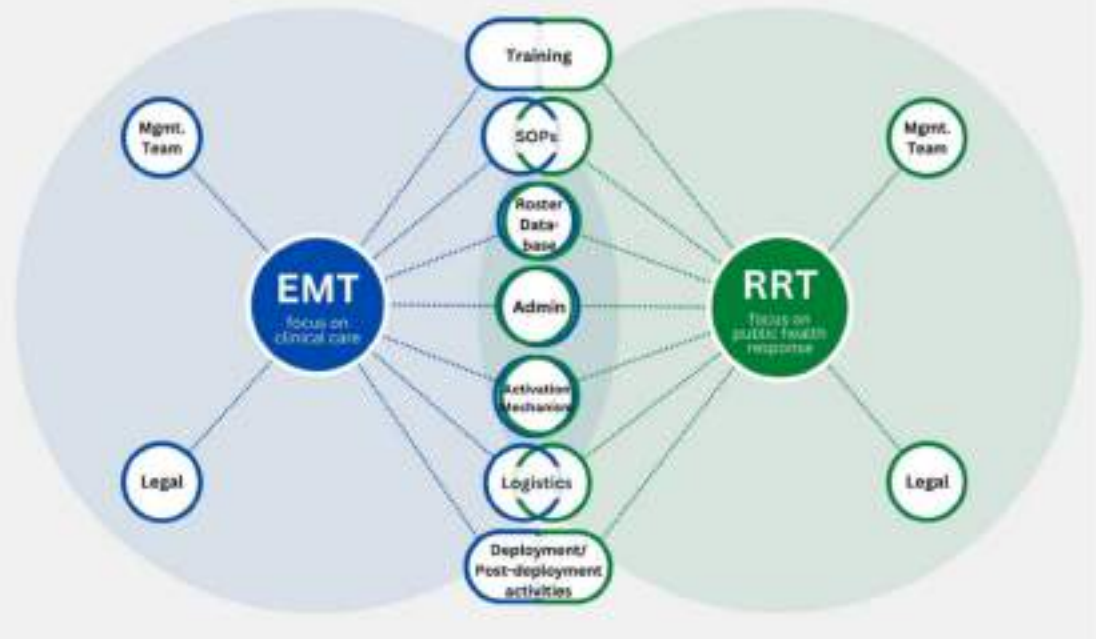


Fig 5. Framework considerations for potential Minimum Standards for medical planning and support for mass gatherings



Key Outcomes

- Joint RRT-EMT response have demonstrable synergies for more effective and coordinated public health emergency responses; exploration of operational models and investments are required
- There is clear opportunity and applicability to extend the EMT approach to standardizing medical planning and support for mass gatherings
- Modelling is a valuable tool for increasing predictability, and for documenting and improving cost effectiveness of EMT responses

Emergency Response

Sudden Onset Disasters and the Evolution of Role of Teams

Chair: Lauren Clarke (International Federation of Red Cross and Red Crescent Societies (IFRC))

Speakers: 'Ana 'Akau'ola (Tonga Emergency Medical Assistance Team (TEMAT)), Wojtek Wilk (Polish Center for International Aid (PCPM)), Elliott Tenpenny (Samaritan's Purse), Corona Rintawan (Muhammadiyah Indonesia), Marta Catalinas (AECID)

This session consisted of a series of testimonials from different teams on their response to a range of sudden onset disasters from recent years, including: TEMAT's first national EMT deployment after Hunga-Tonga Hunga-Ha'apai volcanic eruption and tsunami; PCPM's experience in Madagascar responding after Tropical Cyclone Emnati and storm Batsirai; Samaritan's Purse's response after the 2021 earthquake in Haiti; and Muhammadiyah Indonesia national EMT deployment after the earthquake during the COVID-19 pandemic. Each response presented its own challenges, and teams shared their lessons learned and consequent adaptations for future response. For example, delays in arriving on site and becoming operational remain a challenge. Possible approaches for increasing speed of deployment include use of regional hubs for equipment and/or sharing of facilities and transport among teams.

[Watch Now](#)

Key Outcomes

- The importance of national teams as first responders was highlighted
- Solutions to reduce operational delays, such as use of regional hubs and/or sharing of facilities and transport, should be further explored
- Predeployment information and assessments help tailor response
- Modularization with different modules ready for deployment should be considered
- Standardization remains relevant to assure quality and effective response



Above: Presentations of response experiences to different sudden onset disasters.



Above: Panelists for the session on Responding to the COVID-19 Pandemic; Above right: Dr Lena Nanushyan presenting

Responding to the COVID-19 Pandemic

Chair: Leonard Notaras (National Critical Care and Trauma Response Centre (NCCTRC))

Speakers: Lena Nanushyan (Armenia Ministry of Health), Kaveto Sikuvi (Namibia Ministry of Health), Masniza Mustaffa (Mercy Malaysia), Alejandra Guerra (Ecuador Ministry of Health), Gabriel Garcia (Mexico Ministry of Health)

The COVID-19 pandemic has overwhelmed health systems across the world, often exceeding their capacity and capability to care for the affected populations. During the pandemic, EMTs were a reliable source of national, regional and international medical surge capacity, demonstrating flexibility without losing the commitment to the guiding principles and standards.

This session used case studies from a diverse range of countries – Armenia, Australia, Ecuador, Malaysia, Mexico and Namibia – to explore the different EMT responses to the COVID-19 pandemic, from embedding expert personnel for direct clinical care and training through deployment of full facilities, and the lessons learned that could be applied to future responses. These also served to illustrate how the EMT approach should be used as medical surge capacity for all types of emergencies. For some countries, their experience of the international solidarity derived from the assistance provided by responding EMTs has subsequently prompted commitment and investment in developing their own national EMT.

[Watch Now](#)

Key Outcomes

- The critical role of EMTs in delivering health services in responding to public health emergencies, both in support of essential health services as well as providing national and international surge capacity, was well demonstrated during the COVID-19 pandemic
- EMTs can be an adaptable and flexible response tool that is able to tailor approach and support type to meet the needs of the local context as well as to help build capacity
- Successful deployment of EMTs for pandemic and outbreak response requires some specific adaptations, which can be made more effective with investments
- Community engagement and effective risk communications must be included as critical and essential part of response

Lessons from Teams and Partners in Complex Humanitarian Responses

Chair: Linda Doull (Global Health Cluster)

Speakers: Gerald Rockenshaub (WHO EURO), Mark Sherlock (Médecins Sans Frontières), Kathy Bequary (NYC Medics), John Troke (Samaritan's Purse), Andrea Leiner (Global Response Management)

Complex emergencies are typically characterized by a humanitarian crisis in a country, region or society and represent critical threat to health, safety, security and well-being of the community. This results from internal or external conflict and requires an international response that goes beyond the mandate or capacity of any single agency or country programme.

The deployment of EMTs into complex emergency environments carries additional considerations, requirements, risks as well as opportunities, which has been increasingly evident in numerous contexts worldwide since the launch of the 2021 "Red Book". This session provided insight into the practical realities of what it takes for EMTs to succeed within complex emergencies, and how different non-governmental organizations have sought to improve healthcare system effectiveness for communities caught in conflict. Experiences from different complex and insecure contexts were presented, including responses in Ukraine, Yemen, Iraq and Gaza. Common challenges and lesson learned, such as medical data access and security, access to populations in need, adherence to defined mandate, adaptations to evolving contexts, approaches to navigating security risks and difficult clinical decision-making, were shared and discussed.

Key Outcomes

- The "Red Book" has demonstrable applicability and utility for EMTs operating in complex and insecure environments; guidance and tools of the "Red Book" should be incorporated by all actors
- Main challenges for most responders included gaps in data and access to populations in need
- Flexibility and adaptability are important parts of the response in complex settings as there are often many unforeseen challenges and obstacles to provision of health services
- Expediency in decision making and rapid response are also critical, both in assessment of complex situations and in the delivery of health care
- Many injuries and services required are not within the scope of standard care, such as specialized and reconstructive surgery; there is need for more diverse clinical skill sets and range of EMT activities with flexibility to match service needs



Above: Session on Complex Humanitarian Responses; Left: Linda Doull, session chair; Right: Andrea Leiner, speaker.

Special Lunchtime Session: Red Book Focus Group Discussion

A focus group discussion on developing a curriculum for emergency medical care in non- or semi-permissive environments was held on the second day of the Global Meeting. Guidance and standards for provision of emergency medical systems in non-/semi-permissive environments are set out in the *WHO Guidance Document for Medical Teams Responding to Health Emergencies in Armed Conflicts and Other Insecure Environments* (the "Red Book"). Recent conflicts have proven difficult for the humanitarian community, often unprepared, to safely gain access to vulnerable populations and the way to operationalize principles varied greatly between humanitarian actors. Civilian medical systems and personnel are not trained on how to operate clinically in semi-permissive and non-permissive environments. Curriculum for training military medics for conflict scenarios exists as well as for training civilian tactical medics for tactical emergency care provision. However, there is no recognized standard for civilian medical professionals engaged in providing medical care in non-/semi-permissive environments.

The discussion in this session focused on the existing gaps, rationales and considerations for developing a curriculum for civilian medical systems and for personnel to operate clinically in non-/semi-permissive environments. Investments in capacities to provide far-forward emergency resuscitation and stabilization (such as Trauma Stabilization Points (TSP)) in line with the scope of intervention required, availability of medical transport and improved system competencies can contribute to saving lives and increase the resilience of health systems. The session was facilitated by Dr Flavio Salio, EMT Network Leader, with over 10 invited participants representing different stakeholder organizations and partners. There was consensus among the group on the need for such a curriculum due to major involvement of civilian systems in today's conflicts and complex emergencies. The next step will be to review available resources and develop a set of recommendations based on discussed elements to be submitted to the working group and external experts.



Highlighting the Role of Specialized Care Teams in Recent Emergencies

Chair: Johan Von Schreeb (Karolinska Institute Centre for Health Crises)

Speakers: Elhanan Bar-On (The Israel Center for Disaster Medicine and Humanitarian Response), Luke Sciulli (Global Response Management), Bronte Martin (AUSMAT), Zoe Clift (Humanity & Inclusion)

This session involved a presentation followed by live dialogue to discuss important considerations in the response of specialized care teams (SCT) to recent emergencies, such as the embedding of surgical teams during the response to the blast in Equatorial Guinea and to the conflict in Ukraine, the integrated paediatric support for the measles outbreak in Samoa, and rehabilitation. Participants were guided through the different responses, using key aspects of coordination and of the EMT deployment process as a lens to learn about the differences, commonalities, challenges, and solutions of such responses.

[Watch Now](#)

Key Outcomes

- Recent experiences in response to different types of emergencies have demonstrated the utility and applicability of SCTs
- Critical considerations for SCT deployments include true on-the-ground needs, feasibility to organizational scope, team composition, skill set and training (including clinical as well as non-clinical, such as working in insecure or low resource settings etc.) and the level of operational support needed (such as embedding into facilities versus stand-alone)

Information Management Systems in Emergency Response

Chair: Oleg Storozhenko (WHO EURO) and Merkur Beqiri (WHO EURO)

Speakers: Jorge Salamanca (WHO HQ), Tatsuhiko Kubo (Japan International Cooperation Agency), Juan Campos (PAHO/WHO AMRO), Alice Silvestro (InterSOS Poland), Jose Francisco Sigüenza Garcia (AECID), Jan-Erik Larsen (WHO WPRO)

In this highly engaging session, participants gained an overview of existing information and knowledge management solutions for the EMT Initiative. The session contributed to the EMT 2030 Strategy with discussions focused on strengthening information systems, evidence and research, and in particular, ways to operationalize information and knowledge management tools across all levels of EMT work, establish a monitoring and evaluation system, and enhance operational research in the field. Existing tools and systems such as the Minimum Data Set (MDS), which has been implemented in emergencies in Japan, Moldova, Ukraine and other example countries, KIMEP, virtual CICOM, the INTERSOS database and the Red Cross/Red Crescent Health Information System were presented. Capabilities for monitoring key areas of EMT work, such as health conditions reporting and supplies tracking, were discussed as well as potential development and utility for a future monitoring and evaluation system and for operational research.

[Watch Now](#)

Key Outcomes

- Key priorities for strengthening EMT Information Management as part of the EMT 2030 Strategy were identified
- There is interest and need for establishment of a Technical Working Group for EMT Information and Knowledge Management
- The utility and applicability of the MDS was demonstrated with implementation experience in nine countries through 13 emergencies
- KIMEP has potential to be further developed for uses such as a monitoring and evaluation system



EMT Coordination and Strengthening Interoperability

Chair: Mijana Grbic (WHO Moldova)

Speakers: Peter Muller (OCHA), Winston Chang (INSARAG), Emily Nelson (Rapid Response Mobile Laboratories), Oleg Storozhenko, (WHO EURO), Garry Nou (Papua New Guinea National Department of Health), Benjamin Moreno (Colombia Ministry of Health and Social Protection)

Humanitarian coordination involves bringing together humanitarian actors to ensure a predictable, coherent and principled response to emergencies. Effective coordination is central to the successful deployment of EMTs and can present different challenges in disasters, outbreaks, conflicts and displacement scenarios.

Many lessons on coordination have been learned since the birth of the EMT Initiative and a recognized methodology is now widely used to expand a country's healthcare workforce in times of crisis. This session provided an overview of EMT coordination mechanisms and vital inter-relationships with other response elements and structures, such as the health cluster, UN Disaster Assessment and Coordination (UNDAC) system, search and rescue teams, mobile laboratories, and national systems. Examples of existing linkages, such as knowledge exchange, technical collaborations, joint participation in trainings and meetings, and experiences of cooperation in the field, such as between EMTs and mobile laboratories, were presented. Further need and opportunities to strengthen coordination and improve interoperability between response elements, particularly with and by national systems, were discussed. These include alignment of alert and response mechanisms, joint training and exercises, establishment of wider linkages between and beyond networks, promoted awareness of the EMTCC mechanism and methodologies, and improved information management capacities and tools.

 Watch Now

Key Outcomes

- Opportunities to strengthen coordination and interoperability between response elements and networks include ongoing cross pollination, technical collaborations, joint trainings, and alignment of procedures ranging from mobilization to reporting
- A common goal is greater localization of response, including the strengthening of and integration with national coordination systems
- There needs to be further investment to expand awareness of the EMTCC methodology and to build national capacities for standing up this mechanism

Capacity Building

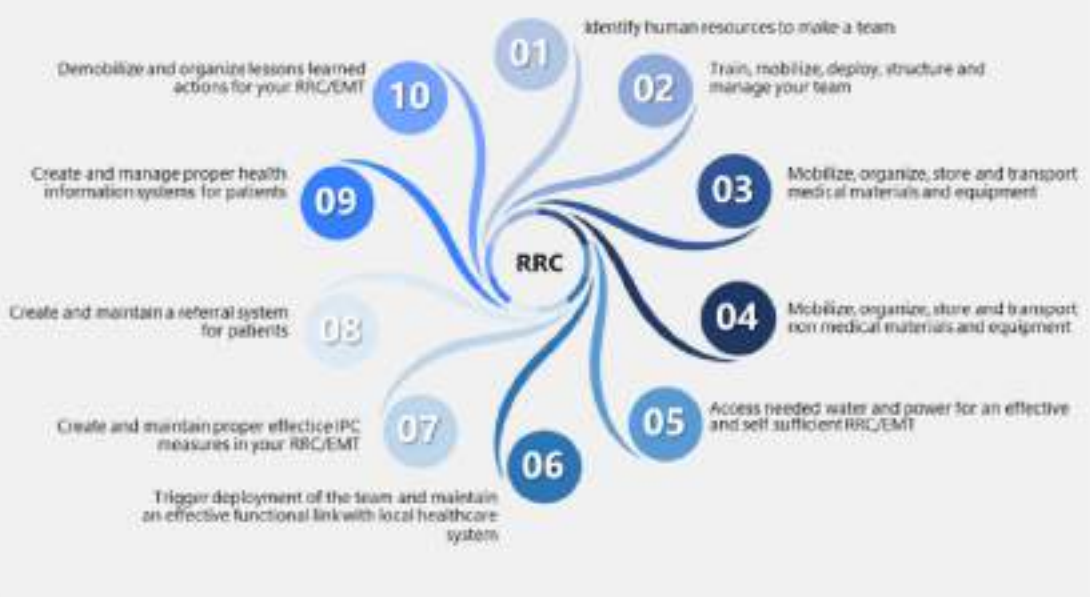
Global Capacity Building Framework and Multi-Country Training Approaches

Chair: Alegnta Ghebreyesus (UN Permanent Mission of Ethiopia in Geneva)

Speakers: Pryanka Relan (WHO HQ), Arielle Kaim (Gertner Institute), Lazaro Martinez (WHO AFRO), Yahdiana Harahap (Republic of Indonesia Defense University (RIDU)), Amarulla Octavian (RIDU), Sean Casey (WHO WPRO), Tim Das (WHO HQ)

The EMT Initiative contributes a valuable part of the global health emergency workforce, and aims to improve the ability of local healthcare systems to respond to emergencies in an effective, efficient and timely manner within an all-hazards approach. During World Health Assembly 75, building capacities of effective emergency response teams was reinforced as a key priority of Member States, and EMTs are at the forefront of an effective team-based response. Given the expansion of capacity building modalities and focus in recent years, this important session presented updates on WHO and team-based capacity building approaches. Current EMT capacity building modalities include trainings, workshops, simulation exercises, mentorship, twinning, and continuous learning and knowledge exchange, such as through global and regional meetings and communities of practice. Presented examples during the session included the training package developed by the TEAMS project, the multi-country EMT training hubs in Ethiopia and Indonesia, and the in-country EMT training approach of the Western Pacific Region.

Fig 6. Ten elements for building rapid response capacities - an example model from the African Region



Key Outcomes

- Building global EMT capacities contributes to strengthening the global health emergency preparedness and response architecture
- Essential EMT competency areas include individual professional competence and licence to practice, training to adapt to context, and overall team performance
- Focus is now on building national and subnational capacity, with approach and content adapted to local context, needs, hazard profile and culture(s)

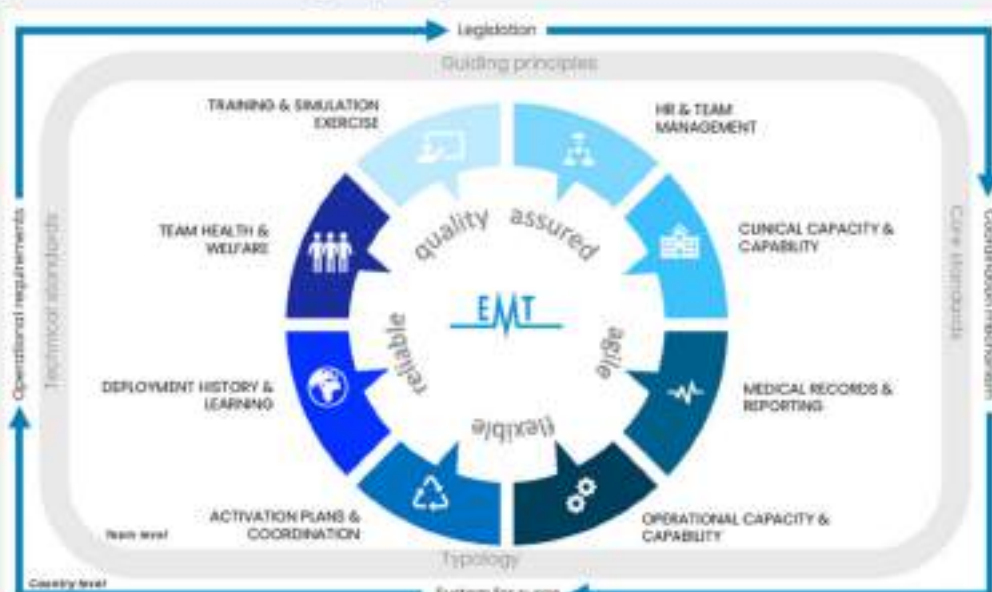
External Validation System for National Teams

Chair: Camila Lajolo (WHO HQ)

Speakers: Gabriela Pazmiño (PAHO/WHO AMRO), Janice Feliciano (Philippine Emergency Medical Assistance Team (PEMAT)), Alegnta Chebreysus (UN Permanent Mission of Ethiopia in Geneva), Morag Ferguson (WHO WPRO), Narumol Sawanpanyalert (Thailand Ministry of Public Health), Lazaro Martinez (WHO AFRO)

Embedding quality assurance mechanisms in the development of national teams has become a goal for various countries as they seek to strengthen surge capacity to respond to all hazard emergencies. Accomplishing such a milestone can be challenging, especially in limited resource settings. This dynamic session explored different approaches for building the system and the technical elements of quality assured EMTs from a team, country, and regional perspectives. Examples of national and subnational EMT development from the African Region, Thailand and Palau, were presented. Different considerations and approaches were discussed, including on twinning arrangements, adaptation of the EMT standards to context, the eight domains of quality assured teams, and external validation systems.

Fig 7. A model for building a quality-assured team.



Key Outcomes

- Development of quality assured EMTs at national and subnational levels is feasible and valuable as demonstrated by successful examples across different regions
- Components of the minimum technical standards may need to be adapted to fit the context of national EMTs for domestic deployment; this does not represent a lowering of expected quality or standards
- An external validation process may be a more appropriate approach for quality assurance of national EMTs for domestic deployment (in contrast to the full EMT classification process for international deployment)

Building Teams in Small Countries and Areas

Chair: Vonetta George (Antigua and Barbuda Ministry of Health)

Speakers: Gaafar Uherbelau (Palau Ministry of Health), Esther Muña, (CNMI Commonwealth Healthcare Corporation), Kinga Jamphel (Bhutan Ministry of Health), Sedjro Catraye (WAHO), Glenn Fatupaito (Samoa Ministry of Health)

This session explored the development and utilization of EMTs in small country contexts, including “small island, large ocean” Pacific countries/areas, and smaller countries in Africa and Asia. Each presentation provided a concrete example of successful efforts and gains in establishing national EMTs, and therefore in strengthening national response capacity, in some of the smallest countries and areas in the world. Reported challenges included those around human and financial resources, logistical challenges and political commitments, but the ability to overcome these in each local context was also highlighted. These successful small country EMTs provide a proof of concept as well as potential models for EMT development in other small and lower-resource countries.

Key Outcomes

- National EMTs in small countries can be established despite limited resources, and can support the local populations in times of emergencies with best practices following the “Blue Book” principles and standards
- National EMTs are frequently first-responders, and can ensure timely, high-quality and culturally-appropriate responses when international teams are delayed or when international travel is restricted
- Established national teams provide a strong sense of national pride and self-reliance
- Small countries share similar profiles, challenges and opportunities; twinning and active collaboration must be promoted and further supported by the EMT secretariat

Abstract Poster: Example of building EMT capacities in small countries/areas

Development and procurement of a national Emergency Medical Team (EMT) cache for Pacific Island Countries



Pierre-Yves Beauchemin, MA; Drew R. Chandler, B.Com; Erin E. Nestle, M.D.; Jan-Erik Larsen, MPH; Anthony T. Cook, MCC; Sean T. Casey, PhD

Background

Pacific Island Countries and Areas (PICs) represent some of the most logistically challenging locations, covering vast ocean territory and remote islands. Light, mobile clinical response capability is critical in the disaster-prone Pacific. Beginning in January 2021, WHO researched, tailored and procured EMT cache "kits" specifically for Pacific Island contexts, based on the core standards of the global EMT initiative.



Cache demonstration in Palau, June 2022

Objectives

To research, tailor and procure cache "kits" to ensure self-sufficiency and high-quality outpatient mobile medical care for national EMTs in PICs.



Cache finalization in Fiji, June 2022

Method

WHO facilitated the development of national cache kits for 10 PIC EMTs. A need for specialized equipment and supplies, or "cache" for team self-reliance is critical. Through a consultative process, including Pacific EMT leadership and team members, EMT mentors and regional partners, WHO curated and procured cache kits for 10 PIC EMTs.



Personal equipment backlogs being organized in Solomon Islands EMT training in 2022

Results

The Pacific EMT cache kit is designed for 4-to-6-person teams with the capacity to deploy for a minimum of three days, with full self-sufficiency. Because of the complex and remote access to many Pacific Islands, EMT cache must be practical for transport on small aircrafts and maritime vessels. A consultative process resulted in a curated cache list for Pacific national EMTs of over 125 items, estimated to weigh approximately 440 kilograms per kit. By the end of 2022, a total 31 kits will be delivered to EMTs in ten countries.

Conclusion

The design, development, and procurement of Pacific EMT cache for national response operations will allow for increased speed and agility for response to disasters and public health emergencies.

With the generous support of:



Future of Specialized Care Teams

Chair: Johan Von Schreeb (Karolinska Institute Centre for Health Crises)

Speakers: Olivier Hagon (Swiss Agency for Development and Cooperation), Joanna Drogowska (European Commission), Janice Feliciano (PEMAT), Harald Veen (WHO HQ), Marcela Ovejero (Argentina Ministry of Defense), Jorge Salamanca (WHO HQ)

This session discussed the future of SCT development and advancement, including main challenges. Different perspectives within the EMT initiative were presented. This included viewpoints from national and international specialized teams, recipient national facilities, regional development efforts, and technical working groups. Discussions highlighted how SCTs can be deployed in a modular manner to provide surge response capacities tailored to the identified needs of the context and national system. SCTs have mostly integrated into existing facilities, but other deployment options include coupled support or being totally self-sufficient. Key identified challenges and future work included: further development of standards for various specialized care types; considerations for providing highly specialized treatments while accounting for deployment context realities, such as ensuring continuity of care following departure; and ways to align or adapt SCT standards to those of the host facility.

Fig 8. Implementation strategies for SCTs (based on 4S's Framework)



Key Outcomes

- SCTs are an important part of EMT response capabilities by providing flexible, modular surge capacity for specialized care based on identified needs
- While SCTs may integrate into existing facilities, EMT guiding principles and core standards, including self-sufficiency, still apply
- Further development of clinical standards, and considerations around adapting standards and services to the local context are required

Innovations and Solutions in Operational Support: WASH and Logistics

Chair: Guillaume Queyras (WHO HQ)

Speakers: Jorge Durand (WHO HQ), Yigyeong Oh (Korea Disaster Relief Team), Filipe Louro (Instituto Nacional de Emergência Médica (INEM)), Raido Paasma (Estonia Disaster Response Team), Mario Raviolo (Italy Regione Piemonte EMT2), Jesús Serrano (AECID), Roberto Arranz (AECID), Pierre Beauchemin (WHO WPRO), Michele Di Marco (WHO HQ), Andrés Sanz (PAHO/WHO AMRO)

It is well known that a properly designed operational support component is the key to ensuring the success of EMT implementation and to facilitating the provision of high-quality clinical care. Knowing the challenges that may arise, teams have developed imaginative and innovative responses to these challenges. During this session, different examples of such innovations, solutions and initiatives in operational support for WASH and logistics were shared. This included infectious medical waste treatment technologies (such as non-incineration technologies and modular incinerators), integrated sanitation solutions, logistic oxygen supply solutions, WHO ready-to-use kits (such as for waste management and water supply), approach to common procurement of specially-designed kits (as used in the Pacific Island context), and "greening" strategies for EMTs, such as re-usage of water from showers for toilets and use of solar power for lighting and charging. Challenges such as temperature requirements, temperature durability, transport and costs were also identified and discussed.

Fig 9. An example of a WASH innovation for EMTs



Key Outcomes

- There is need and potential for innovative solutions and technologies to improve WASH and logistical support for EMT deployments, including for incorporating environmental and sustainability considerations
- Innovations should be developed based on identified needs and lessons from the field, then translated back to the field
- Project timelines for developing and implementing innovations can be achieved reasonably quickly (as short as two months based on one example)

Mentorship and Classification with the new Classification and Minimum Standards for EMTs (2021), and Reclassification

Chair: Olivier Hagon (Swiss Agency for Development and Cooperation)

Speakers: Betsy Warfield (Americares), Elisabeth Petit Remy (SSF Medical Team), Ram Vadi (UK-Med), Camila Lajolo (WHO HQ)

This session provided an update on recent developments in the EMT classification and mentorship space. The majority of EMTs currently undergoing mentorship for classification signed up prior to the launch of the new *Classification and Minimum Standards for Emergency Medical Teams* (the "Blue Book"). EMTs have gone through the verification process while aligning their deployment capabilities according to the new "Blue Book".

During the session, organizational or team experiences and lessons learned in undergoing the classification or reclassification process, many during the pandemic, as well as improvements in standards based on the updated "Blue Book" were presented. A clear and succinct overview of the reclassification process, including ensuring compliance with the updated "Blue Book", was also presented. An EMT's classification status is valid for five years, so a number of teams are currently or soon to be due for reclassification. In order to minimize any bottlenecks in this process, reclassification work will be distributed with regionalization of responsibility for Type 1 Mobile EMTs while HQ continues to manage the reclassification of Type 1 Fixed, Type 2 and Type 3 EMTs.

The mentorship pool is also being developed and expanded at regional levels, and a new training curriculum based on the new "Blue Book" is being rolled out.

Fig 10. EMT Reclassification Cycle



Key Outcomes

- Successful classification requires rigorous approach with commitment, careful project management, and planning for more than the minimum 12 months
- Work in reclassification to be divided between global and regional levels to avoid unnecessary bottlenecks along the reclassification process
- Reclassification scenarios include renewal (EMT maintains original typology) or removal (EMT removes part of original capacity); upgrades and additions to original capacity are outside the scope of reclassification

Research

This year, in collaboration with the World Association of Disaster and Emergency Medicine (WADEM), a research-focused stream was included for the first time as part of the Global Meeting. In addition to a special research workshop session, 16 oral abstracts and 50 research posters were selected and presented during the Global Meeting. Accepted abstracts have been published in a special supplement of the [Prehospital and Disaster Medicine journal](#) (web link also in Annex 3). This research stream recognizes the importance of and growing evidence base related to EMT development and operations, and represents a means to exchange knowledge on the most recent evidence as well as to promote further research generation and research capacity across this field.

Capacity Building for Research in Emergencies

Chair: Gregory Clottone (WADEM)

Speakers: Flavio Salio (WHO HQ), Erin Noste (NYC Medics/WHO WPRO), Lina Echeverri (CRIMEDIM), Saleh Fares (Abu Dhabi Department of Health), Felix Holl (Nue-Ulm University of Applied Sciences), Attila Hertelendy (BIDMC), Rony Zachariah (WHO HQ)

This research session was designed for early career researchers in the EMT community and those looking to improve their research skills. After launching a new WHO EMT-WADEM collaboration on research activities and a special presentation on the global Structured Operational Research and Training Initiative (SORT-IT), a panel of experienced researchers discussed key steps in the research process, focusing on conduct of operational research during health emergencies: 1) developing a study question; 2) effective study methodologies for research during health emergencies; 3) abiding by key principles of research ethics in health emergencies; 4) acquiring and managing data for research in emergencies; and 5) scientific writing. Particular attention was dedicated to the problem of developing a study question, including the importance of assessing need, challenges that may arise, and examples of successful research questions.

[Watch Now](#)

Below: Session on Capacity Building for Research in Emergencies; Right: Gregory Clottone, session chair.



Professor Gregory Ciottone, President, WADEM



"This idea of organized, efficient, effective response to large scale disasters – I think one big part of that, of professionalizing what we do, is doing research...This is the first time abstracts are being presented at the EMT Global Meeting...it represents a step towards that idea of professionalizing what it is that we do – holding ourselves accountable to do evidence-based practice and to work in that way."

Below: Oral abstract presentation sessions as part of the research stream during the Global Meeting;
Next page: Fifty research abstract posters were presented and displayed as part of the Exhibition Hall



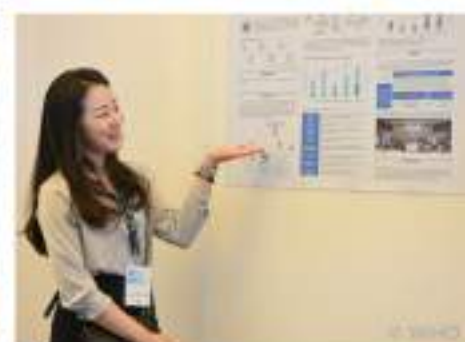
Conflict and Health



Call for Papers: Emergency Medical Teams in crisis-affected settings

BMC Conflict and Health is inviting submissions for a new collection on EMTs in crisis-affected settings. This special collection aims to provide a more in-depth understanding of the implementation and benefits of the EMT model, particularly in low- and middle-income countries, in fragile states and in areas affected by humanitarian crises. For more information about this collection, visit:

<https://www.biomedcentral.com/collections/EMT>



Exhibition Hall

For the first time, this year's Global Meeting included an Exhibition Hall. Over 20 EMTs and partners participated in showcasing their work and/or innovations. Exhibitions ranged from display of innovative equipment, such as the integrated shower-latrine modules from Malteser International and the isolation patient transport Epi-Shuttle from the Norwegian Directorate of Health to interactive table top simulation exercises conducted by Hospex and Belgium EMT. The Exhibition Hall also hosted 50 abstract poster presentations. This new feature of the Global Meeting was another means for EMTs and partners to exchange knowledge, share best practices, and engage with each other.



Special Feature: Exhibition Hall



Conclusion & Future Global Meetings

The 5th WHO EMT Global Meeting was a success and demonstrated the value and importance of such meetings in advancing the mission of the Initiative and its network. The meeting marked the launch of the milestone EMT 2030 Strategy for the EMT Initiative; secured alignment with regional priorities; facilitated knowledge exchange and discussions between participants through technical sessions, abstract presentations and exhibits; and brought together EMTs and partners from around the world, strengthening the network and promoting further collaboration.

As the EMT Initiative and network continues to evolve and expand in its membership, geographical reach, scope of work and experience, these Global Meetings will become ever more important for the network to remain connected at regional and global levels, for further collaborations to be formed, for new evidence and gained experience to be shared, for more ambitious agenda to be set, and to ensure that the EMT Initiative achieves its goal of ensuring that populations affected by health emergencies have access to quality, life saving and essential health services through effective, scalable, interoperable and rapidly deployed EMTs and other emergency capacities as part of fully integrated resilient national health systems.



Thank you for joining us in Yerevan for the 5th WHO Emergency Medical Teams Global Meeting!

I would like to begin by recognizing the incredible work of the EMT network in the last three years since we've met—the network has responded to numerous emergencies, putting their lives on the line to face a global pandemic, sudden onset disasters, and conflicts. Seeing the vital role of EMTs through all these emergency responses makes this meeting timely and facilitates the future blueprint of this Initiative for the next eight years through the EMT 2030 strategy, which was launched at this Global Meeting.

I would like to take this opportunity to express gratitude to Professor Leonard Notaras for his unwavering support and dedication as Chair to the EMT Strategic Advisory Group.

On behalf of the EMT network, I would also like to thank our partners and donors who continue to believe and support the Initiative and what it stands for.

Finally, I would like to acknowledge our host Government, the Republic of Armenia, for graciously hosting and opening their country to our network. I would also like to thank the honorable Ministers of Health, senior officials, and all national medical team representatives who have journeyed from all over the globe to share their experiences at this meeting. Your contribution to the EMT network technical working groups and EMT 2030 strategy will continue to diversify and improve standards of care as we move forward. You are every bit the lifeblood of this Initiative.

Thank you to all partners of the EMT Initiative for joining us and I look forward to the continued collaboration with you as we take these important steps forward together.

Dr Flavio Salio, WHO EMT Network Leader



Annex 1: Global Meeting Agenda



5TH EMERGENCY MEDICAL TEAMS
GLOBAL MEETING 2022
YEREVAN, ARMENIA



Timings	Wednesday 5 October	Thursday 6 October	Friday 7 October
0730-	Registrations (0730-0900)	Registrations (0800-0900)	Registrations (0800-0900)
0900-	Opening Ceremony	Global Capacity Building Framework and Multi-Country Training Approaches	EMT Coordination and Strengthening Interoperability
1030	Official Photo Press Conference	Responding to the COVID-19 Pandemic and Other Disease Outbreaks	Future Areas of Work
1100-1230	Senior Strategic Dialogue on the Role of EMTs in the Global Health Architecture	Lessons from Teams and Partners in Complex Humanitarian Responses	Highly Infectious Diseases
1230-	Lunch	Lunch	Lunch
1400		Red Book: FOD (Evaluation Only)	MEMSS Roundtable (Evaluation Only)
1400-	Civilian-Military Interactions: Towards an EMT Coordination Channel	Building Teams in Small Countries and Areas	
1530		Special Session: Building Capacity for Research in Emergencies	
1600-1730	Parallel EMT Regional Group Meetings	Innovations and Solutions in Operational Support: WASH and Logistics	
1730-18.30		Sudden Onset Disasters and the Evolution of the Role of Teams	Plenary Closing
1900	Official Welcome Dinner	Information Management Systems in Emergency Response	
		External Validation System for National Teams	
		Teams 3.0 (CPMEDM) (Open to All)	
		PAHO Regional Discussion: Haiti Earthquake Response (Evaluation Only)	
		Special Sessions in collaboration with WADEM	

Standard Setting

Emergency Response

Capacity Building

Special Sessions in collaboration with WADEM

Annex 2: Official Photo



List of Web Links

Recorded Session Links

Opening Plenary

Opening Ceremony

<https://www.facebook.com/watch/?v=6105595722803105>

EMT 2030 Strategy

Senior Strategic Dialogue

<https://www.facebook.com/watch/?v=1315753329250468>

EMT 2030 Plenary Discussion & Launch

<https://www.facebook.com/watch/?v=832643407932133>

Regional Sessions

European Region

<https://www.facebook.com/watch/?v=420809600199246>

<https://www.facebook.com/watch/?v=864295651618574>

Technical Sessions

Sudden Onset Disasters and the Evolution of Role of Teams

<https://www.facebook.com/watch/?v=1134369197517590>

Responding to the COVID-19 Pandemic

<https://www.facebook.com/watch/?v=785898679382310>

Highlighting the Role of Specialized Care Teams

<https://www.facebook.com/watch/?v=513211500647507>

Information Management Systems in Emergency Response

<https://www.facebook.com/watch/?v=833065064515941>

EMT Coordination and Strengthening Interoperability

<https://www.facebook.com/watch/?v=423730346376450>

Research

Building Capacity for Research in Health Emergencies

<https://www.facebook.com/watch/?v=485423413601987>

Other Links

Rehabilitation Community of Practice (sign up)

<https://extranet.who.int/dataformv3/index.php/599924?lang=en>

Abstracts of the WHO 5th EMT Global Meeting, Prehospital and Disaster Medicine, Volume 37, Supplement 2, 2022

<https://www.cambridge.org/core/services/aop-cambridge-core/content/view/AAB808E5B82ED3CA54E58F5943FB069E/S1049023X2200214Xa.pdf>

BMC Conflict and Health Collection on EMTs in Crisis Affected Settings

<https://www.biomedcentral.com/collections/EMT>



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