

EMT Strategic Advisory Group
Meeting No.6**Summary report**

DATE: 30 August 2017
LOCATION: Over teleconference

1. Welcome and Introduction by the Chair

- Ambassador Frisch welcomed all participants to the 6th meeting of the EMT Strategic Advisory Board, thanking Geneva based members for their participation in person and thanking all other members for their availability to call in, despite the late hour for some of the participants. He stressed that it was important to hold such meetings on a regular basis.

2. Strategic update from the WHO EMT Secretariat

- Ian Norton presented the draft EMT global strategy (see discussion note and draft strategy in annex) and the proposed timeline and steps for the consultation process leading up to a scheduled endorsement at the next EMT SAG meeting in February 2018. He stressed that the purpose of the strategy is to state a clear vision and mission statement and to clearly show the main objectives that the EMT Initiative aims to achieve so that members of the network all “pull in the same direction”.
- Comments by participants included the following:
 - Monica Acosta, AECID, suggested to reinforce the idea of capacity strengthening at national and international level in objective 3, and to reword and clarify objectives 4 and 5.
 - Jesper Lund, OCHA, shared the experience from the INSARAG network of having developed a strategy that went through a large consultation process. He gave his full support to the development of an EMT strategy, stressing that it will provide a lot of benefit in clarifying the scope and objectives, and also stresses that the consultation process is sometimes more important than the actual document in itself. He recommended the EMT Secretariat to go through a wide consultation process, which will also help understanding the ambitions of each of the stakeholders.
 - Monica Rull, MSF, suggested to use consistent wording throughout the document when referring to “sudden-onset emergencies, outbreaks, and/or other emergencies”.

Action points:

- 2.1.1. The EMT SAG agreed to the development of the EMT global strategy and the planned consultation process, including the Regional Group meetings planned until the end of the year, and a planned endorsement of the Strategy at its next meeting in February 2018.
- 2.1.2. EMT SAG members are encouraged to provide comments on the first draft as amended based on the discussions at this meeting until 22 September 2017 to schmachtelc@who.int.

3. Activities update and points for discussion/ endorsement from the WHO EMT Secretariat and WHO Regional offices

- Ian Norton summarized the activities update from the EMT Secretariat and the WHO regional offices (see annex) with specific emphasis on the update of the “Blue Book” (Classification and minimum standards for foreign emergency medical teams in sudden onset disasters), adding that in addition to the planned steps, WHO plans to organize a workshop with key stakeholders between December 2017 and January 2018 to review the updated Blue Book before presenting it to endorsement to the SAG in February 2018.
- The following feedback was received on the activities update:
 - Ambassador Frisch recognized the work of the mentors in preparing EMTs for classification and stressed also the key work being carried out on national capacity strengthening. He also

mentioned that for the network to function properly it requires a strong, yet flexible structure with a strong anchoring in Geneva and in the WHO Regional Offices.

- Gloria Balboa, Philippines, updated on recent developments in national EMT capacity building in the Philippines and briefed on the EMT team training or trainers due to take place in October 2017, supported by the EMT Secretariat.
- Julia Stewart-David, ECHO, suggested to consider organizing a specific discussion on the lessons learnt on the trauma response planning in Mosul, Iraq in the coming EMT SAG meeting.

3.1. Proposed Technical Working Group on national accreditation of EMTs

- Ian Norton and Camila Philbert Lajolo, EMT Secretariat presented the concept note on national accreditation process of EMTs and the proposal to create a Technical Working Group to develop the framework for national accreditation of EMTs, based on existing experience and practice around the world and bringing in lessons learnt from parallel systems.
- EMT SAG members provided the following input and feedback:
 - Jesper Lund, OCHA, encouraged the EMT network to promote national accreditation of teams and offered to share the experience of the INSARAG network. He stressed that national accreditation of teams does not only promote quality but also improves coordination of teams; it is important to consider it also as a means of making teams feel part of a global network. There may be difficult questions to address such as the reluctance of internationally classified teams to promote national accreditation but it will be important to clearly state the purpose and complementarity of national accreditation and international classification of teams.
 - Luis de la Fuente, PAHO, briefed on the fact that the approach of PAHO in promoting the initiative is to encourage countries to adopt the EMT standards as their own national standards and at the same time to conceptualize the EMT Coordination Cell (known as CICOM in the Americas region by its Spanish acronym) both for response and preparedness function. This allows the CICOM to be in charge of mapping the national EMTs and managing or supporting the national accreditation process.
 - Linda Doull, Global Health Cluster, suggested that there is a need to clarify terminology and clearly state what is meant by national accreditation of teams.
 - Monica Acosta, AECID, welcomed the proposal for the working group and stated its interest to be part of this initiative. She suggested that it will be important to clarify the relationship between the national accreditation and international classification of teams.
 - Christian Baroux, France, referred to the national accreditation process and the INSARAG external support process developed by the Americas region in the area of USAR teams and suggested that it can provide a good example to learn from.
 - Esperanza Martinez, ICRC recommended that the TORs of the working group include a point on clear distinction between international, regional and national accreditation/ classification processes.

Action points:

- 3.1.1. With the above suggested clarifications, the EMT SAG endorsed the Terms of Reference of the Technical Working Group on national accreditation and requested the Secretariat to initiate the working group. The Secretariat noted that due to capacity issues, the working group will be created in the first half of 2018.

3.2. Proposed Technical Working Group on Burns Care

- Ian Norton presented the draft terms of reference for a proposed technical working group on burns care, which would focus on assessing and reviewing current evidence concerning burns mass casualties, with emphasis on specific, relevant areas of practice and develop minimum standards for EMT Burns Care and for Burns Specialist Cells.

Action points:

- 3.2.1. The EMT SAG endorsed the Terms of Reference of the Technical Working Group on Burns Care and requested the Secretariat to initiate the working group.

3.3. Regional Group arrangements and EMT governance

- Christophe Schmachtel, EMT Secretariat, presented the discussion note on EMT Regional Group arrangements and their role as part of the global EMT governance. He explained reasons for suggestion to move from a three-region approach, initially borrowed from the INSARAG network, to a six-region approach in line with the WHO regional structure.
- Comments received were the following:
 - Ambassador Frisch expressed his full support to the proposal stating that it is important to be able to leverage WHO Regional Office support, participation and buy-in for the EMT initiative.

Action points:

3.3.1. The EMT SAG endorsed the proposal from WHO to organize the Regional Group structure alongside the six WHO Regions.

4. The Strategic Advisory Group membership update

4.1. Regional Chairs/ Vice-chairs

- **Americas region**
 - Luis de la Fuente, PAHO, spoke on behalf of the Americas region given that Ecuador had just recently taken on the role of interim Chair of the Americas Regional Group. He informed that the Americas region had endorsed a document on the Implementation of the EMT initiative in the region, which also describes the regional governance structure. The Regional Group meeting will take place from 27-29 November in Ecuador; 12 countries of the region have already formally designated their EMT focal points with another 20 countries pending. He also informed that smaller Caribbean Island states will designate only one national EMT focal point instead of separate policy and operations focal points.
 - **Europe region**
 - Gino Claes, Belgium, gave his full support to the proposal of a six-region structure and informed that Belgium will be hosting the Regional Group meeting in early 2018. He also briefed on an exchange of experts on EMT matters to take place the week after the EMT SAG meeting.
 - Kai von Harbou, WHO EURO office, also strongly supported the regionalization of the EMT initiative and thanked Belgium for the excellent collaboration.
 - Monica Acosta, AECID, suggested that an important topic for discussion at the regional meeting will be the progress of the European Medical Corps and the accreditation process managed by ECHO.
 - **Asia-Pacific**
 - (Update provided by Bronte Martin, Australia following the meeting, given that she had to step out of the meeting): Australia informed the SAG that the Regional meeting is planned for 21-22 November in Canberra, Australia and details are currently being worked out between Australia, the EMT Secretariat and the WHO Western Pacific Regional Office. The meeting will also provide the opportunity for Australia to offer a study visit to participants from four Pacific Island countries (Vanuatu, Tonga, Fiji and Solomon Islands) for whom Australia supports an EMT specific capacity building project.
 - Australia also mentioned that it intends to participate with the classified AusMAT EMT in the INSARAG exercise in Malaysia and will provide support in terms of exercise control staff. Australia is keen to continue its support to the EMT initiative globally and in the region, and looks forward to the designation of EMT focal points by countries to be able to engage with them on a more systematic level. In addition, Australia remains very keen to see further clarity and consolidation of the regional governance structures to further assist with sustainable implementation and uptake of the EMT Initiative throughout the region.
- ### 4.2. OCHA
- Jesper Lund, OCHA, informed that OCHA is already in the process of planning the upcoming edition of the Humanitarian Network and Partnership Week (HNPW) for 5-9 February 2018 in Geneva. 24 networks have now signed up to participate. In addition, he briefed on the upcoming

INSARAG Regional Earthquake Response Simulation exercise to take place in Malaysia, 11-13 September, with participation of EMTs as well. He also informed the SAG that the INSARAG community has developed a Manual on National Accreditation process of USAR teams, which is expected to be piloted in several countries in the coming months and years.

- Josef Reiterer, from the Civil Military Coordination Section of OCHA, shared experience from the development of standards and guidelines for civil military coordination and suggested that one way forward could be regional guidelines. Additionally, he also noted that when developing standards, it is important to be clear on whether these are minimum or aspirational standards.

4.3. Red Cross movement

• IFRC

- Panu Saaristro, IFRC, informed that the Federation is continuing to work towards a more inclusive, comprehensive surge workforce on health, breaking away from a previous focus on specializing a few strong national societies in specific areas. A Regional Medical ERU meeting took place in Malaysia in 2017 where quality assurance of the ERUs was a central topic. In addition, a Global Medical ERU meeting also took place in June in Singapore with 20 national societies participating. He thanked the EMT Secretariat for participating in this event.
- Panu Saaristro also informed on the creation or revitalization, as relevant, of the following working groups:
 - Red Cross Health Information Systems Working Group
 - Reproductive and Maternal Health Working Group
 - ERU Blood Working Group
- IFRC is planning to hold a Regional Medical ERU meeting in the Americas in the first half of 2018 and plans to hold the next Global Meeting in Solferino, Italy in June 2018.

• ICRC

- Esperanza Martinez, ICRC, recalled the good collaboration with WHO on the technical guidance on limb injuries. She also mentioned that the discussions with WHO have focused in the most recent months on a more strategic level with regards to the engagement of EMTs in conflict (see below).

4.4. Global Health Cluster

- Linda Doull, GHC, informed that the Global Health Cluster SAG has just endorsed the new strategy until 2019 and mentioned that there will be a lot of opportunity for collaboration. The GHC is engaged in the discussion on EMTs in conflict settings, which is the reason for the request made to the EMT SAG for discussing this item separately. Linda Doull also mentioned that she had the opportunity to participate in a field visit to Mosul, Iraq and mentioned that whilst some issues need to be addressed, overall it was very positive to see the engagement and operations of the field hospitals and trauma teams.

4.5. GOARN

- Alexander Rosewell on behalf of Patrick Drury, GOARN, informed that the Global Outbreak and Alert Response Network is in the process of finalizing its strategy for the next years, known as GOARN 2.0.
- A Rosewell also informed on the regional partners meeting, which was held in July in Africa and the current preparations for the GOARN Global Partners meeting scheduled for December 2017 in Geneva, Switzerland.

4.6. Other members and observers

• ECHO

- Julia Stewart-David, ECHO informed of the fact that they are in the process of adapting the module description to the EMT type 1, 2 and 3 and plan to have this finalized by October this year.

• MSF

- Monica Rull, MSF stated that MSF is interested to remain as observer to the EMT-SAG for the next year.

• Philippines:

- Gloria Balboa, Philippines, informed that the Minimum Data Set reporting tool was pilot tested with the support of JICA in two locations in the Philippines with very helpful and positive results.

The Philippines will also participate in the INSARAG exercise in Malaysia, which will serve as preparations for the hosting of the ARCH exercise in Philippines in October 2018.

5. Any other business

• EMTs in conflict

- Ian Norton, EMT Secretariat, and Linda Doull, Global Health Cluster, introduced the topic, which had been requested to be placed on the agenda of the EMT-SAG by the SAG of the Global Health Cluster (see discussion note and request from the GHC attached). Linda Doull highlighted the positive engagement by EMTs in conflict settings but stressed that lessons learnt from the past experience of the Mosul response and related issues require further discussion, particularly in light of the changing actors, relationships and interactions.
- Ian Norton summarized the experience of the engagement in Mosul, stressing that the planning of the trauma response was based on the humanitarian imperative of saving lives and the notion of the “10 minute” rule to stabilize patients and the “golden hour” for appropriate further treatment. He recalled that WHO did engage with the parties to the conflict and also recalled the different stages of the call to partners to step forward for providing medical care to the victims of the conflict. He also clarified that the teams operating the trauma stabilization points (TSPs) did not move to the frontline but that the patient transfer was done by the military.
- In the discussion on this topic, ECHO, ICRC, IFRC, and MSF supported the suggestion for a separate discussion, possibly a dedicated workshop to address lessons learnt and discuss the way forward for future engagement of EMTs in conflict settings. IFRC also suggested that consideration be given to bring this discussion to the level of the Principals. ECHO and ICRC recognized the need for adjustment in the preparation and training of EMTs when deploying in conflict settings, and ECHO suggested a discussion on the reporting aspects. OCHA's CMCS suggested that the discussion should weigh options for engaging with the private sector for actions typically carried out by the military. MSF mentioned that there appears to be some misunderstanding with regard to the notion of EMT as a team or EMT as a framework. MSF also supported the suggestion that whenever a gap in services is identified, action needs to be taken but that this would normally mean to hold the military accountable for this. WHO recalled that this had occurred but gaps remained. In this context, ICRC stated the risk of eroding the obligations of the partners to the conflict. ICRC also stressed the requirement for distinctive use of language and how this can have an impact on the delivery of humanitarian aid. The co-chair of the GHC asked about the quality assurance process of EMTs in conflict settings. The Global Chair encouraged all to consider pragmatic and feasible solutions that focus on the needs of the population and the provision of high quality assistance.

Action point

- 5.1. The EMT-SAG recommended the Secretariat to organize a dedicated meeting before the end of the year with key partners and stakeholders to focus on the topic of the engagement of EMTs in conflict settings. It was suggested that the Secretariat prepare a concept note identifying the key questions for discussion in the meeting.

6. Next meeting

- The Secretariat recalled the upcoming Regional Group meetings as follows:
 - Americas region: 27-29 November 2017, in Quito, Ecuador
 - Western Pacific region: 21-22 November 2017, Canberra, Australia
 - South East Asia region: 28-29 November 2017, Bangkok, Thailand, as part of the Operational Partnership meeting
- The Secretariat also informed that the next EMT SAG meeting is scheduled to be in person, as part of the Humanitarian Network and Partnership Week (www.hnpw.org) on 6 February 2018 in Geneva, Switzerland. Information will come out in due course.

Agenda

Agenda item	Estimated time	Supporting documents
1. Welcome and Introduction by the Chair	5'	
2. Brief introductions of all members and observers	10'	
3. Strategic update from the WHO EMT Secretariat	15'	3.1. Discussion note on global strategy
4. Activities update and points for discussion/ endorsement from the WHO EMT Secretariat and WHO Regional offices (see separate briefing and discussion notes) <ul style="list-style-type: none"> a. Standards and best practices, including working groups b. Quality assurance, mentorship and classification process c. Training and capacity building work d. Response operations e. Governance arrangements and partnerships 	40'	4.1. Update note from the Secretariat 4.2. Discussion note on national accreditation 4.3. Draft TORs for a working group on national accreditation 4.4. Draft TORs for a working group on burns care 4.5. Discussion note on Regional Group arrangements and governance
5. The Strategic Advisory Group membership update <ul style="list-style-type: none"> a. Regional Chairs/Vice-chairs b. OCHA c. Red Cross Movement (IFRC and ICRC) d. Global Health Cluster (GHC) e. Global Outbreak Alert and Response Network f. Observer member comments and updates 	45'	
6. Any other business <ul style="list-style-type: none"> a. Request from the Global Health Cluster (GHC) Strategic Advisory Group (SAG) to discuss EMT in conflict settings (see attached) 	30'	6.1. Discussion note on EMTs in conflict
7. Next meeting	5'	

List of participants

Name	Title	Role on EMT SAG	Organization/ Country	Contact Details
Monica Acosta	Head of the Emergency and post-conflict department, Humanitarian Aid Office	EMT Core Support Group member	AECID (Spain)	monica.acosta@aecid.es ;
Jonathan Barden	Humanitarian and Civil-Military Advisor, Conflict Humanitarian and Security Department	EMT Core Support Group member	DFID UK	j-barden@dfid.gov.uk;
Ambassador Toni Frisch	Ambassador, Senior Advisor, SDC	EMT Global Chair	Switzerland	toni.frisch@eda.admin.ch;
Linda Doull	Coordinator, Global Health Cluster, WHO	Global Health Cluster	WHO	doull@who.int;
Andre Griekspoor	Co-chair, Global Health Cluster, WHO	Global Health Cluster	WHO	griekspoor@who.int;
Alexander Rosewell on behalf of Patrick Drury	Health specialist, GOARN, WHO	GOARN	WHO	rosewella@who.int; druryp@who.int;
Esperanza Martinez	Head of Health	RC/RC movement	ICRC	emartinez@icrc.org;
Panu Saaristo	Director ad interim, Health and Care Department	RC/RC movement	IFRC	panu.saaristo@ifrc.org;
Gino Claes	Head Audit, Competence development & Exercises Disaster Management	Regional Group Europe - Chair	Belgium	gino.claes@gezondheid.belgie.be;
Christian Baroux	French National directorate of civil protection and crisis management	Regional Group Europe - II Vice-Chair	France	christian.baroux@interieur.gouv.fr; Patrick.grignon@interieur.gouv.fr;
Bronte Martin	Nursing Director (Trauma & Disaster), National Critical Care & Trauma Response Centre	Regional Group Western Pacific - Chair	NCCTRC, Australia	bronte.martin@nt.gov.au ;

Mr Toshihide Kawasaki	Emergency Relief Coordinator, MOFA and Emergency Relief Coordinator, JDRT	Regional Group Western Pacific - I Vice-chair	Japan	toshihide.kawasaki@mofa.go.jp;
Julia Stewart-David	Head of Unit, DG ECHO/A4: Civil Protection Policy	Regional multilateral organization	ECHO	Julia.Stewart-David@ec.europa.eu;
Juan-Alfonso Lozano Basanta	Head of Unit, DG ECHO/A4: Civil Protection Policy	Regional multilateral organization	ECHO	juan-alfonso.lozano-basanta@ec.europa.eu;
Diana Burghardt	DG ECHO/A4: Civil Protection Policy	Regional multilateral organization	ECHO	<u>Diana.BURGHARDT@ec.europa.eu</u> ;
Gloria Balboa	Director for Health Emergency Management Bureau; Department of Health	Representative of Government recently engaged in EMT response	Ministry of Health, Philippines	gloriajbalboa@gmail.com ;
Jesper Lund	Chief, Emergency Services Branch and Field Coordination Support Section/INSARAG Secretariat, OCHA	United Nations	UN OCHA	lund@un.org;
Josef Reiterer	Chief, Civil Military Coordination Section, Emergency Services Branch, OCHA	United Nations	UN OCHA	reiterer@un.org;
Monica Rull	MSF	Observer	MSF	Monica.Rull@geneva.msf.org;
Ian Norton	WHO EMT Secretariat	WHO - EMT Secretariat - global	WHO HQ	nortoni@who.int;
Kai Von Harbou	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO EURO	vonharbouk@who.int;
Nilesh Buddh	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO SEARO	buddhan@who.int;
Iman Shankiti	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO EMRO	shankitii@who.int;
Leong O	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO WPRO	ol@who.int;
Luis de la Fuente	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO AMRO/ PAHO	delafuentel@who.int;

List of apologies

Name	Title	Role on EMT SAG	Organization/ Country	Contact Details
Verónica Espinosa	Minister of Public Health	Regional Group Americas - Chair	Ecuador	<u>tbc</u>
Tbc		Regional Group Americas - I Vice-chair	Tbc	-
tbc		Regional Group Europe - I Vice-Chair	tbc	-
Prof. Zijian FENG	Deputy director general of Chinese center for Disease Control and prevention	Regional Group Western Pacific - II Vice-chair	China	fengzj@chinacdc.cn;
Ferdinal Fernando	Assistant Director & Head of Health Division (HD) ASEAN	Regional multilateral organization	ASEAN	ferdinal.fernando@asean.org ;
Thierno Balde	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO AFRO	baldet@who.int;

EMT Strategic Advisory Group
Meeting No.6, 30 August 2017, 10:00 – 12:30

Discussion note on development of an EMT global strategy

Agenda item:

Prepared by :

Action(s) expected from the EMT SAG:

3. Strategic update from the Secretariat

Christophe Schmachtel

Take note

Discuss

Endorse

X
X

1. Purpose

- To discuss the development of a Global strategy for the EMT initiative based on the first draft (see attached) and, if agreed, discuss the timeline for the consultation process with all the Regional Groups leading up to an endorsement of the strategy by the SAG

2. Current situation and explanation/justification

Over the past couple of years, the EMT Initiative has created a global network of Member States, organizations, EMTs, practitioners and other stakeholders all dedicated to improving the direct clinical care to populations affected by disasters, outbreaks or other emergencies, based on adherence to minimum principles and standards as well as on improved activation and coordination mechanisms and procedures. The members of the network share experiences, mentor and learn from each other, train together and contribute to the setting and constant improvement of minimum standards based on the evolving experience.

It is important for such a wide network to have a clear vision and mission statement and to clearly state the main objectives that it aims to achieve so that members of the network all “pull in the same direction”. For a strategy to be efficient, it needs to gain the buy-in and ownership by all its members. A wide and well-organized consultation process providing the opportunity for all members to contribute to the development of the strategy is therefore crucial at this stage. The Regional Group meetings will provide for the appropriate forums to consult with all stakeholders on the development of the strategy.

It will also be important to note that the strategy should merely set the overall goals and objectives, whilst specific outputs and activities should be customized and adapted to each regional context.

3. Background

Since its beginnings, the EMT Initiative has been supported by WHO as a partnership effort with all interested Member States, EMT providers, and other stakeholders. Several network meetings, exercises and trainings were already held at global, regional and country level and the network members are engaged both at policy and technical levels. WHO developed and constantly updates its strategy for the EMT secretariat, and discusses overall aims and objectives through the governance structures, in particular the SAG; however it has not yet developed an overall strategy for the network with involvement by all its members.

With the increasing regionalization of the EMT initiative, it is important to maintain a minimum global coherence and developing a common strategy with be instrumental for achieving this.

4. Suggested recommendation for endorsement from the SAG

It is recommended that the SAG review the existing draft of the strategy and endorse the following timeline of consultations with the Regional Groups to get input and buy-in into the strategy:

- Phase 1: first review by the SAG until mid-September
- Phase 2: consultation and input by Regional Groups until end 2017
- Phase 3: endorsement of the first version of the global EMT strategy by the SAG in February 2018, with the understanding that it should be a living document, which will require adaptation over time.

GLOBAL STRATEGY FOR THE EMERGENCY MEDICAL TEAM (EMT) INITIATIVE

Version 31/08/2017

The term Emergency Medical Team or EMT refers to groups of health professionals providing direct clinical care to populations affected by disasters, outbreaks and/or other emergencies as a surge capacity to support the local health system. They include governmental (both civilian and military) and nongovernmental teams and can include both national and international EMTs.

Mission

The mission of the EMT initiative is to reduce the loss of life and prevent long-term disability as a result of sudden-onset disasters, outbreaks and/or other emergencies through the rapid deployment and efficient tasking of Emergency Medical Teams adhering to international minimum standards.

Overall purpose

The purpose of the EMT initiative is to improve the timeliness and quality of health services provided by national and international Emergency Medical Teams and enhance the capacity of national health systems in leading the activation and coordination of this response in the immediate aftermath of a SOD, outbreak and/or other emergency. Teams shall also include public health expertise and logistics support either included in the team or as specific public health or logistics rapid response teams.

Adherence to guiding principles, core standards and specific technical standards

The EMT initiative promotes adherence by all EMTs, including the providing member states and organisations as well as receiving member states, of a series of guiding principles and core standards as well as a set of technical standards applicable to each EMT in accordance with its type and capacity. These can be found in the “Classification and minimum standards of Foreign Emergency Medical Teams in Sudden Onset Disasters”.¹

The guiding principles of the EMT initiative are:

- A. *The EMT provides safe, timely, effective, efficient, equitable and patient centred care*
- B. *The EMT offer a “needs based” response according to the context and type of SOD in the affected nation*
- C. *The EMTs adopts a human rights based approach to their response and ensure they are accessible to all sections of the population affected by the SOD particularly the vulnerable.*
- D. *The EMT undertakes to treat patients in a medically ethical manner consistent with the World Medical Association Medical Ethics Manual . In particular the EMT undertakes to respect with confidentiality that patients will have the right to be informed about their medical condition and communication on prognosis and alternative treatments in a language and culturally appropriate fashion, and that all informed consent for medical procedures is obtained in such a manner unless obviously impossible.*
- E. *All EMTs are accountable to the patients and communities they assist, the host government and MoH, their own organisation and donors.*
- F. *EMTs commit to be integrated in a coordinated response under the national health emergency management authorities, and collaborate with the national health system, their fellow EMTs, the cluster and the international humanitarian response community.*

¹ These can be found on <https://extranet.who.int/emt/> The document refers to Foreign Medical Teams as it dates from 2013. In 2015, at the EMT Global Meeting in Panama, it was decided to change the term to Emergency Medical Teams clearly emphasising that there can be national and international EMTs, with the large majority in fact being national EMTs.

The **core standards** deal with aspects of registration, coordination and regular reporting on operations by EMTs to the national health system; adherence professional guidelines and criteria, confidentiality of records, adherence to international quality standards and drug donation guidelines for pharmaceuticals; minimum hygiene, sanitation and waste management, self-sufficiency, and care of team members and malpractice insurance.

The EMT initiative also agreed on a series of **technical/ clinical standards** applicable to each team according to its type.

The development, updating and improvement of standards is a continuing effort of the EMT initiative.

Objectives

The EMT Initiative aims to support member states, NGOs and international organizations by providing a platform for the joint achievement of the following objectives:

- **Objective 1:** Continuously develop, agree on and promote clinical, technical and operational minimum standards for EMTs as well as identify and share best practices amongst EMTs and countries
- **Objective 2:** Provide a framework for quality assurance of EMTs, manage the peer review and classification process of international EMTs and support countries developing their national EMT accreditation systems
- **Objective 3:** Support and implement EMT capacity strengthening, preparedness and training activities at national, regional and international level, including by developing guidance and tools for response activation and coordination
- **Objective 4:** Promote and lead (or support, as relevant) the establishment of the EMT Coordination Cell for the efficient and timely activation and coordination the EMT response following a sudden-onset disaster, outbreak and/or other emergency
- **Objective 5:** Ensure buy-in and ownership of the EMT initiative by EMTs and their organizations and Member States as well as other relevant national, regional and international stakeholders.

Implementation

The main implementation of the objectives of the EMT initiative is done at the regional and country level, with dedicated support from the WHO Regional Offices and the global level WHO EMT Secretariat. Regional Groups are being established by Governments and organizations in each of the regions to develop and agree on work plans that adapt the overall objectives to the regional and country context.

Governments and organisations are encouraged to designate EMT focal points to actively participate and act as main information contact point for EMTs at country level as well as the EMT community at regional and global level.

The World Health Organization provides the secretariat to the EMT initiative and receives guidance from a global level Strategic Advisory Group (SAG). The SAG is charged with advising on policies and strategies for EMTs, ranging from workforce development, deployment, field coordination and operations, technical governance, and linkages and engagement between the WHO and the global EMT community. It is composed of representatives from a broad range of stakeholder groups including members states representing the regions, regional organizations, EMTs, donor states, partner networks, UN OCHA, the Red Cross Red Crescent Movement, the WHO and observers.

EMT Strategic Advisory Group
Meeting No.6, 30 August 2017, 10:00 – 12:30

Activities update from the WHO EMT Secretariat and WHO Regional offices

Agenda item: 4. Activities update

Action expected from the EMT SAG: Take note

1. Standards and best practices, including working groups

a. Update since the last EMT SAG meeting

- The “Field Guide for the Management of Limb Injuries in Disasters and Conflicts” was published on the EMT website in April 2017; translations are underway. This work is a result of a collaboration of the ICRC and the EMT initiative, with support from the AO foundation.
- Translations are also upcoming for the “*Minimum Technical Standards and Recommendations for Rehabilitation*”.
- The EMT Technical Working Groups (TWG) on Training and Logistics held one meeting each in April and June respectively; with work progressing normally.
- The Chair of the MDS TWG met with the Secretariat in August to finalize the reporting tool.

b. Upcoming priorities and activities

- The main priority is the update of the “Blue Book” (Classification and minimum standards for foreign emergency medical teams in sudden onset disasters), which the Secretariat is working on according to the following tentative timeline:
 - Phase 1: draft 1 by the Secretariat – end August
 - Phase 2: review by the WHO regional focal point group and consolidation of feedback by the Secretariat into draft 2 – end September
 - Phase 3: presentation and consultation at Regional Group level – October to December 2017
 - Phase 4: consolidation of feedback from Regional Groups by the Secretariat into draft 3 – by mid-January
 - Phase 5: global workshop with key stakeholders to review the updated version – Dec 2017/Jan 2018
 - Phase 6: presentation to the EMT-SAG for endorsement in February 2018
- The Secretariat is also working on the creation of an EMT toolkit, which will be accessible on line with more specific information and guidance for teams on how to enhance their capacities to fulfil the EMT minimum principles and standards targeted mainly at teams preparing for the international classification process or their respective national accreditation process, if already existing.
- The following propriety is to formally constitute the following TWGs:
 - Burns mass casualty TWG – still planned for 2017 (the TORs are presented to the SAG for endorsement)
 - Highly Infectious Disease TWG – still planned for 2017 (TORs already approved by the SAG),
 - Maternal and Child Health TWG – still planned for 2017 (TORs already approved by the SAG),
 - Non-communicable disease TWG – postponed to 2018,
 - Mental health TWG – postponed to 2018.

- National accreditation TWG – planned for 2018 (the TORs are presented to the SAG for endorsement)

2. Quality assurance, mentorship and classification process

a. Update since the last EMT SAG meeting

- A total of 11 teams (three EMTs type 1, seven EMTs type 2, one EMT type 3) have been successfully classified as internationally deployable, with 4 classified since the last SAG. 2 of the 11 teams are NGO teams, all other teams are governmental. Another 70 have joined the classification process, 56% are currently being mentored currently in the process of being mentored.
- 13 mentor visits as well as a specific mentoring workshop for 16 North American NGOs, coordinated by the EMT secretariat, have taken place since Feb 2017. Additionally, advice and mentoring is being carried out in national capacity building workshops as well as over distance by mentors, including WHO EMT staff. The latter increasingly includes WHO Regional Office staff.

b. Upcoming priorities and activities

- Upcoming classifications:
 - Two EMT type 2 and one specialty cell – Ecuador in September
 - EMT type 1 – New Zealand in September,
 - EMT type 2 – Spain in December.
- Increasing the pool of qualified mentors and gradually moving to a regionalised pool of mentors for teams. This will involve the holding of regional mentorship workshops.
- Another priority is to clarify the approach by the EMT initiative to supporting Governments in establishing their national EMT accreditation programmes (see specific concept note and TORs for a proposed TWG).

3. Training and capacity building work

a. Update since the last EMT SAG meeting

- Global:
 - EMT Coordination Cell training course took place in Italy in June, sponsored by ECHO and supported by CRIMEDIM.
 - The standard nomenclature of training events at national level has been decided to be as follows:
 - First level: National EMT awareness workshop
 - Second level: National EMT capacity building workshop
 - Third level: National EMT CC training course
 - The EMT Coordination Handbook was updated for the regional EMT CC training course in Italy. It is still currently in a draft version for further consultations and it will be finalised for final publishing early 2018.
- Americas region:
 - 16 countries have had national EMT awareness workshops and one regional workshop was conducted in the English-speaking Caribbean (22 experts from 19 countries in the Caribbean).
 - PAHO developed a virtual coordination platform, called Virtual CICOM, as an information management and coordination tool based in the cloud, developed by PAHO for use by MoH in

the CICOM/EMTCC. The current version of the Virtual CICOM is close to finalization and is expected to be formally launched at the beginning of 2018. In the meantime, PAHO will already start training in the tool as part of the EMTCC in Chile and likely other upcoming workshops.

- Europe region
 - WHO provided input as part of the Core Group in the preparations for the EU Module Exercises (Modex) and as Exercise Control staff for the Field exercise for EMTs and Mobile Labs, which was conducted in Revinge, Sweden in 24-28 April 2017.
 - The first Regional Emergency Medical Team (EMT) Awareness Workshop was conducted in Astana, Kazakhstan on 16-17 May 2017 with participation from Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan.
- Eastern Mediterranean
 - N/A
- African region
 - Participation of the region in the EMT CC training in Italy and initial exchanges on how to roll out the initiative in the region
 - Ongoing recruitment of a EMT consultant for the African region for preparing the first EMT awareness workshop in the region and for developing the 2018 plan of action.
- South East Asia region
 - Following countries of the Region have been prioritized for EMT strengthening in 2017-18: Bangladesh, Bhutan, India, Indonesia, Nepal, Sri Lanka and Thailand
 - A high-level meeting was conducted in India on EMTs, facilitated by WHO Country office in India and WHO SEARO resulting in the agreement by MOH-India to initiate the internal process for having an EMT mentored and classified for international deployment.
 - A national EMT awareness workshops were conducted in Thailand (5 April 2017), in Indonesia (11-12 April 2017) and in Bhutan (August 2017). These countries are very interested in national EMT capacity strengthening, including in setting up a national accreditation programme. Thailand noted that national EMT coordination was established in the recent floods in southern Thailand in February 2017.
 - WHO (HQ and CO) participated in the EMT Simulation of ASEAN countries during mid July 2017: under the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project)
- Western Pacific region:
 - A dedicated EMT capacity strengthening project, with support from Australia, has been initiated with four Pacific Islands countries: Fiji, Solomon Islands, Tonga, and Vanuatu. An initial work planning meeting took place in July 2017, with national EMT awareness trainings planned for September/October 2017 as well as the recruitment of dedicated EMT focal points to help implement the work plans.
 - An EMT Awareness Workshop was conducted in Macao SAR China from 27-28 March 2017.

b. Upcoming priorities and activities

- Global:
 - The Secretariat will standardize the package for the EMT awareness workshop (for use at national and regional level), based on previous workshops that the Secretariat as well as PAHO has run. This is done for the Regional Offices to be able to run the workshops on their own.
 - Translation of the EMT Coordination Handbook, in its current draft version, to allow for wider consultation; and finalization by early 2018.
 - After an initial piloting phase led by PAHO, the Secretariat will work with PAHO and the other regions to identify if and how the Virtual CICOM can be made globally applicable.

- Americas region:
 - A regional EMTCC/ CICOM training course is scheduled for September 2017 in Chile.
 - National EMT awareness workshops upcoming in Brazil (October) and Uruguay (tbc).
- Europe region
 - Regional Workshop on Mass Casualty Management and Emergency Medical Teams is planned to be held in Tel Aviv, Israel from 21-23 November 2017.
 - A National EMT capacity building workshop for the Kazakhstan National Emergency Medical Teams is planned to be conducted in Astana, Kazakhstan on 24-25 October 2017, and a consultant will be hired to support the establishment of a country-based EMT Working Group conduct a capacity and capability assessment and assist in the review and development of related policies, guidelines, plans and systems required for EMT capacity strengthening.
 - Ongoing discussions with Ukraine and Azerbaijan for National EMT Awareness workshops in 2018.
 - A regional analysis is being conducted of the humanitarian landscape and needs with special emphasis on health-related supplies and health emergency workforce (e.g. Emergency Medical Teams, Mobile Labs) in view of identifying barriers for rapid international support to national governments in the response to health emergencies. The analysis covers selected vulnerable Member States and is looking at the following areas: mechanisms for prepositioning, importation and warehousing of humanitarian supplies, coordination mechanisms for national and international response capacities, provision of license for medical practice to international EMTs and Mobile Labs.
- Eastern Mediterranean
 - National EMT Awareness workshops are planned in OPT, Iran and Pakistan.
 - A regional EMT CC coordination is planned for 2018.
- African region
 - A regional EMT Awareness workshop is planned for November (location to be confirmed).
 - Development of realistic plan of action for 2018 focusing on strengthening targeted countries in setting up national EMTs
- South East Asia region
 - A national EMT awareness workshop is expected to take place in India in September.
 - National EMT workshop is being planned in Bangladesh for November 2017; and an EMT and EOC assessment mission is planned for Timor Leste in October 2017.
- Western Pacific region:
 - Regional Earthquake Response Exercise, organised through the INSARAG network with participation from EMTs and hosted by the Government of Malaysia will take place from 11-13 September 2017.
 - National EMT awareness trainings are scheduled for Tonga (September), Solomon Island (September), Vanuatu (October) and Fiji (October).
 - A National EMT team leader's training is planned in the Philippines for October 2017.

4. Response operations

a. Update since the last EMT SAG meeting

- Ongoing response in Iraq for the Mosul crisis: the Secretariat provided dedicated support to the operations planning and coordination of the Trauma Working Group, under the WHO Country Office and in support of the Government. Currently, since end July, an EMTCC-trained person was hired by the WHO country office to support the Trauma Working Group.

b. Upcoming priorities and activities

- Scaling up the response to the Syria crisis: the Secretariat provided remote support and advice to the WHO Country Office and the incoming WHO Incident Manager, based in the Northern parts of the country, on the trauma operations planning and coordination.
- The Secretariat will work on standard operating procedures on the roles and responsibilities within the three levels of WHO (country, regional and HQ level) concerning EMT response activation and coordination, as a complement to the recently published WHO Emergency Response Framework.

5. Governance arrangements, partnerships and Secretariat

a. Update since the last EMT SAG meeting

- Global/ general:
 - All WHO regional offices have identified their EMT focal point; however, it should be noted that these staff members are not entirely dedicated to EMT functions and cover several other aspects of the WHO Health Emergencies Programme at the regional level.
 - WHO held a global EMT planning retreat in August with the EMT focal points from the WHO Regional Offices and the HQ EMT Secretariat staff in order to coordinate work planning and further enhance the regionalization of the EMT initiative.
 - The Secretariat is working on an overhaul and general update of the EMT Website, which will also include the EMT knowledge hub and EMT country profiles.
 - WHO and IFRC published a study on “*The Regulation and Management of International Emergency Medical Teams*” available on the EMT website.
- Americas region:
 - A Regional Governance structure was developed and endorsed by the Regional Group, by correspondence.
 - Ecuador has accepted to be the interim Regional Chair until the upcoming Regional Group meeting in November 2017.
 - The Pan American Sanitary Conference/ Regional Committee of WHO has adopted two resolutions already endorsing the EMT initiative.
 - In March 2017, UNASUR have approved a resolution urging Member States to introduce the EMT initiative as a national initiative and mechanism.
- Europe region
 - Belgium confirmed its commitment to take on the role of Regional Chair, at least until end of 2017.
 - France confirmed its interest to take on the Role of Regional Chair in 2019.
 - There is close collaboration between WHO and the European Medical Corps (EMC) since the launch of the EMC by DG-ECHO as part of the voluntary pool of assets of the EU Civil Protection Mechanism in February 2016.
- Eastern Mediterranean
 - The WHO EM Regional Office has recruited a dedicated EMT consultant for an initial period of 6 months, starting September 2017, helping primarily with dedicated country and regional awareness and capacity building as well as with mentorship work.

- African region
 - The WHO Africa Regional Office is in the process of recruiting a dedicated EMT consultant for an initial period of 6 months. The consultant will help primarily with dedicated country and regional awareness and capacity building.
- South East Asia region
 - A meeting between SEARO and ASEAN secretariat took place in Jakarta to discuss the EMT coordination mechanisms in the region and clarify respective roles, in support of the affected Governments.
- Western Pacific region
 - Australia as Regional Chair confirmed its commitment to hold a Regional Meeting and Workshop on Strengthening EMTs in the region.

b. Upcoming priorities and activities

- Global/general:
 - Discuss and get endorsement from the EMT SAG for the EMT regional structure to move from a 3 to a 6 regions approach (see separate discussion note) and plan for the Regional Group meetings to take place in 2017 (if possible) and 2018 and for the next EMT Global Meeting to be scheduled for 2019.
 - Given that 2017 is the first year of getting together the Regional Groups, a core objective of the first meeting will also be awareness raising on the initiative with the EMT policy and operations focal points as well as the EMT team leaders.
 - Discussions are still pending between IFRC and the WHO EMT Secretariat on the Red Channel agreement.
 - The Secretariat blocked a slot for the EMT SAG to meet face-to-face as part of the 2018 Humanitarian Partnership and Networks Week in Geneva, Switzerland (5-9 February 2018). The EMT SAG is scheduled for Tuesday, 6 February 2018 (pending confirmation). The EMT secretariat also plans to hold a session of the EMT Core Support Group on this same day.
- Americas:
 - The Regional Group meeting is scheduled for 27-29 November in Quito, Ecuador.
- Europe region
 - The Regional Group meeting is tentatively scheduled for the first half of 2018.
- Eastern Mediterranean
 - Planning for a Regional EMT awareness workshop, which will provide the opportunity to start planning for the formation of a Regional Group.
- African region
 - The Regional EMT awareness workshop planned for November 2017 will provide the opportunity to start planning for the formation of a Regional Group.
- South East Asia region:
 - The Regional Operational Partnership meeting, which will include a dedicated component on EMTs, and take place from 27-29 November in Bangkok, Thailand. It will provide an opportunity to discuss priorities for EMT capacity strengthening as well as EMT governance arrangements at the regional level.
- Western Pacific region:
 - EMT Regional Meeting and Workshop on Strengthening EMTs is planned for the week of 21-25 November 2017 hosted by Australia.
 - Japan is scheduled to take over from Australia as Regional Chair in 2018, with China as Vice-chair

EMT Strategic Advisory Group
Meeting No.6, 30 August 2017, 10:00 – 12:30

Discussion note on national accreditation for EMTs

Agenda item: 4. Activities update
Prepared by : Camila Philbert Lajolo
Action(s) expected from the EMT SAG: Take note
Discuss
Endorse

X

1. Purpose

To consult the SAG about the creation of a working group to develop a framework for national accreditation of EMTs. Such framework will support countries in using and adapting the EMT principles and standards to their national context and in establishing programmes for the confirmation of achievement of these standards by national EMTs.

2. Current situation

Since 2016 eleven teams have been granted the status of “classified” EMTs after a successful external evaluation conducted by peers that checked the team’s ability to meet the standards for internationally deployable EMTs. The classification process is managed by WHO and focuses on EMTs having the capacity to deploy internationally.

Recognizing and promoting the fact that the majority of EMTs are national and for domestic purpose, a central focus of the EMT initiative is to support countries in building national EMT and coordination capacity within the countries. The work done so far at national level focuses on workshops for national capacity building in countries like Philippines, Thailand, countries in the Pacific and many others in Latin American and the Caribbean. As part of its work on national capacity strengthening, the EMT initiative plans to support countries in establishing their national accreditation programmes, based on the premise that accreditation of national EMTs falls under the Ministry of Health’s remit.

3. Background

Accreditation is a form of external evaluation used to improve quality across different industries, including healthcare. It can be defined as a self-assessment and external peer review process used by organizations to accurately assess their level of performance in relation to established standards and to implement ways of continuous improvement². An accreditation programme can also be helpful for a national emergency management system including its specific healthcare components, to ensure that its national teams/professionals adhere to the nationally agreed minimum standards and follow the established activation and coordination procedures.

4. Suggested recommendation for endorsement from the SAG

It is recommended that the EMT-SAG endorse the creation of a working group focused on developing the framework for national accreditation of EMTs as per the draft Terms of Reference.

² Fortune T., O’Connor E, Donaldson B. Guidance on Designing Healthcare External Evaluation Programmes including Accreditation. ISQua Accreditation2015

EMT Strategic Advisory Group
Meeting No.6, 30 August 2017, 10:00 – 12:30

DRAFT Terms of Reference for a Technical Working Group on National Accreditation

Agenda item: 4. Activities update
Prepared by : Camila Philbert Lajolo
Action(s) expected from the EMT SAG: Take note
Discuss
Endorse

X

1. Purpose

The overall aim of the Emergency Medical Teams (EMT) initiative is to reduce the loss of life and prevent long-term disability as a result of sudden-onset disasters and/or outbreaks through the rapid deployment and efficient tasking of EMTs adhering to international minimum standards.

Accreditation has been a strategy used to improve quality across different industries, including healthcare. Many low and middle income countries have been developing national accreditation systems as part of their quality enhancing strategy of their universal health coverage agenda³. It can be defined as a self-assessment and external peer review process used by organizations to accurately assess their level of performance in relation to established standards and to implement ways of continuous improvement⁴. An accreditation programme can also be helpful for a national emergency management system, including its specific healthcare components, to ensure that its national teams/professionals adhere to the nationally agreed minimum standards and follow the established activation and coordination procedures.

The EMT initiative has been innovative in terms of implementing quality assurance in the realm of emergency response . Eleven teams have been classified meeting the minimum standards for an internationally deployable EMT.

Recognizing and promoting the fact that the large majority of EMTs are national and for domestic purpose, a central focus of the EMT initiative is to support countries in building national EMT and coordination capacity within the countries. As part of its work on national capacity strengthening, the EMT initiative plans to support countries in establishing their national accreditation programmes, based on the premise that accreditation of national EMTs falls under the Ministry of Health’s umbrella.

The purpose of the working group is to inform the development of an accreditation framework to guide countries in the development of their own accreditation systems for EMTs as one strategy to support improving the quality of care and levels of professionalism by those EMTs. The framework should be based on solid evidence and experience from a diverse range of stakeholders, and allow for local adaption according to the context of each country.

³ Mate KS, Rooney AI, Supachutikul A, Gyani G. Accreditation as a path to achieving universal quality health coverage. *Globalization and Health* 2014, 10:68

⁴ Fortune T., O’Connor E, Donaldson B. Guidance on Designing Healthcare External Evaluation Programmes including Accreditation. ISQua Accreditation2015

2. Generic functions of EMT working groups

- Ensure an evidence-based approach using existing materials and accepted best practice.
- Maintain a practical and operational perspective which is realistic and implementable in a disaster, outbreak and other complex settings.
- Undertake a reasonable level of operational stakeholder engagement on the subject matter to support the generation of consensus by members of the EMT community on the validity of the working groups core deliverables. This should include the perspective of government and military responders as well as more traditional humanitarian actors.
- Ensure coherence between the subject matter being studied and the overall objective of the EMT initiative including, where applicable, to the Classification and Minimum Standards for Foreign (Emergency) Medical Teams in Sudden Onset Disasters.

3. Specific terms of reference for the WG on National Accreditation

- To develop a framework for national accreditation for EMTs, applicable to governmental and non-governmental teams focused on national response, and based on the internationally agreed EMT minimum principles and standards
- **To propose clear terminology and complementary relations between national accreditation and international classification of teams and consider also regional accreditation/classification processes.**
- To provide guidance for interested countries in regards to adapting and implementing the framework, taking into consideration the specific context
- To map the current relevant experiences in terms of external setting/implementing national accreditation programs for healthcare or emergency response.
- To revise the current literature regarding development and implementation of national accreditation programs for healthcare.
- To propose a mechanism through which the EMT initiative can leverage and offer support to countries wishing to establish their national accreditation programme for EMTs

4. Membership

The EMT secretariat will hire a consultant either full or part time to conduct the baseline work and to provide secretariat and writing support to the working group.

An effective working group should combine representation from potential users and experts in development of external evaluation systems/programs and should comprise no more than 12 to 15 people. The potential users include representative from nationally deployable EMT (both government and non-governmental) and Ministries of Health. The experts might include representatives from WHO, Ministries of Health or other organizations.

Interested countries and organisations may nominate individuals using the standard expression of interest form. The EMT Secretariat will use the above criteria to compose the final membership of the working group.

5. Meetings and operational procedures

- The working group chair will be selected by the working group members and will report the group's activities to the EMT SAG.
- Unless disbanded prior, members will serve for a period of up to two years
- The working group will convene face-to-face twice annually and virtually (tele or video conference) as required for the duration of the WG.

- Members will not be remunerated for their participation as members of the group. However, they will be supported to attend face-to-face meetings if not sponsored to do so by their own organization.
- Meetings will be conducted in English.
- Draft minutes of the working group meetings will be taken and circulated by the EMT Secretariat to working group members within 10 working days of the meeting.

6. Outputs

- Main output: written framework for national accreditation for EMTs, that is relevant for high, middle and low income countries and allows for adaptation according to context whilst complying with the internationally agreed EMT minimum standards and principles
- Secondary outputs:
 - Collation of current evidence and relevant experience regarding the development and implementation of national accreditation programs
 - Guidance on adaption of the national accreditation framework for EMTs
- The working group reports to the EMT SAG and is required to submit a brief annual draft work plan as well as an annual statement of work completed.
- The working group will be provided with an allocated session at the EMT regional meetings and, if required, the EMT global meeting, to brief the EMT community on its plans and work completed.
- The working group will aim to finalise its work within two years from its first meeting.
- Members of the WG will be encouraged to support the piloting of any new frameworks and checklists in low or middle income country settings as part of a WHO expert team.

7. Ratification

The working group Terms of Reference are ratified by the membership.

Endorsed by the EMT Strategic Advisory Group in its ___6th___ meeting on ___30 August 2017___.

EMT Strategic Advisory Group
Meeting No.6, 30 August 2017, 10:00 – 12:30

DRAFT Terms of Reference for a Technical Working Group on EMT Burns Care

Agenda item: 4. Activities update
Prepared by : Christophe Schmachtel
Action(s) expected from the EMT SAG: Take note
Discuss
Endorse

X

1. Purpose

The overall aim of the Emergency Medical Teams (EMT) initiative is to reduce the loss of life and prevent long-term disability as a result of sudden-onset disasters and/or outbreaks through the rapid deployment and efficient tasking of EMTs adhering to international minimum standards.

There is a need for all EMTs to have knowledge of burn care and there is a need for specialized teams to deal with specific scenarios of burns mass casualties. Burn injuries inevitably increase during natural disasters and conflicts, both as a direct and indirect result. In addition there are regular mass casualty fire disasters such as in Ghana, Sudan, Bangladesh and Romania over the last few years.

Burn catastrophes resulting in multiple and mass casualties are extremely demanding and difficult to manage, even more so when these occur in emergency or resource poor environments. Triage is difficult and has significant differences from standard trauma triage; limited resources will affect management decisions and referral, and transportation of patients to well-resourced specialist centers may be impossible. Several clinical practices used for the care of individual burns patients may actually worsen outcomes when used in a mass casualty burns situation.

In order to prepare specialist burns EMTs to deal with this type of scenarios, appropriate training will be required in clinical management and decision making as well as in the standard competencies related to working in insecure situations, different cultures, across language divides, and within remit of international humanitarian assistance. The first step is defining the clinical evidence and where necessary adapting this to the mass casualty and resource limited environment.

The purpose of Technical Working Group on EMT Burns Care is to assess and review current evidence with emphasis on specific, relevant areas of practice and develop minimum standards for EMT Burns Care and for Burns Specialist Cells.

2. Generic functions of EMT working groups

- Ensure an evidence-based approach using existing materials and accepted best practice.
- Maintain a practical and operational perspective which is realistic and implementable in a disaster, outbreak and other complex settings.
- Undertake a reasonable level of operational stakeholder engagement on the subject matter to support the generation of consensus by members of the EMT community on the validity of the working groups core deliverables. This should include the perspective of government and military responders as well as more traditional humanitarian actors.

- Ensure coherence between the subject matter being studied and the overall objective of the EMT initiative including, where applicable, to the Classification and Minimum Standards for Foreign (Emergency) Medical Teams in Sudden Onset Disasters.

3. Specific terms of reference for the WG on EMT Burns Specialist Cells

- To review and examine existing literature and practice on medical response to burns mass casualty incidents on a series of specific topics identified below
- To develop minimum standards for EMT burns care, based on the prior review and/or recommended adaptations with specific reasoning for each
- Develop educational/ training material for use by EMT on burns care

The specific topics to be covered related to burns care are as follows:

Topic	Detail
Estimation of Severity	1) Rapid assessment of size and depth 2) How do we define severity
Triage	1) Triage categories and adaptation for burns
Fluid Resuscitation	1) Oral vs intravenous 2) Simple regimes 3) Under vs over resuscitation
Inhalation Injury	1) Rapid diagnosis 2) Management without ventilation
Non Survivable Injury	1) Definition 2) Palliative care
Dressings	1) Modern vs traditional 2) Standardised protocols
Surgery (Emergency/ Urgent/ Delayed)	1) Define specific procedures 2) Optimal timing
Staffing Requirements for specialist burns teams	1) Optimal team size 2) Ongoing care by local staff
Infrastructure Support	1) Local facilities vs Field Hospital
Laboratory Support	1) Essential vs Desirable

4. Membership

The EMT secretariat will partner with the Center for Global Burn Injury Policy and Research of the Swansea University, Wales, United Kingdom, who has offered to provide substantive and technical support to the Working Group.

The working group should combine representation from experts from around the world with experience in burns mass casualty incidents in different settings. It should include representation from:

- Member states from all regions of the world, represented by a medical doctor or nurse who had specific experience in burns mass casualty incidents
- EMTs, whether governmental, including military, or non-governmental
- Burns societies
- International organizations and non-governmental organizations, with capacity and experience in responding to burns mass casualty incidents such as ICRC, IFRC, MSF, Interburns, Handicap International, and WHO

The working group will comprise between 15 and 20 people. Interested countries and organizations may nominate individuals using the standard expression of interest form. The EMT Secretariat will use the above criteria to compose the final membership of the working group.

5. Meetings and operational procedures

- The working group chair will be selected by the working group members and will report the group's activities to the EMT SAG.
- Unless disbanded prior, members will serve for a period of up to two years.
- The working group will convene face-to-face up to three times and virtually as required for the duration of the WG.
- Members will not be remunerated for their participation in the group. However, they will be supported to attend face-to-face meetings if not sponsored to do so by their own organization.
- Meetings will be conducted in English.
- Draft minutes of the working group meetings will be taken and circulated by the EMT Secretariat to working group members within 10 working days of the meeting.

6. Outputs

- Main output: minimum standards for EMT burns care to form part of the EMT toolkit, based on the topics above
- Secondary outputs:
 - Literature review on evidence
 - Guidance material for training and educational purposes of EMTs
 - Reports from each of the WG meetings
- The working group reports to the EMT SAG and is required to submit a brief draft work plan as well as a statement of work once completed.
- If required, the working group will be provided with an allocated session at the EMT regional meetings and, if required, the EMT global meeting, to brief the EMT community on its plans and work completed or it may be required to develop specific briefing material to be presented by the Secretariat in the EMT regional meetings
- The working group will aim to finalise its work within one year from its first meeting.

7. Ratification

- The working group Terms of Reference are ratified by the membership.

Endorsed by the EMT Strategic Advisory Group in its ___6th___ meeting on ___30 August 2017___.

EMT Strategic Advisory Group
Meeting No.6, 30 August 2017, 10:00 – 12:30

Discussion note on Regional Groups arrangements and EMT governance

Agenda item: 4. Activities update
Prepared by : Christophe Schmachtel
Action(s) expected from the EMT SAG: Take note
Discuss
Endorse

X

1. Purpose

- To discuss and endorse the proposal from WHO to organize the Regional Group structure alongside the six WHO Regions (and move away from the three-region approach, borrowed from the INSARAG network)

2. Current situation and justification

- The current EMT Regional Group structure follows a three-region approach, similar to the Regional Groups of the International Search and Rescue Advisory Group (INSARAG). This decision was taken to allow for the different networks to collaborate closer together, and was an interim measure pending further consultation.
- The main priority for the EMT initiative is to build the national, regional and international capacity to respond with EMTs in a professional and effective way.
- Given its strong national and regional focus, it makes sense to follow the WHO regional approach to allow for Regional Offices to fulfill their capacity building role, as well as regional secretariat and networking functions. It also allows the Regional and Country Offices to leverage their already existing strong relationships with the Governments of their region to support and implement the EMT initiative at country level. Having Regional Groups organized alongside the WHO Regional Offices will use the existing institutional set up and structures to build a strong global EMT network.
- The WHO HQ EMT Secretariat will maintain the role of ensuring global coherence in standard setting, training, quality assurance, and network governance aspects, and will also continue to provide backstopping support for response and capacity building processes.
- The Americas region is a good example where dedicated staff and the strong links of the PAHO office with countries has provided positive results in advancing the purpose and objectives of the EMT initiative.
- The aspect of regional governance was discussed at length at the recent WHO global EMT planning retreat in August 2017 and it was agreed to present this proposal to the EMT SAG for endorsement.
- There is a potential impact of having three members per region (the troika) all join each SAG meeting (increasing from the initially planned 9 to 18 members).

3. Background

With the growth and increased participation worldwide in the EMT initiative, the Global Meeting in Panama in December 2015 discussed and recommended the strengthening of the overall governance structure through the creation of an EMT Strategic Advisory Group as well as Regional Groups.

EMT Regional Groups are a core element in the global EMT governance structure. They provide the main forum for active participation of Member States, EMTs and relevant stakeholders in shaping and driving the implementation of the goals and objectives of the EMT Initiative.

4. Suggested recommendation for endorsement from the SAG

It is recommended that the EMT-SAG endorse the organization of EMT Regional Groups according to the same six-region approach as the overall WHO governance structure. This will allow stronger and more dedicated support to the EMT initiative from the WHO Regional Offices. The attached concept note on Regional Groups shall be used as a guide for harmonizing the Regional Groups across the different regions.

Annex 1: Concept note on EMT Regional Groups

Introduction

The mission of the EMT initiative is to reduce the loss of life and prevent long-term disability as a result of sudden-onset disasters and/or outbreaks through the rapid deployment and efficient tasking of Emergency Medical Teams adhering to international minimum standards.

In essence, the EMT initiative is about the improvement of emergency response by continuously enhancing, promoting and adhering to quality standards for EMTs and by strengthening the capacity of national health authorities to activate, mobilize and coordinate the response of national and international EMTs, with support of WHO and relevant partners.

The strength of the EMT Initiative lies in it being a network of governments and organizations dedicated to a common methodology, which is constantly evolving and improving based on the contributions and experience by all its members. WHO links the network together by providing the secretariat to it, acting as custodian for the standards and coordination methodology, and by supporting Governments and organisations in their implementation.

With the growth and increased participation worldwide in the EMT initiative, the Global Meeting in Panama in December 2015 discussed and recommended the strengthening of the overall governance structure through the creation of an EMT Strategic Advisory Group as well as Regional Groups.

EMT Regional Groups are a core element in the global EMT governance structure. They provide the main forum for active participation of Member States, EMTs and relevant stakeholders in shaping and driving the implementation of the goals and objectives of the EMT Initiative.

Purpose and main activities of the Regional Groups

Regional Groups provide the main forum to develop and agree on the regional work plan that adapt the overall objectives of the EMT initiative to the regional and country- specific contexts. They also provide a forum to contribute to and influence the global level strategic orientation of the EMT initiative as well as a forum to contribute to and review technical guidance developed by the EMT Technical Working Groups.

The main activity of the Regional Groups is to hold annual meetings to facilitate discussion and agreement between member states and EMT providers on topics such as training, exercises and capacity building as well as experience sharing and lessons learnt on regional response operations. The meetings should provide a forum for all stakeholders at the regional level to contribute to the development of a regional work plan, which is to be developed by the Regional Chairmanship Group with the support of the respective WHO Regional Office and the WHO global EMT Secretariat.

It is planned that every second year, the Regional Group meeting will take place jointly with and in the same location as the EMT Global Meeting. The global meeting will have common streams for all participants as well as region-specific sessions for the Regional Groups to meet separately.

Membership of the Regional Groups

The Regional Groups are open to all countries and organizations that provide EMTs – be it at national or international level – or have the potential to call upon EMTs. In addition, key stakeholders such as representatives from partner networks or organizations are invited to participate as well. It is expected that having meetings at the regional level will be more cost effective and allow better participation of Member state representatives and NGOs.

Representatives in the EMT Regional Groups are typically the policy and technical focal points member states and organizations as well as the Team Leaders of the EMTs. Therefore, Governments and organisations are encouraged to designate EMT focal points and inform the WHO Country and Regional Office and the WHO EMT Secretariat about this designation. This information should be available on the EMT country profile on the EMT website. EMT country focal points are to act as main information contact points for EMTs at country level as well as the EMT community at regional and global level.

Organization and leadership of the Regional Groups

As part of the governance structure of the EMT initiative, and similar to other preparedness and response networks, Regional Groups are encouraged to designate interested countries to take on the function of Regional Chairs and Vice-chairs. It is planned to use a “troika” approach with one Chair and two Vice-chairs that are appointed for a one year period, based on the principle of rotation. The approach is based on a three year appointment with one year as incoming vice chair, one year as chair and one year as outgoing chair. This will aid continuity, facilitate transitioning and share institutional knowledge at the same as allowing for all interested countries to take on a leadership role at the regional level. (see terms of reference of the Regional Chairs and Vice-chairs).

The Regional Chairs and Vice-chairs represent the Regional Groups in the global level EMT Strategic Advisory Group, and are tasked with planning and organising the Regional Group meeting and develop the regional work plan with support from the WHO. WHO provides dedicated support to the Regional Groups and Regional Chairs/Vice-chairs through the WHO Regional Offices and the global level WHO EMT Secretariat.

Suggested agenda items for the regional meetings

The regional meetings shall cater for the specificities and differences of each region and at the same providing a forum for ensuring a global coherence of the EMT initiative. The development of the agenda and preparations for the meetings should be led by the Regional Chair together with the WHO Regional Office and the WHO EMT Secretariat, in consultation with members of the Regional Group.

It is suggested that the agenda of regional meetings regularly cover the following items but that it be adapted to fit the regional context:

- Planning for and discussing a mapping of existing EMT capacities in the region
- Sharing of experience and lessons learnt amongst countries and teams on past EMT response operations
- Identifying priorities to the regional work plan and encouraging contributions/commitments by countries to implementing the work plan
- Updating on past EMT related activities in the region and globally, including the EMT mentor and classification process as well as national capacity strengthening programmes
- Updating on and providing a forum to contributing to global developments (standard setting, coordination arrangements, etc.)
- Planning for and coordinating regional capacity strengthening projects
- Discussing and agreeing on regional governance arrangements, including the designation of Regional Chairs and Vice-chairs

EMT Strategic Advisory Group
Meeting No.6, 30 August 2017, 10:00 – 12:30

Discussion note on EMTs in conflict settings

Agenda item: 6.a. EMTs in conflict
Prepared by : Ian Norton
Action(s) expected from the EMT SAG: Take note
Discuss
Endorse

X

1. Purpose

To discuss amongst SAG members the implications of EMTs working in conflict settings, and the initial assessment and lessons seen from recent work in Mosul, Northern Iraq. The discussion item will allow the Strategic Advisory Group of the Global Health Cluster to formally ask questions to the EMT SAG on their opinions on this current use of EMTs and the implications on the following (see annex 1):

- (a) Is the EMT operational framework changing? What is their model for engagement in conflict settings. What are the implications for WHO as Provider of last resort (POLR)?
- (b) Is there a need to differentiate EMTs between those from Member States who will largely deploy for their internal disaster response with limited international deployments AND those who are directly sub-contracted by WHO (NGOs, private providers)? If Cluster partners are going to respond as EMTs, do they need to undergo the current protracted verification process given there appears to be different standard for EMTs directly hired in the field. Is there a 'quick verification ' process?
- (c) Humanitarian principles – how will EMTs ensure impartial service delivery and adherence to Humanitarian Principles?

2. Current situation and explanation/justification

These questions are valid and timely, and will be discussed during the meeting. In summary, the Secretariat can confirm the following to the EMT SAG:

- a) The operational framework is not changing. Conflict response by EMT is not the norm, but as needs are great there, and over time some **international** EMTs may have less relevance in disasters, we are asking them to step forward to conflict response. The implication on POLR using/working with EMTs can be seen as a continuation of the same coordination model seen previously. Direct private contracting is not an EMT model in the current framework, it uses some EMT principles, but the contracting is between WHO and the party involved.
- b) No fast track is offered to anyone. Quality and standards should be the same, and all have operational and patient relevance and have been robustly tested. The misperception may be that these private groups are EMTs, they are not, though some have applied to be verified in the future.
- c) This is a long discussion, but in summary the EMT principles are based on individual patient care and medical ethics. They ensure EMTs and the individuals that work in them treat strictly according to medical need and triage, not according to race, religion, sex etc. They strongly promote Humanity and impartiality, as do all medical ethics. The concepts of neutrality and independence are more difficult for EMTs, in that they agree to report their activities and daily de-identified data to the public health authorities and WHO for surveillance and operational coordination, and work only with the licensing and permission of the host ministry. In the update of the "Blue Book" this will be updated to include a section on conflict to clearly outline how EMTs can work in conflict, and that their imperative will always be the individual patient according to need, and the public health approach in coordination with the local health authorities.

3. Background

The use of EMTs in conflict settings is not a new phenomenon. Organizations have been delivering direct clinical care to war wounded for over 150 years, notably ICRC, MSF and several others. Whether these organizations chose to use the name EMT does not mean that their clinical activities do not mean the definition does not apply. The main issue is that humanitarian needs in conflict zones is increasing, and there are less actors willing to respond and less able to be close to the front lines where most lives can be saved in terms of trauma care, than ever before. While the reasons for this are complex, they include heightened risk to staff/attacks on health care, in recent conflicts, decreasing numbers of organizations with internationally deployable clinical staff, civil wars and ISIL/DAESH, donor influences etc.

The EMT initiative sought to assist with trauma care during the recent response to the Mosul conflict, with up to 2 million people affected, and difficult access to populations caught up in the conflict. The trauma planning was based on the fact that lifesaving care for penetrating trauma required simple measures at once, life saving measures such as fluid, airway management and haemorrhage control in ten minutes, and surgical care for the most critical in the “Golden hour”. No health organization can refute these basic physiological principles, but few can deliver care in under ten minutes in the new era of conflict seen in the present day Middle East. Lack of respect by some sides, for the protection of the red cross and protection of health care in general make them a target, and make operating in these environments difficult. A call to the wider EMT community saw several new organizations step forward in Iraq, and we hope more will follow. These groups managed trauma stabilization points within 10 minutes of the front line, using negotiated armed escort to gain access, and other provided very high level surgical care 45-60 minutes from the front lines. Over 17,000 were treated in 6 months, and over half were women and children.

The WHO then had to ask others, not from the normal EMT category, including private companies, to assist in managing several of the large field facilities built 45 minutes south of Mosul using CERF funding. By strict definition, like MSF and ICRC, these were international groups treating patients directly with international staff and therefore fell under a definition of being an EMT, but the methodology of their contracting and coordination is not how EMTs normally work. The same model was used in West Africa by the Governments of US and UK to help staff the last Ebola Treatment Units when no more EMTs were available, but they are the last on the list of options of escalating requests for assistance.

4. Suggested recommendation for the SAG

That the EMT SAG consider the questions posed by the GHC SAG and discuss the possible responses above while also discussing the EMT SAG approach to conflict response in general.

- The EMT secretariat propose to draft a response to the GHC SAG for endorsement by the EMT SAG and signature of the chair not more than 4 weeks after this EMT SAG meeting.

Annex 1: Request from the Strategic Advisory Group of the SAG

Subject: GHC SAG request for EMT SAG agenda item.

Date: 9 August 2017

Over several months, the GHC SAG has been discussing a number of issues related to partner capacities and operational response in crises such as NE Nigeria, Yemen and Iraq. The latter has been of particular interest given the first deployment of EMTs in a conflict setting and their major contribution to the Mosul response. These discussions have highlighted some areas on which the GHC SAG would appreciate some clarification from the EMT Secretariat and SAG and they are therefore requesting if the issues below could be included as an agenda item at the next EMT SAG meeting on 30 August. The issues are:

- a) Is the EMT operational framework changing? What is their model for engagement in conflict settings. What are the implications for WHO as POLR?
- b) Is there a need to differentiate EMTs between those from Member States who will largely deploy for their internal disaster response with limited international deployments AND those who are directly sub-contracted by WHO (NGOs, private providers)? If Cluster partners are going to respond as EMTs, do they need to undergo the current protracted verification process given there appears to be different standard for EMTs directly hired in the field. Is there a 'quick verification' process?
- c) Humanitarian principles – how will EMTs ensure impartial service delivery and adherence to Humanitarian Principles?