

EMT Strategic Advisory Group

Meeting No.7 (In person meeting)

6 February 2018
9:00 – 15:30, Geneva time

Geneva International Conference Center (www.cicg.ch) , Room 2

Summary and consolidated documents

Summary report

1. Welcome and Introduction by the Chair

Ambassador Frisch welcomed all members and observers of the EMT Strategic Advisory Group to this in person meeting, which is being held as part of the Humanitarian Networks and Partnership Week. He gave a special welcome to Dr Peter Salama, Deputy Director General of WHO for Emergency Preparedness and Response, thanking him for his commitment and dedication to the EMT Initiative as an important area of work for WHO. He mentioned the usefulness of the Open Briefing on the EMT Initiative that was held the day before and which attracted a full room of participants, showing the great interest that stakeholders and Member States have in the Initiative.

2. Brief introductions of all members and observers

Due to timing reasons, it was decided to skip this agenda item and all participants were asked to briefly introduce themselves when they had a statement or intervention.

3. Key issues for EMTs and Blue Book update

Dr Salama, WHO, introduced the session by recalling that 14 EMTs have successfully passed the classification process, congratulating Norway as most recent team on this list, and mentioning that another 65 teams are currently being mentored to achieve the classification status. He also highlighted the large number of countries involved with more than 118 countries having received some kind of awareness and 33 countries receiving direct capacity strengthening support by WHO through the EMT Initiative. He thanked all medical teams that are currently supporting the Rohingya crisis in Bangladesh.

At the same time, Dr Salama stressed the fact that it is an important moment to take stock of where we are with the Initiative and what needs to come next. Priorities have evolved over time and it is clear now that the main focus is national capacity building and encouraging the leadership of national coordination. Whilst the initial focus was on trauma response, this has been enlarged to focus on broader clinical case management including in outbreak situations. It is therefore also required to strengthen linkages between the GOARN and the EMT networks. Dr Salama listed four key challenges to which he encouraged members and observers of the SAG to provide guidance on:

- i. Bottlenecks to deployment: in some situations, it was found that situations related to security or emergencies linked to hazardous pathogens caused delays or bottlenecks to deployment. How can these be overcome? To what extent are we ready to compromise on the initial premise of self-sufficiency, if WHO can fill gaps in security, operations support and logistics or funding.
- ii. Facilitation of deployments: what role does the EMT community see for WHO; is there more that we should do in terms of matching the right capacity to the actual needs, in support of the governments?
- iii. One size doesn't fit all: whilst EMTs have a classification system which is very helpful, there is still a need to adapt to situations in a modular fashion. What role can EMTs have in providing modular support?
- iv. Response in conflict: questions include the balance between upholding the humanitarian principles and the actual needs of the persons affected. More discussion is needed so that we can ensure the right adaptation of the EMT initiative to this context.

Australia in referring to the recent experience of Bangladesh stressed the importance of timeliness of the response and is interested to discuss with WHO what type of support can be obtained in such difficult or contested circumstances. Australia also stressed the need for upholding the self-sufficiency requirements of teams. On the other hand, Australia underlined its support for the primary focus being on national capacity building, which clearly came as a consensus message from the Western Pacific Regional meeting in Canberra. It further supported the idea of an all hazard approach for EMTs.

ECHO mentioned that the speed of deployment is a generic issue under the Union Civil Protection mechanism and that it appreciates and welcomes any work that can be done by WHO to clarify as best they can the requests for assistance. Experience shows that requests are initially very generic yet the more information can be made available at an early phase, the better, including through informal heads up. ECHO also expressed their doubt about the current capacity of many teams from Europe to deploy for outbreaks, and suggested that specific guidance and support was needed for teams to reach this capacity. ECHO also encouraged stronger collaboration between GOARN and EMT. ECHO also cautioned against

an erosion of the principle of self-sufficiency of teams. This should be considered only in exceptional circumstances in areas such as security arrangements for example.

ICRC welcomed the review of the Blue Book and looks forward for the changes being adequately reflected in the new version. ICRC also welcomed the agreement to draft a special section on EMTs in conflict and suggested that it be not seen as annex to the Blue Book but that it becomes a separate “Red Book”, leaving the Blue Book for situations of disasters and outbreak in non-conflict settings.

Denmark recalled the difficulties related to safety and security in establishing a capacity on reconstructive surgery in Iraq and mentioned that under the WHO umbrella the UNDSS rules apply, which would not allow them to be 24/7 present. Denmark agreed with Dr. Salama that UN security may not be a “panacea” solution for the specifics of medical response by teams.

The **United Kingdom** referred to their delay in responding to Bangladesh due to various challenges. It further supported the suggested by ICRC to have a “Red Book” for engagement in conflict situations. The UK also suggested that in situations where they cannot send the Government team, they may still be able to fund partners to deploy in coordination with WHO, such as in situations of conflict. However, the UK also clearly stated its opposition to any form of compromise on the self-sufficiency of teams. Teams going through the classification process shall be required to demonstrate full self-sufficiency. As regards the work in outbreaks, the UK mentioned that it decided to have different rosters of clinicians and that it is now building a roster for outbreak.

Belgium suggested that there is a gap of a unified common electronic patient record and that this could be a role for WHO to provide.

MSF argued that there is a need for different specialized teams for trauma than for case management in outbreak situations. As regards the coordination mechanism, and referring to the approach by WHO to fully embed the clinical system within the MOH, MSF asked about WHO’s approach in situations where access to health services is not the same for everyone, even if there is no conflict situation.

Indonesia stressed that the main priority should be national capacity building both for civilian teams from the MOH as well as national military teams so that all remote areas in a country can be accessed.

Thailand similarly stressed the need for more focus on capacity building including simulations.

Switzerland underlines the need to support local and national health authorities in managing the disaster; and that any external support should be focused on the existing health infrastructure given that they were there before and will be there after external teams leave. Switzerland also focused on the importance to take into consideration vulnerabilities, in particular those of women and children.

Spain enquired about the role of the national government to coordinate at national level when there are several teams, even NGOs from their own country, ready to deploy internationally. This role is not clear enough as of yet.

Senegal informed that the country hosted the regional EMT workshop last year and that the implementation of the EMT Initiative is very new in their context. Senegal insisted that there is a need for strong support from WHO in the implementation, and that it has been well received in the region.

Similarly, **Nigeria** briefed on the recent adoption by the Ministry of Health on a policy of Emergency Medical Services, which is based on the experience of the Ebola virus outbreak, stressing that this area and the implementation of the EMT approach in Nigeria is new and requires further support.

China requested WHO to develop a clear policy on how to improve communication between the disaster affected country and the EMT providing country, including between Headquarters, regional and country levels of WHO. They encouraged consideration of pre-agreements on methods of activation and coordination of offers to an affected country by WHO, while maintaining bilateral assistance pathways.

Conclusions

- **Bottlenecks to deployment:** whilst the EMT initiative was designed to rest on the principle of self-sufficiency, it is understood that in some situations, especially where security, logistics and/or funding is a constraint, there is a role for WHO in order to help facilitate deployments of teams.

منظمة الصحة العالمية • 世界卫生组织

Organisation mondiale de la Santé • Всемирная организация здравоохранения • Organización Mundial de la Salud

The principle of self-sufficiency remains paramount, but exceptional circumstances and scenarios must be documented and planned for.

- **Action point 3.1:** WHO will draw lessons from recent deployments (e.g. facilitation of medevac in Ebola or logistics in Diphtheria) and see how it can support the deployment of EMTs in future such situations by filling the gaps that cause deployment difficulties.
- **Facilitating deployments:** while early information about needs and the situation is critical, this can sometimes remain unclear. Lack of full clarity should not hamper early information sharing with teams and partners, nor should political sensitivities hamper the response when it is clearly needed. Bilateral, regional and global response arrangements are all important, and there is a need for coordinating amongst them.
 - **Action point 3.2:** WHO EMT Secretariat will draft a suggested procedure and flow diagram for information exchange in cases of emergencies where there are potential or confirmed requirements for international assistance of EMTs and consult this through the EMT community. Practical suggestions on exercises practising activation, early and proactive information sharing and WHO helping in “matching” of request and response will be drafted.
- **Coordination between GOARN and EMT:** beyond the labelling of one network or the other, it is important that at country level, the national coordination and incident management structure is being supported appropriately. Dr Salama also suggested joint training to be held between GOARN and EMT networks on outbreak and clinical case management, and that public health capacity be embedded in clinical teams.
 - **Action point 3.3:** WHO will seek to further align the GOARN and EMT networks and ensure common and coherent messaging is being transmitted and reinforced through both networks. The SAG will be updated on this, allowing clarity to partners on how the networks interact, and work jointly in support of the health response.
- **Widening scope of work for EMTs:** initially the EMT initiative was focused on trauma response but experience has clearly shown the need and added value for use of emergency medical teams in outbreak response and also in conflict settings. More training and guidance is needed, for example on International Humanitarian Law, in cases of engagement in conflict, as well as logistics and Infection prevention and control (IPC) for outbreak response. A dedicated Technical Working Group will be set up to focus on guidance and minimum standards for Highly Infectious Diseases.
 - **Action point 3.4:** In addition to the update of the Blue Book and additional technical guidance for EMT to work in outbreak situations including in the context of Highly Infectious Diseases, it is agreed to work on a separate document referred to as “Red Book” on the engagement of EMTs in conflict situations.
- **Focus on national capacity building:** it was reconfirmed that the priority for the EMT initiative is to support national capacity building and that WHO will work to identify what type of systematic support can be provided. The SAG already approved the Terms of Reference for a Technical Working Group on National Accreditation and this will be made a priority in the coming months.
 - **Action point 3.5:** WHO, through the EMT Secretariat and particularly through the Regional offices, will continue to prioritise national EMT capacity building work, and at the same time establish the TWG on National Accreditations to help in implementing a systematic approach to national capacity building work.

4. EMT Global strategy

The EMT Secretariat presented the updated version of the suggested EMT Global Strategy highlighting the changes and adjustments that were made since its first draft in August 2017 and following the consultations at regional level towards the end of 2017. The Secretariat further requested the SAG to endorse this version of the Strategy for a period of one year with the understanding that it should be a living document and will require adaptation over time. ICRC suggested to include a specific reference to the development of guidance and minimum standards for EMTs in conflict in objective 3, which was agreed to by the SAG members.

- **Decision 4.1:** the SAG endorsed the EMT global strategy with the annotations as highlighted in red in annex 2 for an initial period of one year.

5. Regional Groups update

a) Western Pacific Regional Group

Dr. Feng, China, Chair of the Western Pacific Regional Group informed of the EMT capacity building and training activities that have taken place in Fiji, Solomon Islands, Vanuatu and Tonga, as well as a regional simulation exercise in Thailand as part of the ASEAN ARCH project and another regional earthquake response exercise along with the INSARAG network in Malaysia. Two more EMTs were classified as international teams, from China (Guangdong) and from New Zealand (NZMAT) and a further 9 EMTs are receiving mentorship.

Dr Feng briefed on the EMT Western Pacific Regional Group meeting, which took place in Canberra hosted by Australia as Regional Chair 2017 with 82 participants from 17 countries and 9 organizations. It was the first time the region came together as Western Pacific. The Regional meeting approved the troika approach with Australia as outgoing chair, China as current chair and Japan as incoming chair for 2019. Dr Feng briefed on the upcoming priorities in the region as follows:

- National EMT coordination course in Philippines, February 2018
- Several national EMT workshops in Pacific Islands countries in the first semester 2018
- Regional EMT coordination course in Macao, April 2018
- 2 ARCH project simulation exercises– Vietnam (March) and Philippines (October)
- INSARAG regional earthquake response exercise Philippines in June 2018
- 2nd Regional Group meeting, hosted by China, in November 2018

b) Americas Regional Group

Ambassador Cabrera Hidalgo, Deputy Permanent Representative of Ecuador to the UN in Geneva, on behalf of Ecuador as Regional Chair, informed how the earthquake of April 2016 marked a before and after in the implementation of the EMT initiative in Ecuador as well as in the region. Ecuador had been the first country in the region to adopt the EMT minimum standards in an emergency and it has proven to be very beneficial. Ecuador was successful in classifying two Type 2 EMTs and a surgical cell in 2017. Ecuador is keen to become more involved in regional planning and hosted the second Regional EMT meeting in November 2017 where it was designated as Regional Chair. Ambassador Cabrera Hidalgo made emphasis on the need for focal points by countries and informed that 24 countries of the region already designated their own focal points. Another highlight of 2017 was the adoption by UNASUR of the Declaration on EMT minimum standards showing the commitment of the region to the quality assurance and coordination of EMTs.

Luis de la Fuente, PAHO EMT Regional Advisor complemented the briefing by summarizing the main recommendations from the Regional meeting.

- Promote the establishment of collaborative networks where experts can support governmental EMTs and NGO teams and the creation of tools for sharing information and good practices.
- Increased use of the regional roster of EMT coordinators (78 EMT coordinators trained from 24 countries) to implement the initiative in the region.
- Need to establish bilateral and multilateral mechanisms for deployment
- Importance to strengthen logistics standards for teams
- The need for countries to have a mechanism for temporary validation of medical licenses
- The importance of promoting the CICOM (EMT coordination cell) as national mechanism for registering and mapping of national capacities as well as its use in coordination during emergencies.
- The support the constitution of a regional NGO Advisory Group where NGOs can discuss how to improve their response

c) Europe Regional Group

Mr. Gino Claes from Belgium thanked the WHO EURO office and in particular Dr Kai von Harbou for the excellent cooperation and support. He noted that there was increasing interest within the region on the EMT Initiative. The EMT Regional Meeting will be held from 17-18 April 2018 in Brussels and it is expected that the classification process as well as public health emergencies be prominent on the agenda. Aside from this, Mr. Claes briefed on a regional workshop on mass casualty management in Israel which took place in November 2017 and which included also an exchange of experts between Israel and EU countries on the EMT type 3 in the context of planning of a EU type 3 field hospital. It is important to note that the European Commission adopted the EMT standards at the regional level in 2017. Belgium has further developed a concept for a unified electronic patient record system and is willing to share this with WHO in view of promoting a unified system globally.

d) Africa Regional Group

Dr. Thierno Balde, WHO AFRO regional partnerships officer, briefed on the regional EMT awareness workshop which took place in Senegal in Dec 2017 with the participation of 10 countries and several partners and donors. The EMT Initiative is still new in the Africa context and the workshop was a good start. Initially, the focus will be on initially supporting four priority countries, ie. Senegal, Uganda, Nigeria and South Africa in developing their EMT capacities and adopting a sub-regional approach. The Regional Office is in the process of recruiting a dedicated consultant to help implement the EMT initiative. Dr Balde highlighted the need for all documentation to be available in all key languages for it to be accessible, without which the implementation is seriously hampered.

Dr Alioune Badara Ly from Senegal and Dr. John Oladejo from Nigeria, both as representatives from the Africa Regional Group, which is still to be formalized, spoke about their interest and identified priorities for the implementation of the EMT capacities at country and regional level. The workshop in 2017 allowed them to obtain the initial orientation, which needs to be taken further with additional trainings, SOP development, simulation exercises and ensuring the appropriate linkages with the public health rapid response teams also developing in each country.

e) Eastern Mediterranean Regional Group

Dr Nelson Olim, WHO EMT Regional Advisor mentioned that the region covers 22 countries out of which active engagement took place with 15 countries on the EMT Initiative since the beginning of the activities in September 2017. The goals for the next biennium are stated as follows:

- Run EMT national awareness workshops in every country of the region
- Conduct a first regional EMT coordination course in 2019
- Support the development of national and international EMT capacity in 7 countries as well as emphasising a focus on regionally deployable EMT capacity

f) South East Asia Regional Group

Dr Narumol Sawanpanyalert, Thailand as representative from the region, provided a brief overview of the Regional Partnership Meeting, which took place in November 2017 in Thailand and where the EMT initiative was specifically discussed, with participants showing a lot of interest in developing national teams. Dr Swanpanyalert particularly spoke about the commitment of Thailand to apply for the EMT classification and promote the Initiative further at the Regional group level.

Mr. Flavio Salio, from the EMT Secretariat, complemented with information on the Regional Partnership meeting where member states and NGOs from the region had the opportunity to provide feedback to the update of the Blue Book and the standards, showing particular interest in logistics standards and the need to strengthen civil military coordination. Priorities as agreed in the meeting included:

- The adoption of the EMT minimum standards at the regional level
- Requirement for strong support to capacity building, especially in technical aspects of developing teams
- Need for more training on coordination and how to improve the national coordination mechanism
- Need for developing SOPs for bilateral offers and multilateral activations

- Interest by countries to apply for classification with Thailand and Bhutan having applied already, as well as NGOs in Indonesia.

6. Secretariat update

Dr Norton, Manager EMT Secretariat, summarized the key updates from the Secretariat that can be found in more details in Annex 6.

7. Update from partners

a. OCHA

Mr Jesper Lund, OCHA, informed of the development by OCHA and the United Nations Disaster Assessment And Coordination (UNDAC) system of a new 4 year strategy for the UNDAC team, which will be focused on the different scenarios in which the UNDAC team is being deployed. The UNDAC Handbook and the OSOCC guidelines are also being updated as a parallel process. The INSARAG Steering Group will be meeting also as part of the Humanitarian Networks and Partnership Week and EMT colleagues are welcome to join. Key topics for discussion include the INSARAG External Classification system and in particular the need to make the “reclassification” process lighter. The classification system is built on a mentorship system where individual mentors or teams, covered by their own institution or Government, are supporting other teams. Another key topic is the development of standards for light USAR teams and how to ensure the quality control of light teams. Additionally, the USAR coordination cell training as well as the use of an electronic platform (ie. Kobo and ASSIGN) for information management purposes. Mr Lund also briefed on the upcoming INSARAG regional earthquake response exercises in the Philippines, Armenia and Argentina and welcomed participation by the EMT community. Asked about similarities between the EMT and INSARAG network and potential to learn from each other, he confirmed that a lot can be learned from each other, one example being the work on national accreditations which was introduced by INSARAG recently.

Dr Anthony McIntyre, USA, Chair of the INSARAG Medical Working Group made a short presentation on the role of the Medical Working Group and insisted on the work already done jointly and the potential to be working more closely together with the EMT Initiative. A document on “Defining USAR medicine” was drafted and consulted with the EMT Secretariat to clearly state and define the role of the Medical component in a USAR team. Dr McIntyre further suggested to work on the alignment of operational efforts of USAR teams and EMTs insisting on essential elements of information that both networks produce and/or require. Further work is to be done to explore the linkages between the UCC and the EMTCC.

b. IFRC

Mr Panu Saaristro, IFRC, started by highlighting that 2017 was an extremely busy year and stressed also that medical capacities in the Red Cross Red Crescent Movement goes beyond the concept of EMTs. Focusing on the deployment of Emergency Response Units, he mentioned the main operation being Bangladesh, where the deployed emergency hospital (type 2) and the emergency clinics (type 1) have been operating much longer than actually planned. IFRC has also deployed a medical team to Madagascar in the context of the plague response and emergency response units to Greece. IFRC issued 32 emergency appeals and had 115 operations in 2017 (not only medical). IFRC is also working on quality assurance with two risk management mission deployed to Bangladesh and Madagascar. On the standard setting part, the focus is on reproductive and maternal health, as well as blood and rehabilitation. The Red Cross/Red Crescent Movement is part of the EMT Burns and Logistics TWG and looks forward to be part of the MCH TWG. IFRC has taken important steps forward towards formalizing the public health units, which will eventually turn into deployable capacity. Mr Saaristo announced that the next global emergency health working group meeting is scheduled to meet in June in Solferino, Italy, informing that invitations will be extended to the EMT Secretariat.

c. ICRC

Esperanza Martinez, ICRC, informed that the organization is part of the Technical Working Group on Burns Care and is looking forward to collaborating with WHO on the guidance and standards for EMTs in conflict settings (the red book).

d. Global Health Cluster (GHC)

Ms Linda Doull, Coordinator of the Global Health Cluster, informed that the GHC has carried out a baseline mapping of its partners, identifying 711 partners globally, with over 55% of them being national partners. The next step will be to launch a capacity assessment survey of the international partners, and subsequently one for the national partners. The GHC will hold the next Partners meeting on 17-18 April in Brussels, on the same dates as the EMT European Regional Meeting, with the aim to have a joint event on 19 April supported by ECHO (detailed are still being worked out).

e. Global Outbreak Alert and Response Network (GOARN)

Mr Patrick Drury, GOARN, briefed on WHO's decision a few months ago to establish an Acute Event Management Unit bringing together the EMT Secretariat, GOARN, EOC-NET and senior Emergency Officers to deal with acute events as they arise. He spoke about the intentions of WHO to further align the EMT and GOARN networks. As for GOARN, the priorities are i) engaging with partners more systematically in the alert and assessment phase, ii) development and coordination of rapid response capacities, iii) further development of the training programme, iv) providing opportunities for research partners to engage in response research and v) evolution of the governance structure so that it can more adequately reflect the network and also coordinate with other networks.

8. AOB

- The Secretariat announced the holding of a joint session with the Consultative Group on Humanitarian Civil-Military Coordination on Thursday, 8 February 2018 on Military medical teams and the use of EMT standards inviting all interested participants to attend.
- The Secretariat reminded all participants of the Consultation workshop on the update of the Blue Book, to take place this same week as part of the HNPW on 8-9th February, welcome all interested participants to attend.
- The Secretariat informed of the EMT mentor workshop to take place on 21-23rd February 2018 in Geneva.
- The Secretariat announced that the planning should begin for the holding of the EMT Global Meeting in 2019 inviting member states/ regions to consider hosting arrangements.
 - **Action point 8.1.:** The WHO EMRO office informed of its interest to reach out to countries of the region to host the Global Meeting 2019 and it will report back on progress to the Secretariat.

9. Next meeting

- It was agreed to have the next meeting of the EMT SAG as teleconference on Wednesday 29 August 2018.

Annex 1: 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. Opening remarks by Dr Peter Salama, Deputy Director General for Emergencies, WHO	15'	
4. Facilitated discussion with Dr Salama on key issues for EMTs and Blue Book update <ul style="list-style-type: none"> a. Speeding up deployment: How to get teams in the field faster b. Coordination of EMTs within the emergency structures of countries c. Capacity building of national teams and national coordination/EOCs d. Use of EMTs in outbreak e. Discussion on the roles and responsibilities of EMTs and GOARN f. Use of EMTs in conflict 	60'	4.1. Discussion note on key issues for discussion 4.2. Key points for update in the revised Blue Book
10:30- 11:00 – Coffee break		
5. EMT Global strategy	30'	5.1. EMT global strategy
6. Regional Chairs update	60'	
12:30-14:00 – Lunch break		
7. Activities update and points for discussion/endorsement from the WHO EMT Secretariat and WHO Regional offices <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 	30'	7.1. Update note from the Secretariat
8. The Strategic Advisory Group member and observer update <ul style="list-style-type: none"> a. OCHA, including INSARAG Medical Working Group b. Red Cross Movement (IFRC and ICRC) c. Global Health Cluster (GHC) d. Global Outbreak Alert and Response Network e. Observer member comments and updates 	45'	
9. Any other business	10'	
10. Next meeting	5'	
15:30 end of EMT SAG meeting		

Annex 2 – list of participants

Name	Title	Role on EMT SAG	Organization/ Country	Contact Details
Ambassador Toni Frisch	Ambassador, Senior Advisor, SDC	EMT Global Chair	Switzerland	toni.frisch@eda.admin.ch;
Monica Acosta	Head of the Emergency and post-conflict department, Humanitarian Aid Office	EMT SAG representative from the EMT Core Support Group	AECID (Spain)	monica.acosta@aecid.es;
Jonathan Barden	Humanitarian and Civil-Military Advisor, Conflict Humanitarian and Security Department	EMT SAG representative from the EMT Core Support Group	UK EMT DFID	j-barden@dfid.gov.uk;
Linda Doull	Coordinator, Global Health Cluster, WHO	Global Health Cluster	WHO	doull@who.int;
Patrick Drury	Manager, Global Outbreak Alert and Response Network, WHO	GOARN	WHO	druryp@who.int;
Reshma Adatia	MSF International	Standing Observer	MSF International	Reshma.ADATIA@geneva.msf.org;
Heather Pagano	MSF International	Standing Observer	MSF International	Heather.Pagano@brussels.msf.org;
Panu Saaristro	Director ad interim, Health and Care Department IFRC	RC/RC movement	IFRC	panu.saaristo@ifrc.org;
Esperanza Martinez	Head of Health, ICRC	RC/RC movement (Standing Observer)	ICRC	emartinez@icrc.org;
Allanah Kjellgren	Policy team, ICRC	RC/RC movement (Standing Observer)	ICRC	akjellgren@icrc.org;
Dr. John Oladejo	HOD, Department of Health Emergency Preparedness & Response, Nigeria Centre for Disease Control	Regional Group Africa - Nigeria	Nigeria	john.oladejo@ncdc.gov.ng ; johnoladejo@yahoo.com ;
Dr Alioune Badara Ly	Directeur Adjoint/Chef de la Planification Health Emergency Operations Centre Ministère de la Santé et l'Action sociale Dakar-Fann, Sénégal	Regional Group Africa - Senegal	Senegal	ably@cousenegal.sn;
His Excellency Mr. Victor Arturo Cabrera Hidalgo	Ambassador Deputy Permanent Representative Chargé d'affaires a.i., Ecuador	Regional Group America - Chair 2019	Ecuador	-

Name	Title	Role on EMT SAG	Organization/ Country	Contact Details
Paola Diaz	Second Secretary, Permanent mission of Ecuador	Regional Group America - Chair 2018	Ecuador	paoli20@hotmail.com;
Gino Claes	Head Audit, Competence development & Exercise Disaster Management	Regional Group Europe Chair	Belgium	gino.claes@gezondheid.belgie.be;
Patrick Grignon	Medical Doctor, French National directorate of civil protection and crisis management	Regional Group Europe Vice-Chair	France	Patrick.grignon@interieur.gouv.fr;
Lieutenant-colonel Christian Baroux	Chargé de mission; Mission des relations internationales, Sécurité civile & gestion des crises France	Regional Group Europe Vice-Chair	France	christian.baroux@interieur.gouv.fr;
Dr. Rita Djupuri, DCN, M Epid.	Head of Health Crisis Prevention Facilities Division, Center for Health Crisis	Regional Group South East Asia - Indonesia	Indonesia	rdjupuri@gmail.com;
Dr Narumol Sawanpanyalert	Medical Officer, Advisory Level Chief, Medical Emergency Response Unit Department of Medical Services Ministry of Public Health	Regional Group South East Asia - Thailand	Thailand	merthailand@gmail.com; naranote2016@gmail.com;
Prof. Zijian FENG	Deputy Director General Chinese Center for Disease Control and Prevention	Regional Group Western Pacific - Chair for 2018	China	fengzj@chinacdc.cn;
Bronte Martin	Nursing Director (Trauma & Disaster), National Critical Care & Trauma Response Centre	Regional Group Western Pacific - Out-going Vice Chair	Australia	bronte.martin@nt.gov.au ;
Mr Toshihide Kawasaki	Emergency Relief Coordinator, MOFA and Emergency Relief Coordinator, JDRT	Regional Group Western Pacific - Incoming Vice- chair	Japan	toshihide.kawasaki@mofa.go.jp;
Julia Stewart-David	Head of Unit, DG ECHO/A4: Civil Protection Policy	Regional multilateral organization	EU - DG ECHO	Julia.Stewart-David@ec.europa.eu;
Jesper Lund	Chief, Emergency Services Branch and Field Coordination Support Section/INSARAG Secretariat	United Nations	UN OCHA	lund@un.org;
Winston Chang	Field Coordination Support Section, INSARAG	United Nations	UN OCHA	changw@un.org;

Name	Title	Role on EMT SAG	Organization/ Country	Contact Details
	Secretariat			
Dr Peter Salama	WHO Deputy Director General, Health Preparedness and Response,	WHO	WHO HQ	salamap@who.int;
Ian Norton	WHO EMT Secretariat	WHO - EMT Secretariat global	WHO HQ	nortoni@who.int;
Flavio Salio	WHO EMT Secretariat	WHO - EMT Secretariat global	WHO HQ	saliof@who.int;
Abi Trewin	WHO EMT Secretariat	WHO - EMT Secretariat global	WHO HQ	trewina@who.int;
Christophe Schmachtel	WHO EMT Secretariat	WHO - EMT Secretariat global	WHO HQ	schmachtelc@who.int;
Chantal Claravall Larrucea	WHO EMT Secretariat	WHO - EMT Secretariat global	WHO HQ	claravallc@who.int;
Rachel Fletcher	WHO EMT Secretariat	WHO - EMT Secretariat global	WHO HQ	racheljanefletcher@hotmail.com;
Paola Caruso	WHO EMT Secretariat	WHO - EMT Secretariat global	WHO HQ	carusop@who.int;
Thierno Balde	WHO Regional EMT FP	WHO - EMT Secretariat regional	WHO AFRO	baldet@who.int;
Luis de la Fuente	WHO Regional EMT FP	WHO - EMT Secretariat regional	WHO AMRO/ PAHO	delafuentel@who.int;
Nelson Olim	WHO Regional EMT FP	WHO - EMT Secretariat regional	WHO EMRO	olimn@who.int;
Alfatih Suliman	WHO Regional Office EMRO	WHO	WHO EMRO	sulimana@who.int;
Leong O	WHO Regional EMT FP	WHO - EMT Secretariat regional	WHO WPRO	ol@who.int;
Mark Tattersall	Director - Humanitarian Reponse DFAT	Observer from EMT Core Support Group	Australia	mark.tattersall@dfat.gov.au;
Ms Madeleine Heyward	Counsellor (Health) Australian Permanent Mission to the UN, Geneva	Observer from EMT Core Support Group	Australia	sarah.ferguson@health.gov.au;
Ms Sarah Ferguson	Research, Policy and Administration Officer Australian Permanent Mission to the UN, Geneva	Observer from EMT Core Support Group	Australia	madeleine.heyward@health.gov.au;
Dr Lei	Department Director of Emergency Service	Observer from EMT Core Support Group	Macao SAR/ China	leiws@ssm.gov.mo;
Nicci Stilwell	Unit Manager, Humanitarian and Disaster Management; MFAT	Observer from EMT Core Support Group	New Zealand	nicci.stilwell@mfat.govt.nz;

Name	Title	Role on EMT SAG	Organization/ Country	Contact Details
Steiner Olsen	Head of department for EMS	Observer from EMT Core Support Group	Norway	steinar.olsen@helsedir.no;
David Wightwick	CEO, UK Med	Observer from EMT Core Support Group	UK EMT - UK Med	david.wightwick@uk-med.ac.uk;
Aziz Hafiz	Director Disaster Relief, Humanity First	Observer	Humanity First	aziz.hafiz@uk.humanityfirst.org;
Yousaf Aftab	Deputy Director and EMT head Humanity First	Observer	Humanity First	yousaf.aftab@uk.humanityfirst.org;
Morton Helge Hansen	Chief of International Operations Danish Emergency Management Agency	Observer from EMT Core Support Group	Denmark	mhh@brs.dk;
So Young Park	Assistant Manager KOFIH	Observer from EMT Core Support Group	South Korea	soypark@kofih.org;
Dang Sun Kwak	Deputy Manager KOFIH	Observer from EMT Core Support Group	South Korea	dskwak@kofih.org;
Hanna Lee	Officer, NMC	Observer from EMT Core Support Group	South Korea	hanna8702@gmail.com;
Dr Donghwan Roh	Director of KDRT medical team	Observer from EMT Core Support Group	South Korea	snumed@daum.net;
Trevor Glass	Managing Director , DART Solutions	Observer	Dart Solutions	trevor@dartsolutions.co.uk;
Anthony MacIntyre	INSARAG Medical Working Group Chair, USA	INSARAG Medical Working Group chair	USA	macintyre@gwu.edu;
Dr Sylvie-Carolina SPERANDIO	Director Military Medical Service, Surgeon general	Observer	Austria	sylvia.sperandio@bmlv.gv.at;
David Sochor	Chief Rapid Response SDC/SHA	Observer from EMT Core Support Group	Switzerland	david.sochor@eda.admin.ch;
Olivier Hagon	Medical Director, SHA	Observer from EMT Core Support Group	Switzerland	olivier.hagon@hcuge.ch;
Flisch Joerimann	FDFA, SDC Rapid Response	Observer from EMT Core Support Group	Switzerland	flisch.joerimann@eda.admin.ch;
Volodymyr Demchuk	State Emergency Service of Ukraine	Observer	Ukraine	demchuk.volodumu@gmail.com;

Name	Title	Role on EMT SAG	Organization/ Country	Contact Details
Dr Rizwan Naseer	Director General , Emergency Services	Observer	Pakistan	rescue1122@gmail.com;

Apologies

Name	Title	Role on EMT SAG	Organization/ Country	Contact Details
Naidoo Raveen	Director, Emergency Medical Services & Disaster Medicine Department of Health	Regional Group Africa South Africa	South Africa	raveen.naidoo@health.gov.za;
Dr Verónica Espinosa Serrano	Minister of Health, Ecuador	Regional Group Americas - Chair 2018	Ecuador	
Dr Gerardo Solano Elizondo	Dirección de garantías de acceso a los servicios de salud Ministerio de Salud, Costa Rica	Regional Group Americas - I Vice-chair 2018	Costa Rica	gerardo.solano@misalud.go.cr
Dr Ricardo Hughes	Jefe nacional Depto de salud en situaciones de contingencia Ministerio de salud Panamá	Regional Group Americas - II Vice-chair 2018	Panamá	rhughes@minsa.gob.pa;
Ferdinal Fernando	Assistant Director & Head of Health Division (HD) ASEAN Human Development Directorate	Regional multilateral organization	ASEAN	ferdinal.fernando@asean.org ;
Gloria Balboa	DG ECHO/A4: Civil Protection Policy Director for Health Emergency Management Bureau; Department of Health	Representative of Government recently engaged in EMT response	Ministry of Health, Philippines	gloriajbalboa@gmail.com ;
Nilesh Buddh	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO SEARO	buddhan@who.int;
Kai Von Harbou	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO EURO	vonharbouk@who.int;

Annex 3: GLOBAL STRATEGY FOR THE EMERGENCY MEDICAL TEAM (EMT) INITIATIVE

Version 6/02/2018 as endorsed by the EMT Strategic Advisory Group

Definition of an Emergency Medical Team

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.

Vision

The vision of the EMT Initiative is:

1. Saving lives
2. Preserving health
3. Protecting dignity

Mission

The mission of the EMT initiative is to enhance preparedness and promote the rapid deployment and efficient coordination of Emergency Medical Teams adhering to minimum standards in order to reduce the loss of life and prevent long-term disability as a result of disasters, outbreaks and/or other emergencies.

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 disaster, 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 Emergency Medical Teams – be they for local, national, regional or international deployment – to a series of guiding principles as well as core and technical standards. The guiding principles and core standards are applicable to all Emergency Medical Teams and the technical standards apply to each team in accordance with its capacity, ie. type. They can be found in the “Classification and minimum standards of Foreign Emergency Medical Teams in Sudden Onset Disasters”¹, and are currently being updated.

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.

Global objectives

The EMT Initiative aims to support member states, NGOs and international organizations by providing a platform for collaboration to jointly achieve the following objectives:

- **Objective 1:** 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 2:** 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 3:** Continuously develop, agree on and promote clinical, technical and operational minimum standards for EMTs, including adaption of these standards and coordination mechanisms in armed conflict settings, as well as identify and share best practices amongst EMTs and countries, based on research and lessons learnt
- **Objective 4:** 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 5:** Ensure commitment 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. Donor countries are encouraged to support the development of EMT capacities in less-resourced countries as well as to support WHO in fulfilling its functions as secretariat to the Initiative.

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.

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.

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.7. 6 February 2018, 9:00-15:30

Annex 4: Discussion note on key issues for EMTs and the Blue Book update

Prepared by :

Ian Norton

Action(s) expected from the EMT SAG:

Take note

Discuss and contribute

Endorse

x

1. Purpose

To have a strategic discussion between EMT Strategic Advisory Group members and observers and WHO senior leadership on the following key topics for EMTs.

- a) Speeding up deployment: How to get teams in the field faster
- b) Coordination of EMTs within the emergency structures of countries
- c) Capacity building of national teams and national coordination/EOCs
- d) Use of EMTs in outbreak
- e) Discussion on the roles and responsibilities of EMTs and GOARN
- f) Use of EMTs in conflict

The discussion on these topics will also inform the current update of the Blue Book as these are all key issues covered in the updated draft. More detailed discussions on the Blue Book update will take place in the Consultation workshop planned for 8-9 February 2018 also as part of the Humanitarian Networks and Partnerships Week.

2. Current situation and explanation/justification

a) *Speeding up deployment: How to get teams in the field faster*

- i. EMTs providing trauma care in disasters and arguably for outbreak care for highly infectious diseases need to be operational and treating patients within 72 hours.
- ii. EMT deployments are based on bilateral arrangements (offer/acceptance) between countries and the deploying agency. During responses, WHO plays two major roles: an international coordination and “amplification of request” role, assisting affected countries in understanding the EMT system and how to request teams quickly, while at the same time supporting field level day-to-day coordination and operations under Ministry of Health (MoH) and Government leadership and in line with the EMT coordination concept developed over the past few years. Recent requests and deployments of EMTs in response to the 2017 Hurricanes in the Caribbean and the Diphtheria outbreak in Bangladesh have highlighted the need for a clear system of offer/request “matching”. International EMTs need to be able to assess risks and challenges to their deployment, and either commit (offer) or stand back from deployment in a timely manner. Other teams need to be aware that they should not cease monitoring the situation until all needs have been met, especially in case of standing down from other teams, leaving the population affected with no response.
- iii. Potential solutions
 1. Clear flow diagram agreed by WHO with all EMTs and if possible by Governments.
 2. Clear lines of communication for all internationally deployable EMTs on their “notice to move” required, their deployment protocols, their focal points and the agreements between domestic ministries with the operational EMT as to how deployments occur
 3. If a hurdle to deployment is encountered (e.g. security, logistics supply, medivac requirements etc.), WHO could be requested to step in to provide these facilitative services, and therefore ease the burden of deployment. Does the EMT-SAG view this as an erosion of the concept of self-sufficiency or a facilitation of access and pragmatic approach? (For example coordinating with host agencies in Ebola and Diphtheria responses).

b) Coordination of EMTs within the emergency structures of countries

- i. The primary purpose of EMTs should be to respond nationally as part of their national health system. International clinical teams have a role of adding surge capacity or hazard specific expertise not available within the affected country. (See discussion c below)
- ii. National authorities are the only ones able to license and register to practice health practitioners, be they national and international. All countries have existing health systems, coordinating clinical care within national clinics, hospitals and tertiary referral centers. Surge capacity of clinical care during disasters and outbreaks needs to be coordinated directly within the existing “case management pillar” of any national response, and within the national Health EOC if available.
- iii. Almost all countries will expect to coordinate direct patient care in a health emergency and will expect arriving medical teams to work in coordination with existing health care facilities. All countries are likely to require assistance from WHO to help coordinate what can be an overwhelming number of teams and staff in the thousands, with their associated logistics and supplies, by deploying EMT coordination and support experts (from WHO staff and EMT partners). The methodology for coordination of clinical teams in outbreak and emergencies uses the concept of “EMT Coordination cell” and has been shown useful each time it has been used.
- iv. Practical solutions
 1. The new Blue Book will clearly articulate that WHO has a role to assist Member states coordinate EMTs within its existing Health-EOC and case management response system.
 2. That the SAG clearly articulate a recommendation of this approach to coordinate case management and medical teams within the host Government system using the EMT coordination cell methodology.

c) Capacity building of national teams and national coordination/EOCs

- i. National teams are almost always faster to deploy, and will have a better understanding of language, culture, health context and working within the national system. Examples in Thailand, Fiji, Indonesia, Philippines and Ecuador among others have shown that national capacity building of response teams saves lives.
- ii. The WHO, through its work on EMTs, supports member states to develop their own national response teams for the hazards most likely to affect them. This should always be with a combined clinical and public health approach. According to the event (e.g. outbreak, disaster etc.) the number of staff from public health can be increased or decreased relative to number of clinical staff for outbreak or trauma response, and the constitution of the team should consider both.
- iii. Practical solutions
 1. That the SAG confirm that the WHO EMT secretariat’s focus should continue to be on national capacity building and regional engagement, ideally through regional offices, country offices, and in strategic regionally based partnerships between EMT providers.

d) Use of EMTs in outbreak

- i. Remembering that the definition of EMT encompasses national and international clinical response teams, EMTs are always required in outbreak, to treat (and if needed isolate) those affected by the disease. West African Ebola, Cholera, Diphtheria and other responses have shown the need to occasionally scale up beyond the capacity of the local health system or the response of one or two teams, to bring tens of supplementary teams.
- ii. Responding national (and international) EMTs come from unaffected parts of the country or the region, and should be modular, i.e. capable of either embedding in a local hospital to support care in an existing but overwhelmed treatment and isolation ward, or bring the equipment to set up additional wards and facilities next to existing health centers and hospitals (as is recommended during disasters, so as not to undermine the national system). Coordination of this embedded approach is only possible with an approach of nationally-led coordination described in point b above.
- iii. Rather than continuing to solely rely on international clinical teams, the medium term goal of the EMT programme is the rapid deployment and/or development of national capacities and regional teams. It is the basis of the EMT programme in outbreak risk regions such as Africa.

e) Discussion on roles and responsibilities of EMTs and GOARN

- i. The Global Outbreak Alert and Response Network (GOARN) is coordinated by WHO and engages UN organizations, international organizations, NGOs, national public health institutions, technical agencies and networks, and academic institutions in alert and risk assessment of acute events, planning and coordination of international support for response to outbreak, and when requested, providing access to technical expertise and capacity, and deploying international support through WHO to assist member States with acute outbreak response. The WHO and GOARN partners coordinate information sharing and alerts for acute events, and provide multidisciplinary expertise for outbreak alert and response. WHO provides leadership and coordination, logistics and security for those deployed in the field. GOARN partners through the network provide access to expertise in technical disciplines.
- ii. Emergency Medical Teams are both national and international clinical teams. Roughly half of internationally deploying teams are member state provided, the other half are NGO. They provide direct clinical care during emergencies and outbreaks. The EMT secretariat is tasked with national capacity building of national rapid response teams for clinical and combined clinical and public health response, as well as setting standards and coordinating a peer review quality assurance system for internationally deployable EMTs. EMTs generally deploy bilaterally to the affected country with coordination by the WHO in mobilizing the teams, and in assisting the Government and the Ministry of Health in their case management response with the Health EOC of the ministry.
- iii. Areas of synergy exist in both outbreak and other disasters between GOARN and the EMT initiative. The EMT initiative, with WHO as secretariat, focuses on national capacities, national coordination support, and a concept of self-sufficiency and the coordination of international support by medical teams based on agreed standards. GOARN, coordinated by WHO, allows information sharing on alerts for acute infectious disease events with partners, and deployment of individuals and groups from network partners as technical experts through WHO and national response.
- iv. Several points of clarity on which group does what are useful:
 1. EMTs provide direct clinical care teams and access to individuals who can contribute to case management coordination and advice for the clinical response (EMT coordination cell members include information managers, clinical experts, EMT logistics experts, etc.).
 2. GOARN provides technical experts in various aspects of public health to be deployed through WHO in support of the Government to strengthen outbreak response.
 3. WHO as EMT Secretariat coordinates globally and locally; by helping mobilize teams to answer a country's request for assistance and by helping a Government set up or strengthen case management response and coordination.
 4. GOARN has a coordination function at the global and regional level, conducting teleconferences and coordination meetings with partners to share information on status of agency response plans and coordinating deployment of experts.
 5. As part of WHO acute event management, GOARN will develop rapid assessment and response team to deploy at the earliest stage of an outbreak to provide assistance to countries with risk assessment, analysis and response planning.
 6. Being a "partner" of one or both networks does not mean that the organization is deployed under either, but that they attend and contribute to collective discussions at various global and regional meetings and deploy using their normal mechanisms and mandates. Local coordination under the affected Ministry will be supported by WHO as per section b.

f) Use of EMTs in conflict

- i. As per the points above, EMTs are both national and international and the definition describes any team that delivers direct clinical care to affected populations. As such, EMTs are deployed to conflict zones by host Governments and local health departments, by militaries, NGOs, international organizations and other member states. Caution should be used in using the term EMT in the conflict context, in order to avoid undermining the standards and principles of nationally led coordination in non-conflict areas by EMTs.

منظمة الصحة العالمية • 世界卫生组织

- ii. WHO has considered it useful to separate the discussion of coordination of conflict clinical care away from the existing “Blue Book” discussions, and creating a separate text on the coordination mechanisms to be used for such deployment and response in conflicts. It should be noted the technical standards (eg logistics, sterility, clinical care techniques etc.) are all equivalent. The main area of concern relates to the concepts of neutrality and “operational independence” and to the coordination mechanisms employed.
- iii. Practical Solutions:
 - 1. The EMT secretariat suggests to have a separate text that will be read in conjunction with the new Blue Book, to cover these aspects of principles and coordination of clinical treatment teams in conflict response.

3. Suggested action by the SAG

That members of the SAG bring recent experiences or comments on points a-f for discussion during the session. For lengthy submissions, SAG members may prefer to provide a short overview verbally and table their written comments to the Secretariat.

EMT Strategic Advisory Group
Meeting No.7. 6 February 2018, 9:00-15:30

Annex 5: Discussion brief on the review of the “Blue Book” and minimum standards for EMTs.

Action(s) expected from the EMT SAG:

Take note
Discuss and contribute
Endorse

X

1. Purpose

- To inform the SAG on the plans to update the existing “Classification and Minimum Standards” for Emergency Medical Teams to reflect changes since its first publication in 2013, and its adaption it into a text useful for national and international EMT response to all-hazards.

2. Current situation and justification

- Since its first publication in 2013 the “Classification and minimum standards for Foreign Medical Teams in sudden onset disasters” or “The Blue Book” has formed the basis for the classification and quality assurance of FMTs, and their coordination during emergencies, beginning with Typhoon Haiyan/Yolanda in the Philippines in 2013.
- The EMT initiative has undergone rapid change and adaption over the last 4 years, especially in reflecting the importance of national and not just international medical response teams. This is the reason for the change to the term of Emergency Medical Teams. There is a growing understanding of the value of well trained, self-sufficient and well-coordinated medical teams in a range of responses, not just sudden onset disaster: for example outbreak, displacement and other emergencies. Several coordination and technical changes have been endorsed by EMT global meetings and the SAG over the last 4 years that require updating in the “Blue Book”, and the text requires updating to reflect changes that have occurred as a result of lessons learned in response to disasters and outbreaks in the Philippines, West Africa, Nepal, Vanuatu, Fiji and Ecuador.
- The EMT Strategic Advisory Group (SAG) agreed in their meeting of 30th August 2017 that an update of the Blue Book was required. The SAG endorsed the proposal for including both coordination and technical standards in one descriptive over-arching “chapeau” document as it would allow member states and EMTs to understand the current agreed systems of naming teams (classification), their application of principles and standards, the methodology of EMT quality assurance, and their activation and coordination.
- It was also agreed by the EMT SAG that a separate text should then be written to describe the use of EMTs in conflict settings that would be a companion text to the new Blue Book, heavily referencing agreed equivalent technical standards, but with a specific section on special coordination considerations in conflict settings. This conflict specific text will be compiled in 2018 in collaboration with EMTs and organizations most active in conflict situations.
- The SAG will have a chance to comment on the ongoing work of reviewing the Blue Book, either in person at the meeting in February, or by email to the Secretariat. These suggestions will be assimilated into the workshop held Feb 8-9th in Geneva and in subsequent re-drafts culminating in a final.

3. Background

- In May 2013 the then “Foreign” Medical Team Working Group published the “Classification and minimum standards for Foreign Medical Teams in sudden onset disasters”. The document was one of two produced by a working group with WHO as secretariat, first formed to examine the lessons learned from the response to the 2010 Haiti earthquake. This first document described a new classification system, and helped set agreed principles as well as core and technical minimum standards that could be applied to teams responding to sudden onset disasters.

- The second document produced by the working group concentrated on arrival registration, coordination methodology, and reporting by E(F)MTs. This second document was never released, but instead formed a basis for further work by the EMT secretariat, and has become the basis for the EMT coordination handbook, which has been widely used in recent responses and trainings.

4. Questions for discussion/contribution by the SAG

- i. Review the proposed outline of the updated “Blue Book” as well as the short description of each section and, if you deem necessary, provide your recommendations on what areas of content need to be added.
- ii. Are there specific technical or coordination topics or points that you would like to highlight to the writing group for inclusion in the first draft of the revised edition.
- iii. Consider the proposed timeline for the revision process and suggest the appropriate moments and ways for best consultations with the EMT community

Update of the EMT “Blue Book”

Given the rapid expansion in the number of actors involved in health emergency response, recent EMT deployments to disasters and outbreak, and the primary role of national coordination put forward by the EMT coordination methodology, the current text, first published in May 2013 is out of date and requires revision to reflect current practice.

The text will be used to provide an overarching description of the EMT initiative, and clarify the nomenclature and typology of EMTs, the principles and minimum standards by which EMTs should abide, and the coordination methodology used, and the quality assurance process. At the core of the EMT initiative lies the primacy of a nationally led response, based on professional and good quality clinical care and public health interventions by well-trained and self-sufficient teams from competent organisations. It is built on the premise that “Good intentions are not enough”, and that response to health emergencies, particularly involving direct clinical care, must not be allowed to fall below an agreed minimum standard or “red line” below which the intervention may cause more harm than good.

Table of Contents

The contents will be according to the following headings (pending further inputs).

- 1. Introduction to the EMT initiative**
 - a. Brief history of the EMT initiative
 - b. Designation of national focal points and key stakeholders
- 2. Typology of EMTs**
- 3. Coordination**
 - a. The concept of the EMT coordination cell within the MOH
 - b. National activation, request, registration/licensing and tasking of teams
 - c. Use of international mechanisms in support of the national coordination
 - i. Methods used by WHO to amplify Member state requests
 - ii. Reception and Departure Centres (or national equivalents)
 - d. Coordination of operations within an Incident Management Structure and Health EOC
 - e. Reporting and the EMT “minimum data set” (MDS)
 - f. Exit and handover
- 4. National capacity strengthening**
 - a. Adoption of EMT principles and standards
 - b. National EMT accreditation processes
 - c. Institutionalisation of the EMTCC concept, including “In-field” quality assurance
- 5. Principles and core standards**
- 6. Technical standards**
 - a. Type 1 (Mobile and Fixed)
 - b. Type 2 (including for outbreak)
 - c. Type 3
 - d. Specialist teams
- 7. The EMT “Toolkit”**
- 8. The mentorship and classification system**
 - a. Mentorship
 - b. Verification of pre-deployment standards
- 9. EMT secretariat and Governance**

A separate companion text will be provided for the use of EMTs in conflict settings.

Brief Description of each section

Chapter 1: Introduction to the EMT initiative

This section will briefly describe the basis for a global EMT system, and the experiences of countries and populations who have previously been poorly served by medical response after health emergencies due to lack of minimum standards and coordination of EMTs. It will briefly outline the basis/history of the EMT initiative and key developments in the 8 years since Haiti including relevant regional resolutions such as that of UNASOR and the EU etc.. It will serve as an introduction to the concepts and definitions and briefly describe the key stakeholders of the initiative. It will also incorporate text and suggestions from recently affected member states highlighting this new way of working within local response and with local leadership. It will also introduce the EMT “concept of operations” and the role of MoH/Govt., EMTs and WHO.

Chapter 2: Typology of EMTs

This section will clarify the typology of EMTs, including speciality teams and their definitions.

The typology of EMTs was changed to include two forms of Type 1 teams, after endorsement at the 2nd Global EMT meeting in Panama Dec 2015. This new naming system allows a wider range of actors to identify as EMT, both mobile and “fixed” i.e. based from a structure. It was a recommendation from the response to the Philippines, and confirmed in Nepal, that a designation of mobile as well as fixed Type 1 teams was valuable given the large numbers of teams involved in this category, and the difference in tasking and usage by a Ministry of Health between these two modalities (sector versus single place deployments).

No major changes have occurred with Type 2 and Type 3 team definitions, save to clarify that the terms should be reserved for full teams that can provide, if required, a field hospital of the appropriate capacity. Surgical teams without tented structures that plan to deploy inside existing hospitals are now termed “surgical speciality cells”. It is proposed to adopt the term ‘specialty teams’ to better capture the nature of the support offered.

All forms of speciality team types (almost 20) will be described here, while their technical requirements will be summarized in Chapter 4 under technical standards per type.

The response to the Ebola outbreak in West Africa confirmed the need for national and international EMTs able to manage the clinical care aspects of an outbreak response. Similar response is occurring currently to outbreaks of Marburg and Plague in Africa. Teams that directly treat patients in outbreaks fall under the description of an EMT specialist team (outbreak). The current proposal will be to create a Typology of Type 2 “for outbreak” designating outbreak clinical teams to manage key types of outbreak (Diarrhoeal, Viral Haemorrhagic fevers, Respiratory and vector borne outbreaks).

There has been some recent confusion in the area of international organisations willing to deploy non-clinical public health teams bilaterally. Many lessons learned through the EMT initiative are applicable regarding quality, coordination, reporting etc. in deploying such teams. The term “Public Health Rapid Response Teams” was coined to describe this form of response, but currently there are few providers with such capacity. Individual technical experts who do not directly care for patients, come from academic institutions and other providers, are deployed through the Global Outbreak Alert and Response Network (GOARN) whose secretariat is within WHO in the same department as the EMT secretariat. These experts deploy through WHO, then contribute to the response within the health response system of the affected country in their appropriate area (eg laboratory, epidemiology etc.), or directly assist WHO in its work to support the health response under the leadership of the affected country.

EMTs must contribute to the overall public health response no matter which hazard is involved (disaster, outbreak or other emergency). This includes working within the coordination system of the country, being registered and licensed to practice, and to report daily using the agreed national reporting system. In earthquakes and other traumatic disasters, there will be a heavy burden of trauma reporting early in the response, transitioning to disease surveillance quickly, whereas in floods and outbreak response the burden of surveillance and reporting is equally high but for non-traumatic presentations, primary health, communicable and non-communicable illnesses. EMTs should understand that a combined team of clinicians, allied health, public health experts, logisticians and team leadership are all required for a successful response. The combination and number of technical public health and clinical team members will vary according to the hazard. To give an example, high numbers of public health personnel and social

mobilization staff will be required in EMTs responding to outbreak while perhaps one or two will be required in the first response team to an earthquake. But they will always be required.

Chapter 3: Coordination

Coordination of national and international EMTs under a nationally led EMT-CC (coordination cell) uses accepted Incident management system (IMS) methodology within the Health operations pillar of the Health EOC. The national authorities are the only ones able to register and approve arriving international teams for medical practice, and judge the quality and competence of all responding medical teams. The national authorities are also best placed to understand the immediate needs and be supported in performing an initial impact assessment and mobilizing and tasking national rapid response teams according to the hazard (outbreak, disaster, chemical spill etc.). It is also true they are best placed to identify initial gaps and they are the only ones able to request or accept appropriate international assistance. WHO's role in international coordination and in supporting national and local coordination under the ministry will be articulated.

The clinical and public health response to any event is primarily carried out by the national health system, under the management of the MoH, and using/reinforcing the medical infrastructure of the health system (clinics, hospitals and national EMTs/public health teams). A strong national health system requires an ability to investigate and respond to outbreaks and health emergencies, and to respond in a timely manner with surge capacity from within its own system, as well as be able to manage international arriving health response teams if required. This forms a significant part of the response described in member states responsibilities under the International Health Regulations (IHR) and of the health security strengthening initiatives occurring regionally and globally.

The EMT coordination methodology is now taught in an EMT-CC course that has been conducted six times at the regional level (two in Americas, two in Europe and one each in South East Asia and Western Pacific). There have been at least ten at the national level, and these courses will continue throughout 2018 and 2019 using the EMT coordination course handbook.

This chapter will summarize the key elements of national and international coordination of EMTs and public health rapid response teams, their alert, mobilization, arrival and registration with national authorities, licensing and tasking by the national authorities, and their ongoing coordination, reporting and exit. It will clarify that all international deployments are bilateral, and rely on three steps; a request or acceptance from an affected member state and an offer from the organization or donating country and an acceptance of that offer. WHO's role will be articulated clearly, and will show that WHO is able to assist the affected member state (prior to, through training, and during, with direct technical and coordination assistance) in amplifying their request to the EMT community, using the global and national tools for coordinating offers and acceptance or decline according to estimated need. How to establish operational coordination within the MoH existing emergency management structures with assistance from WHO and EMT partners will be clearly articulated.

Chapter 4: National Capacity Strengthening

Adoption of the EMT principles and standards will be described from the perspective of a national Government in this chapter. The national accreditation process will be outlined, though it is acknowledged that a specific working group will be formed in 2018 to further work on this complex issue.

National Capacity strengthening is a key focus of the WHO EMT secretariat and many donors and EMTs. National health authority's declaration that all teams, particularly those received from other countries, or sent by them to other countries should comply with the minimum standards is a key element in the plan to improve quality of response in health emergencies.

National training of EMTs, and the training and institutionalization of the EMTCC will be outlined. The process to quality assure deployed EMTs during an event by the MoH will be described from the perspective of both the national health authorities and EMTs.

Chapter 5: Principles and core standards

The original EMT principles have been useful in guiding practice of EMTs in multiple recent responses. Founded on medical ethics, as well as other reference documents including UNGA resolution 46/182, and the IDRL Guidelines, they have at their core the patient's right to professional, equitable and safe care, as well as the integration of the responding team into a coordinated response under the national health emergency management authorities. They align with the humanitarian principles and this should be specifically stated in the coming revision. The humanitarian principle of "operational independence" has a risk of being misinterpreted, or used in a manner not intended, in order to bypass normal medical licensing and reporting standards that are part of the EMT initiative and embedded in law in every country. The separation of discussion of action in conflict will highlight the difference in coordination and potentially the use of humanitarian principles in conflict settings.

The core standards have provided a good basis for the quality assurance and verification process to date. They require basic reformatting to articulate with the technical standards according to type, with cross referencing to the Toolkit for EMTs. They will be clearly described, and any technical detail will be referenced to the toolkit and the relevant technical sections in Chapter 6.

Additions will include a standard on protection (i.e. the ability to screen and identify unaccompanied children and vulnerable people (e.g. elderly) and have mechanisms in place to appropriately refer them for follow up or urgent protection). There will be consideration of an additional principle on public health messaging and social mobilization, for example the use of simple culturally appropriate health messaging talks and posters to encourage hand hygiene, safe access to food and water to populations waiting for care at EMTs. This will need to be adapted for context and in appropriate signage and language for the population affected. There is currently no core standard for training, and this is considered important to add.

The core standard of self-sufficiency requires more extensive explanation, and needs to be explained with differentiation for three deployment contexts of EMT (local; perhaps 12 hours, national; 3 days, international; 2 weeks). Clearly defining what constitutes self-sufficiency in commodities not easily transportable such as bulk supply of water, fuel, transport etc. will be clarified.

Clarity on the core standards surrounding team management and coordination will be explained. These exist in the current quality assurance processes and checklists (listed under reporting, team care etc), but they will be explained in the core standard chapter in more detail, and referenced to the toolkit for further expansion.

Chapter 6: Technical standards

The technical standards chapter will be a summary of the relevant technical standards, according to team type. It will be presented as a brief description per technical section, then a table format for easy reference. Technical content to describe how to achieve each standard will be managed within the on line Toolkit (see chapter 7 below).

The new technical standards for mobile Type 1 teams have been used to verify EMTs in the last months. They will be fully articulated in the new draft. The remaining technical standards for Type 1 fixed, type 2 and 3 have proven useful, but will be updated to reflect minor changes and to provide clarity to teams. Type 2 for outbreak technical standards will be generated by a working group on outbreak response by EMTs, but there should be enough agreed information from this working group prior to finalization of the blue book, and technical detail will be loaded into the toolkit when completed.

Specialist team technical standards require review by EMTs and final endorsement by the EMT SAG. In particular, multiple teams that are developing specialty teams for surgical response require clarity on the provision of consumables for the surgeries performed and hardware such as instruments and autoclave etc. These will be generated during the writing processes over the coming 2 months, for discussion by EMTs and Ministries.

Chapter 7: The EMT “Toolkit”

The EMT secretariat is developing a comprehensive “toolkit” with the help of EMT experts from countries and organizations, to expand on each core and technical standard in detail, and relevant to each team of escalating capacity. The toolkit will not be presented in full within the Blue Book, but rather a summary of its scope and content and how to use it.

The toolkit will be digitally available, and will follow the following format;

- Clear statement of the standard or principle
- Overview of the topic and its importance, and if relevant issues that have occurred with failure to reach this standard
- Examples of best practice from other EMTs including specifications, pictures or video demonstrations, equipment lists, practical guidance and “how to” notes as relevant,
- Example standard operating procedures and documents that can form a template for other EMTs.

It will be useful to both national and international EMTs and form a significant part of a “knowledge hub” for EMTs to exchange best practice and ideas with each other. Significant work has already occurred and the first examples of the toolkit will be available by late 2017 and early 2018.

Chapter 8: The mentorship and classification process

The new version of the Blue Book will contain a chapter describing the mentorship and verification of organizations wishing to be “classified” as an internationally deployable EMT. This chapter will give an overview to explain to EMTs and member states the mentorship and verification process, and provide examples of checklists and where to find them on the WHO EMT secretariat website.

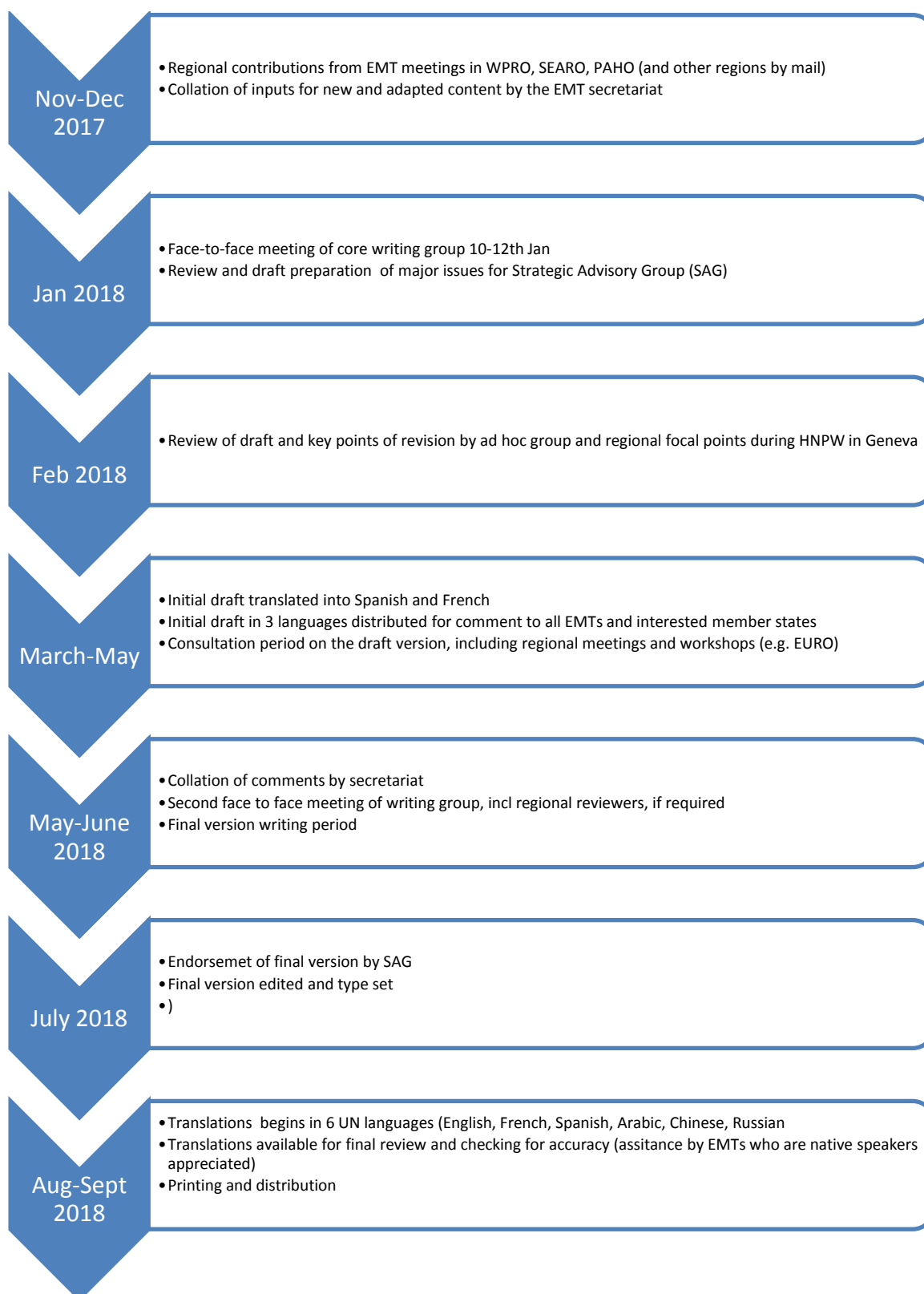
Chapter 9: The EMT secretariat and governance

This chapter will explain the current role and function of the EMT secretariat at global and regional level, and the regional governance arrangements. It will describe the concept of a country focal point for EMT, their roles and responsibilities in emergencies and non-emergencies etc.

Conflict responses

A separate text will be written on conflict response, in collaboration with EMTs and organizations most often involved in such responses. It will seek to clarify terminology and coordination mechanisms in this form of complex environment, while referencing the new Blue Book for minimum technical and core standards, which should not change.

Estimated Time line for drafting of the Blue Book revision



EMT Strategic Advisory Group
Meeting No.7, 6 February 2018, 09:00 – 15:30

Annex 6: Activities update from the WHO EMT Secretariat and WHO Regional offices

Agenda item: 7. 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

- Initial consultations took place on the update of the “Blue Book” (Classification and minimum standards for foreign emergency medical teams in sudden onset disasters) at the regional level in Western Pacific, South East Asia and the Americas. A core writing group met in Geneva in January to discuss content of the first draft. [See attached]
- In parallel, the Secretariat continues the work on the EMT toolkit, which will match with the revised Blue Book with more with more specific information and guidance for teams on how to enhance their capacities to fulfil the EMT guiding principles and minimum standards.
- Following discussions between WHO and ICRC, it was agreed that work will also commence on an annex to the Blue Book covering the engagement of EMTs in conflict situations.
- Translations are available in French, Russian, Chinese of the “*Minimum Technical Standards and Recommendations for Rehabilitation*”, Spanish, German and Arabic still pending.
- Translations also still pending for the “Field Guide for the Management of Limb Injuries in Disasters and Conflicts”, with ICRC working on this.
- The EMT Technical Working Groups (TWG) on Training and Logistics each held their second meeting in September; with work progressing normally. The framework of learning outcomes produced by the Training Working Group was already used for the development of the EMT Team Training of Trainers, and piloted in the Philippines in October 2017. Final products are expected by both working groups by quarter 1, 2018.
- The EMT TWG on Burns Care held its first meeting in Swansea, UK in November 2017, and it is expected that it will need to meet up to two times more this year in order to finalize the “Minimum technical standards on burns care”.

b. Upcoming priorities and activities

- The main priority remains 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 revised timeline:
 - Phase 1: development of discussion note for Regional Groups – beginning November 2017
 - Phase 2: initial consultation as part of the regional meetings in Western Pacific, South East Asia and Americas in November 2017
 - Phase 3: writing of the first draft, including by gathering a core writing group 10-12 Jan 2018 in Geneva
 - Phase 4: presentation of the first draft to the EMT SAG, initial review, and more thorough review in dedicated consultation workshop, 8-9 February 2018, Geneva
 - Phase 5: incorporation of comments and translation of draft to key languages for consultation purposes, end Feb. 2018

- Phase 6: consultation period on the draft version including through regional meetings and workshops as deemed appropriate, e.g. Europe regional meeting
- Phase 7: collation of comments and second face-to-face meeting by core writing group and final writing period, May-June 2018
- Phase 8: presentation of the final version to the SAG for endorsement, editing and translation to all UN languages.
- The finalization of the first version of the EMT toolkit is a key priority so that it can be launched on the new EMT website in the coming months.
- Drafting of an annex to the Blue Book on the engagement of EMTs in conflict settings.
- Additional priorities include the constitution of the following working groups:
 - Highly Infectious Disease TWG (TORs already approved by the SAG)
 - Maternal and Child Health TWG (TORs already approved by the SAG, consultant identified, 1st meeting planned for March 2018)
 - National accreditation TWG (TORs already approved by the SAG)
 - Mental health TWG (TORs already approved by the SAG, currently on hold, to start Q2/3, 2018).
 - Non-communicable disease TWG (TORs already approved by the SAG, currently on hold, to start Q4, 2018))

2. Quality assurance, mentorship and classification process

a. Update since the last EMT SAG meeting

- A total of 13 teams (four EMTs type 1, eight EMTs type 2, one EMT type 3) have been successfully classified as internationally deployable, with the teams in Ecuador (type 2 and a surgical cell) and New Zealand (type 1) classified since the last SAG meeting. A 14th team, Norway/ type 1, is scheduled for classification end of January 2018.
- A total of 85 EMTs have signed up to the mentorship and classification programme. In the last six months, 8 dedicated mentor visits have taken place (Medical Team International, Poland, Norway, Philippines, Aspen Medical, Team Rubicon, Sichuan/China, Italy).
- It should be noted that advice and mentoring is also constantly being carried out in national capacity building workshops as well as over distance by mentors, including WHO EMT Secretariat and Regional Office staff.

b. Upcoming priorities and activities

- Global:
 - Increase the pool of mentors through the holding of a global mentor workshop, scheduled for 21-23 February 2018 in Geneva.
 - Draft a more comprehensive manual on the mentorship and classification process and update the verification checklists in line with the updated Blue Book.
 - Initiate the work of the Technical Working Group on National Accreditation to provide clarity and guidance on the approach by the EMT initiative to supporting Governments in establishing their national EMT accreditation programmes.
- SEARO:
 - A mentorship visit to Thailand has been confirmed for mid-February. Also, Bhutan has applied for the QA and classification/verification and mentor visit is expected in mid-2018.
- EURO:
 - Hosting or co-hosting working groups on topics of specific interest to the Region, e.g. cold weather capacity, Mass Casualty Management and CBRN.

- Increasingly engage in providing support to EMTs in the area of mentorship and verification
- Americas
 - A Regional Workshop on EMT Logistics will be planned for US and Canadian NGOs in process of classification, to be hosted tentatively in May.
 - Mentorship visits will take place in Colombia, Peru and US/CAN.

3. Training and capacity building work

a. Update since the last EMT SAG meeting

- Global:
 - The EMT Coordination Handbook was further updated and edited, and is currently under translation to French and Spanish for further consultations. It is expected to be officially published in 2018 along with the updated Blue Book.
 - A training on “Limb surgery in Disasters and Conflicts for Emergency Medical Teams” was held by the AO Foundation in Davos, Switzerland with support from the EMT Secretariat on 8-9. December 2017.
 - An EMT team training of trainers was designed, and piloted in the Philippines in October 2017.
- Americas region:
 - A regional EMT coordination course was held in Chile, 4-8 September 2017. 22 participants from Ecuador, Costa Rica, Mexico, Argentina, Paraguay, Nicaragua, Bolivia, Cuba, Panama, Anguilla, Dominica, USA, Chile, and Venezuela attended the course.
 - In addition to the regional EMT awareness workshop in the Caribbean with 19 countries participating (25-27 July), national EMT awareness workshops took place in Mexico, Nicaragua, Argentina, El Salvador, Venezuela and Paraguay during 2017.
 - A Regional Course on operations and logistic support for EMT deployment took place from 5-9 June in San Jose (Costa Rica) with the participation of 27 EMT professionals from Costa Rica, Spain, Panama, Argentina, Ecuador, Peru, Colombia, Chile, Cuba, Venezuela, Mexico, Nicaragua, and United States
 - The development of the Beta version of Virtual CICOM has been finished with improvements to the registration forms, basic patient files for the national version of the app, daily reports forms for EMTs and request for EMTs module. The tool has been tested in different exercise and simulations.
 - A workshop on surgical care in austere environments was held in Lima, 8-10 November 2017.
- Europe region
 - A 2 day workshop on organization of Kazakhstan National Emergency Medical Teams was conducted to initiate organization of the National EMTs in accordance with minimum technical global standards, determine existing capacity and resources of existing EMTs vis-a-vis adherence to standards and guiding principles in Astana, Kazakhstan, 26 and 28 October 2017. – This was following by the recruitment of an expert to further assist in strengthening EMT capacities in Kazakhstan.
 - A workshop on Mass Casualty Management and Emergency Medical Teams, was organized jointly with the Ministry of Health of Israel and provided participants from 14 Member States of the EURO region a forum to exchange experiences and learn from the experience of the Israel Defence Force (IDF) Type 3 EMT 21-23 November 2017.
 - A session on “WHO EMT & Field Hospitals” and an update on Emergency Medical Team Initiative in the EURO region was given at the 5th International Conference on Healthcare System Preparedness and Response to Emergencies & Disasters (IPRED V) in Tel Aviv, Israel 14-17 January 2017.

- An expert consultant was recruited for the development of an EMT Simulation Exercise Booklet providing practical guidance on development, management and evaluation of functional, tabletop and full scale Simulation Exercises for EMTs.
- Eastern Mediterranean
 - A national EMT awareness workshop was held in Iran, 22-25 October.
 - Initial contacts were established with Oman, Qatar, Jordan, Palestine, Egypt, Pakistan, Morocco, UAE, Bahrain, Kuwait, Lebanon and Saudi Arabia.
- African region
 - A regional EMT awareness workshop took place in Dakar, 30 Nov – 2 December, with participation of 10 countries, NGOs, donors, and WAHO as regional organization. The workshop allowed to identify potential EMT capacities and opportunities of 10 countries from all African sub-region. Based on the exchanges during the workshop, three countries were chosen namely Senegal, South Africa and Nigeria, as they showed interest and capacity for working on establishing national EMT during the upcoming year.
 - Intensive exchanges with sub-regional health organizations namely the WAHO (West African Health Organization) are ongoing for facilitating a coordinated support for improving the medical response capacities in this sub-region.
- South East Asia region
 - A national EMT meeting took place in India in September 2017, the national awareness workshop is being planned for early 2018.
 - An initially scheduled EMT awareness workshop in Bangladesh was postponed to 2018 due to the ongoing emergency situation with the Rohingya refugees.
 - Teams from South East Asia participated in the INSARAG Asia Pacific earthquake response exercise in Malaysia (see below).
 - National EMT Workshop conducted in Bhutan, following which it has applied for the classification/verification of its national EMT.
- Western Pacific region:
 - Coordination and National EMT capacity building workshops took place in all four Pacific Islands countries, supported through the Australia and New Zealand backed capacity building project: Fiji, Solomon Islands, Tonga, and Vanuatu.
 - Philippines National Emergency Medical Team (EMT) Writing Group Meeting was organized by WHO Philippines Country Office and Department of Health, 7-8 September 2017.
 - The INSARAG Asia Pacific regional earthquake response exercise took place in Malaysia from 11-13 September with participation of 12 international and 4 national EMTs and the Ministry of Health managing the EMT coordination cell with support from previously trained EMT coordinators.
 - New Zealand Medical Assistance Team (NZMAT) (Type-1 Fixed and Mobile) Verification Visit was carried out by EMT Secretariat, WPRO and peer EMTs from the region, 17-19 September 2017. Fiji and Vanuatu EMTs core development members were invited to join the visit as observers.
 - The pilot EMT team training of trainers was carried out in the Philippines, 2-6 October 2017.
 - China International Emergency Medical Team (Sichuan) Mentorship Visit took place in Chengdu City China, 18-19 December 2017.

b. Upcoming priorities and activities

- Global:
 - Support running of regional and national EMT coordination courses (Philippines, Macao) and, as required, the facilitation of the national EMT awareness courses. The latter are increasingly taken on entirely by the Regional Office EMT focal points.

- Support the participation of EMTs and the implementation of the EMT coordination cell concept in regional and international simulation exercises such as the INSARAG SIMEX in the Philippines.
- Contribute with dedicated sessions on EMT coordination to partner trainings such as the UNDAC induction course, the Health cluster coordinator training.
- Americas region:
 - National EMT Awareness workshops will be planned for Haiti (tentatively scheduled for March 2018), Brazil and Uruguay.
 - A regional EMT coordinator course (IV edition) is being planned for July 2018.
 - Argentina will host the INSARAG Americas Regional Earthquake response exercise, tentatively scheduled for November 2018.
 - 3 sub-regional CICOM introduction workshops are tentatively planned in April, May and June (one for Central America and 2 for South America)
 - Development of the final operational version of the Virtual CICOM with the improvements identified in the beta version test and the incorporation of new functions to register national EMTs.
- Europe region
 - National EMT trainings and Health EOC trainings in Turkey, Tajikistan, Georgia.
 - Support and collaboration on EU Modular Field Hospital and Modex
- Eastern Mediterranean
 - National EMT Awareness workshops are planned in Egypt, Jordan and Palestine for Q1 2018.
 - National EMT Awareness workshops will be planned for Oman, Qatar, Pakistan, UAE, Saudi Arabia, Bahrain, Kuwait, Lebanon and Morocco
 - Initial Contacts will be established with Syria, Sudan, Libya and Tunisia
 - A regional EMT CC coordination is being planned for Q4 2018.
 - The EMRO office will hire a consultant to help disseminate the initiative and follow up on outcomes in the Region.
- African region
 - Ongoing recruitment of an EMT consultant to act as regional EMT advisor and follow up on outcomes of the regional awareness course. National awareness courses are planned in targeted countries.
 - Exchanges with WAHO for defining a common supportive approach for rolling out the initiative in West African countries.
 - Identification of medical organizations which can be additionally involved in this process.
- South East Asia region
 - National EMT workshops are being planned in Bangladesh, India and Timor Leste in early/mid-2018
- Western Pacific region:
 - A national EMT coordination course is scheduled in the Philippines for 12-16 February.
 - A national EMT capacity building workshop for Republic of Korea is tentatively planned in late March.
 - China International Emergency Medical Team (Sichuan) second mentorship visit will take place in mid-March. The final verification visit is tentatively planned in early May.
 - Fiji EMT (FEMAT) team member training is tentatively planned in early or mid-May.
 - Meeting Planning Document is under preparation stage in WPRO for 2018 EMT regional group meeting in China. The planning hopefully will be approved by the Standing Planning Meeting Committee WPRO by May or June.
 - A regional EMT coordination course is scheduled for the region in Macao, China, to take place from 8-13 April. A second regional course is tentatively planned for New Zealand, 23-28 September.
 - The Philippines will also host the INSARAG Asia Pacific Regional Earthquake response exercise, 25-29 June 2018, as well as the regional ARCH exercise, tentatively scheduled for October 2018.

- National EMT capacity building workshops are in the process of being scheduled in all four of the Pacific island countries targeted by the Australia-backed project.

4. Response operations

a. Update since the last EMT SAG meeting

- Hurricane season in the Caribbean: In support of monitoring of various health response teams, PAHO/WHO's Regional EMT Coordination Cell (Regional CICOM) was activated. In total, 12 teams were coordinating with or informing PAHO about their activities. Of those 12, nine were deployed to Dominica and three provided logistical support from Barbados and USA (Rescue Global, Direct Relief, IMC). In total, 2 needs assessment teams (MSF, IFRC), 1 triage and transport cell (Martinique SAMU), 2 EMT Type 1 Mobile (NYC Medics and Team Rubicon), 1 specialized cell for dialysis (Massachusetts General Hospital), 1 surgical specialized cell (Samaritan Purse), and 2 Medical Brigades (Venezuela and Cuba) supported the emergency on the field. In coordination with the Caribbean Disaster Emergency Management Agency (CDEMA), affected and neighboring countries, PAHO supported the mobilization of Surge Capacity Staff (SCS) to support local staff that were overworked and overwhelmed through the use of a rotation mechanism. Based on the information available as of 11 October 2017, 40 health workers were deployed, 15 to the British Virgin Islands and 25 to Dominica to help relieve and rotate out the local staff.
- Bangladesh: WHO provided dedicated support in response to the Diphtheria outbreak in Cox's Bazaar, in the context of the Rohingya refugee emergency, including through deployment of the EMT secretariat staff. An operational plan for case management including the deployment of EMTs was developed in support of the Government of Bangladesh, and a call went out to the EMT community for the deployment of EMTs with outbreak response capacity. MSF were previously providing the main treatment capacity, with both UKEMT and Samaritan's Purse having stepped up to deploy additional capacity, along with IOM, IFRC, BRAC (a Bangladesh NGO) and others.
- Ferry incident in Kiribati, Jan 2018: WPRO/EMO received a request for technical support and advice from Kiribati for a retrieve of the survivors from the fishing vessel mission; technical advice was collected from HQ EMT Secretariat and WPRO EMO and shared with Kiribati. A mobile medical team (1 medical officer and 3 nurses) was deployed by Kiribati MOH with basic medical supplies as suggested by WHO and WPRO/DPS deployed two WHO staff to Kiribati to support the local government and WHO Country Liaison Office.

b. Upcoming priorities and activities

- Bangladesh: continue the support to the operation of the specialized clinical teams in Cox's Bazaar.
- Discuss activation protocols with the EMT community in view of clarifying practice and obtaining a predictable response activation and coordination scheme.
- Yemen: consider EMT support in response to the Cholera outbreak in a conflict zone.
- Ferry incident in Kiribati, Jan 2018: Support with medical and forensic identification needs ; mental health support for victims and affected families; and logistics support

5. Governance arrangements, partnerships and Secretariat

a. Update since the last EMT SAG meeting

منظمة الصحة العالمية • 世界卫生组织

- Global/ general:
 - The EMT SAG decision to follow the six WHO region-approach was welcomed by all regions.
 - Consultations took place on the EMT global strategy in particular in the Western Pacific, South East Asia and Americas regions at the regional group meetings. The updated strategy is presented for endorsement by the SAG.
 - The overhaul of the EMT website is well advanced and the launch of the new website is expected in the coming weeks.
 - The Secretariat held an EMT awareness session as side event to the 4th Global Forum on Human Resources for Health, on 13 November in Dublin, Ireland.
- Americas region:
 - The II EMT Regional Meeting took place in Ecuador from 27-29 November with the participation of 61 delegates (16 from NGOs, 42 from Governments, 3 from other organizations and academia) from 28 countries. Simultaneously, 74 participants from Ecuador had the same discussions at national level. Important aspects and challenges regarding the alignment of coordination, readiness, and response operations were discussed from the point of view of the health authorities, EMT providers, and PAHO/WHO approach. The meeting concluded with the formal designation of Ecuador as the new Regional Chair for 2018 (Ecuador had already taken on the Regional Chair role *ad interim* during the second semester of 2017) and Costa Rica and Panama taking on the role of I and II Vice Chair respectively.
 - In addition to the Regional Chairmanship group, the Americas Regional Group has been consolidated with the designation of EMT focal points at national level in 24 countries.
- Europe region
 - Belgium confirmed its commitment to take on the role of Regional Chair until 2018.
- Eastern Mediterranean
 - A dedicated EMT consultant was hired by the Regional Office as dedicated EMT advisor, focusing on dedicated country and regional awareness and capacity building. 15 out of 22 countries have already been contacted in order to implement the initiative.
- 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 as well as supporting the three selected countries (Nigeria, South Africa and Senegal) for moving ahead in the process of establishing national EMT.
- South East Asia region
 - A Regional Consultation for Networking and Coordination of Health Partners for Emergency Response was held from 28 to 29 November 2017, with a EMT component as part of this meeting. It was agreed with broad consensus that there is a strong need to raise awareness and share knowledge among Member States and operational partners about the existing established networks, including EMT Initiative and recommended standards and coordination mechanism for EMTs. Several Member States and partners expressed interest in going through the QA and verification/classification process. Following were the immediate recommendations for consideration:
 - Mapping of EMTs in the Region
 - Establishment of National EMT Focal Points and a governance mechanism for the Region
 - Inclusion of EMTs in the Agenda for the Regional Committee for a resolution to adopt standards and coordination mechanism
 - Establish regional mechanism for simulations and joint mock-drills
- Western Pacific region
 - The Regional meeting and workshop on Strengthening the EMT initiative took place in Canberra, 21-22 November, hosted by Australia as Regional Chair. It provided the

opportunity to share experiences between representatives from countries and organizations on the particular challenges faced in the Western Pacific region, review and provide critical contributions to global developments such as the crafting of an EMT Global Strategy and the upcoming revision and update of the “Blue Book”, as well as discuss in detail the priorities and governance arrangements on how to implement the EMT Initiative in the Western Pacific Region. The meeting concluded with the designation of China as the new Regional Chair for 2018, with Australia stepping down to become the outgoing Chair and Japan taking on the role of incoming Chair for 2019.

- The Western Pacific Regional Chair represented the EMT community in the Regional Consultative Group on Humanitarian Civil-Military Coordination for Asia and the Pacific that took place in Singapore on 5-6 December. A dedicated discussion took place in this forum on EMT coordination.

b. Upcoming priorities and activities

- Global/general:
 - Support the consolidation or creation as relevant of the Regional Groups and initiate planning for a EMT global meeting for 2019
 - Promote the designation by Governments of EMT national policy and operational focal points.
 - Discussions are still pending between IFRC and the WHO EMT Secretariat on the Red Channel agreement.
- Americas:
 - Virtual meetings with the Regional Chair and EMT national focal points will be done at least once every two months.
 - A follow-up Regional Meeting with the office of the Regional Chair and the network of EMT focal points is planned tentatively for November.
- Europe region
 - The EMT European Regional Meeting will be held on 17 and 18 April in Brussels, jointly organized by the Government of Belgium as chair of the EMT Regional Group, the WHO Regional Office for Europe and the European Commission, Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO), Civil Protection Policy Unit.
 - Identification of national institutional and operational focal points to create a network for knowledge-sharing and clarify points of contact in all EURO Member States for WHO on EMT related matters.
- Eastern Mediterranean
 - Start rolling out the first series of EMT Awareness Trainings in the Region and identify some champion countries that can be used as examples.
 - Start rolling out the first series on National EMT Trainings for countries who already went through the Awareness training
- African region
 - Making functional the EMT regional group established during the Dakar workshop.
 - Refining and rolling out the plan developed by the three identified countries.
 - Reinforcing the collaboration with other medical partner organizations in the region as well as other regional or sub-regional health organizations.
- South East Asia region:
 - The first meeting of the governing body of the EMTs in the SEA Region is being considered before the WHO Regional Committee Meeting later in the year (where EMT is expected to be an agenda item for a possible resolution).
- Western Pacific region:
 - The second EMT regional group meeting for Western Pacific region in China 2018