

EMT Strategic Advisory Group

Meeting No.9 (in person)

Held as part of the Humanitarian Networks and Partnerships Week
(www.hnpw.org)

5 February 2019
09:00-15:30, Geneva time

Room 5,
Geneva International Conference Center (www.cicg.ch)

Summary and consolidated documents

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Summary report

1. Welcome and Introduction by the Chair & welcome words by WHO

Ambassador Frisch welcomed all members and observers of the EMT Strategic Advisory Group to this face-to-face meeting, held as part of the HNPW, and particularly welcomed Dr Peter Graaff from WHO as new Director of Emergency Operations (EMO) in the WHO Health Emergencies Programme.

Ambassador Frisch also referred to the successful and well-attended Open Briefing session on the EMT Initiative, which was held the day before. *Note:* the presentation used for the Briefing session is available online at: https://vosocc.unocha.org/GetFile.aspx?file=85811_EMT_Overview_Feb_2019_HNPW_1.pdf

Dr Graaff, Director EMO, WHO/WHE welcomed all participants on behalf of WHO, and thanked Ambassador Frisch for accepting to stay on until end of 2020 as EMT Global Chair. He apologized to the Chinese delegation from Macao SAR China for the unfortunate holding of this meeting on the day of the Chinese New Year.

Dr Graaf underlined the important role of the EMT Initiative in bridging the development & humanitarian response nexus, given the strong work on capacity strengthening in “peace times” linked to immediate operational response when required in emergencies. Recognizing that a lot of progress was achieved since the launch of the EMT Initiative, he also suggested that members of the SAG consider in a more critical and constructive manner the linkages that the Initiative shall build and forge with other components of the health response capacity for emergencies. It is important that the EMT Initiative clearly identify its niche as this is not always understood by all. Dr Graaff mentioned that one of these questions that regularly surfaces is the role of EMTs in outbreak settings, which we need to be better at explaining.

2. Brief introductions of all members and observers

See list of participants.

3. Update on regional activities and priorities by Regional Chairs/Vice-chairs & WHO

Each of the regions presented the key achievements in implementing the EMT initiative in their region, with challenges faced, and then focusing on the upcoming priorities and ways of implementing the work in their respective contexts.

For the detailed presentations, see the following links:

- [Americas region](#), presented by Dr Rene Abarca, National Director for pre-hospital care and mobile units of the Ministry of Health, Ecuador, in representation of the outgoing Regional chair; supported by Luis de la Fuente, EMT Regional advisor, PAHO/WHO AMRO
- [Europe region](#), presented by Mr Gino Claes, Strategic Counsellor Disaster Management – Head B-FAST Health Department, Ministry of Health, as outgoing regional chair; and Dr Zaira Tkchokova, Deputy head of medicine in Emergency Operations, Federal State institution All-Russian Center for Disaster Medicine “ZASCHITA”, Ministry of Health, as new Regional Chair, supported by Dr Oleg Storozhenko, EMT Regional focal point, WHO EURO
- [Africa region](#), presented by Dr Thierno Balde, Regional Partnerships office, WHO AFRO complemented by Dr John Oladejo, Team Lead, Health Emergency Preparedness and Response, Nigeria and Mr Raveen Naidoo, Director, Emergency Medical Services and Disaster Medicine, National Department of Health, Republic of South Africa
- [Eastern Mediterranean region](#), presented by Dr Amal Alsuqaf, EMT Regional focal point, WHO EMRO
- [South East Asia region](#), presented by Dr Narumol Sawanpanyalert, Medical Officer, Advisory Level, Chief, Medical Emergency Response Unit, Department of Medical Services, Ministry of Public Health as representative of the EMT Regional working group, supported by Dr Kai von Harbou, EMT Regional focal point, WHO SEARO

- [Western Pacific Region](#), presented by Chantal Claravall, from the WHO EMT Secretariat on behalf of WHO WPRO, complemented by Mr Tomonori Hasegawa, Emergency Relief Coordinator, MOFA and Emergency Relief Coordinator, JDRT in his capacity as new EMT Regional Chair.

In addition to the presentations, **Spain** informed of a workshop they held last year with representatives from 5 countries of the Latin America region to focus on experience exchange on the process of EMT classification. **South Africa** offered to host the upcoming EMT Coordination cell training for the SADC region. **Nigeria** mentioned that following their initial EMT awareness and capacity strengthening workshops, the national authorities had now endorsed the work plan to develop national EMTs in line with the EMT guiding principles and minimum standards.

4. Update on global standard setting / guidance work

a. Technical working groups

EMT Technical Working group on Burns Care

Professor Tom Potokar, co-chair of the TWG on Burns Care presented on the progress of the working group (see annex 2). The document on “Recommendations for burns care in mass casualty incidents” is in its final stages of review amongst the working group, yet the TWG considers it of vital importance to develop related training material and support in its pilot implementation.

- ***Decision 4.1.*** The EMT SAG endorsed the extension of the TWG on Burns Care to focus its work on developing appropriate training packages to support the implementation of the recommendations by EMTs as well as pilot the training packages in priority countries as identified by the EMT Secretariat jointly with the WHO Regional Offices.

EMT Technical Working Group on reproductive, maternal, newborn and child health care

Dr Olivier Hagon, chair of the Technical Working Group presented the final draft of the [Recommendations and minimum standards for reproductive, maternal, newborn and child health care](#). It is meant to be a balanced document, very operationally focused and written to be easily understood by EMTs. The next steps shall be the wider circulation amongst the EMT community for a final round of wider consultation and then its final endorsement and publication.

- ***Action point 4.2:*** The Secretariat will circulate the final draft of the Recommendations and minimum standards for reproductive, maternal, newborn and child health care amongst the global EMT community for a period of 4 weeks as final round of consultation before its final endorsement and publication.

b. Blue Book and Toolkit update

Dr Norton, EMT Secretariat, briefed on the update of the Blue Book yet apologizing for the fact that a draft for consultation has not yet been shared. The workload of the Secretariat, having lost two key staff in the last six months who are yet to be replaced, did not allow to focus sufficiently on the Blue Book. It will however be ready in the coming weeks for a global consultation period in advance of the planned EMT global meeting in June where it is expected to be finalized.

Luis de la Fuente, PAHO, insisted on the need to have time for translation of the draft to Spanish so as to ensure a meaningful consultation period with countries of the Latin America region, and suggested that other regions may have similar requirements.

Dr Norton also presented on the progress of the EMT Toolkit, a first draft of which had been successfully produced by the consultant, Rachel Fletcher, last year. The current work is now focusing on reformatting and making the content accessible on a web-based platform to be integrated in the EMT website. Dr Norton also presented the proposal (annex 4) for the creation of Technical Reference Groups, which will have the purpose to oversee and review the information published in the respective sub-sections of the EMT Toolkit in line with the generic terms of reference as attached. Oversight of the planned Technical Reference Groups will be retained by the EMT Secretariat.

In response to a question, Dr Norton clarified that the Technical Reference Groups would not replace the Technical Working Groups, which have a task-bound, time-limited terms of reference focusing on developing and agreeing on minimum standards and recommendations for teams in their specialty area.

Mr Gino Claes, Belgium suggested that the composition of the Technical Reference Groups be made available on each section of the toolkit so that members can be contacted for advice and comments.

- **Decision 4.3.** The EMT SAG endorsed the proposal for the EMT Secretariat to establish a number of Technical Reference Groups to oversee and review the information published in the respective sub-sections of the EMT Toolkit in line with the generic terms of reference as attached. The EMT Secretariat will retain oversight of the EMT Technical Reference Groups. Membership of the Technical Reference Groups will be made available online linked to the respective sections of the toolkit.

c. “Red Book” on engagement of EMTs in conflict settings and complex emergencies

Hossam Elsharkawi, consultant of the EMT Secretariat to lead the project on the Red Book, presented the concept, purpose and current draft zero of the “Red Book”, which is meant to be a guidance document, not a guideline or normative one, for medical teams, both national and international, preparing for and responding to armed conflict settings and complex emergencies. He stressed that the drafting and consultation process is designed in such a way so as to achieve consensus, create a large uptake and co-ownership of the document.

The presentation is available [here](#) and the current draft zero of the “Red Book” [here](#).

Luis de la Fuente, PAHO, confirmed that his office will be translating the draft document for the consultation period to Spanish, in order to ensure meaningful participation of the region. Dr Amal Alsuquaf from WHO EMRO also confirmed that the office will translate the draft for consultation to Arabic.

In response to a question from Bronte Martin, Australia, Mr Elsharkawi confirmed that the project of the Red Book will also confirm the minimum standards applicable to teams for the armed conflict settings and that these will be used for the adaptation of the classification process to such teams. Mr Elsharkawi also clarified that the use of the term “medical teams” was preferred over the term “emergency medical teams” given that the latter one is already strongly coined and that the purpose of the Red Book was to be as all-inclusive as possible, without reference to any perceived branding.

- **Action point 4.4.** The EMT SAG took note of the progress and of planned next steps and overall timeline, commending on the open and transparent consultation process that has been initiated by the consultant and requests to be kept informed of the process.

5. Discussion on the WHO DG’s concept of the health emergency corps and its relationship with the EMT Initiative and other existing networks

Dr Mike Ryan, Assistant Director General, WHO Health Emergencies Programme, opened the session by apologizing for the absence of Dr Salama, Deputy Director General, who asked him to convey a strong message of support to the EMT Initiative. Dr Ryan then provided an introduction to the Director General’s concept of the Health Emergency Corps (for further background, see annex 6).

Dr Ryan underlined the fact that the idea of a global health emergency corps is not new and has been around since the 2014 Ebola outbreak in West Africa; the DG has placed this topic again on the agenda, triggering open discussions and brainstorming amongst different networks and components of the health response architecture. When looking at emergencies such as the current Ebola outbreak in the Democratic Republic of Congo (DRC), the DG is particularly concerned about the fact that a lot of the resources are coming from far away instead of making better use of the capacity locally and regionally available and acceptable. So part of the question is still how to better leverage the capacity of the Member states and build this capacity locally and regionally, given that we still see teams appearing without proper logistics or the proper capacity to deliver with their own means.

The ADG appreciated the strong national capacity aspect of the EMT Initiative, linking it to the need for better identifying and enhancing the workforce in a country so that it can effectively be used in

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emergencies. Whilst the current thinking is particularly focused on outbreak response, he confirmed that the DG considers this emergency workforce to be wider in scope.

Dr Ryan also noted with regard to the current response in DRC that there is not necessarily a huge gap in expertise but that the main gap lies in having the actual availability of trained human resources, willing to be deployed to the ground in such volatile and unstable contexts. We need to learn from this and the 2014 outbreak in West Africa as part of the experience is positive but there were also several negative aspects to it. He stressed the importance of national leadership and the need to invest in the Congolese capacity as main solution.

Whilst acknowledging the self-sufficiency and the teams-approach by EMTs, the ADG also challenged the lack of adaptability of the EMTs to situations where the needs on the ground are identified as gap filling for example for a specific number of clinicians, IPC experts, etc. and that are able to come in support of existing structures and teams. He also noted that the bilateral nature of the response by EMTs is a great strength at the same time as being a challenge, as it is sometimes unclear how it relates to the incident management system that the Government sets up with support from WHO.

Ambassador Frisch emphasized the fact that the DG's vision is very similar to the very concept of the EMT Initiative and what it stands for. The capacity building aspect is key; and he recalled the motto of the World Humanitarian Summit in 2016 "as local as possible, as international as necessary", which is the underlying principle of the EMT approach as well, in line with the intention of the DG. Ambassador Frisch stressed the rationale for the EMT Initiative as being the cooperation and coordination between teams, coupled with the upholding of professional standards.

Heather Pagano/MSF brought up the view that the challenge of the EMT Initiative is its focus on working strictly with member states, which is believed to limit the space for independent humanitarian action.

Luis de la Fuente/PAHO, echoed by others including representatives from UK and Norway, shared its concern of the response by individuals and small brigades and underlined the lessons learned and experiences that have led to the view that clinical care in emergencies is best provided through a team approach which includes a management and the operational support component, in addition to the clinical care specialty area. Thierno Balde, WHO AFRO underlined the need for improving the outbreak response capacity of EMTs noting that we repeatedly see a lack of clinical care capacity on the ground.

Dr Norton, WHO/WHE EMT Secretariat, brought up the open question to EMT providers what it takes for them to be responding in outbreaks that may occur in volatile and challenging security situations; and suggested to think of a "peace-keeping force" idea in such cases, which would turn down the need for full self-sufficiency as this could be taken on by an umbrella organization such as WHO.

Dr Graaff, WHO/WHE EMO, rounded off the discussions stating that it was not whether or not EMTs were to play a role in the concept of a health emergency corps, including in outbreak settings, but about finding the right balance of resources for each specific situation.

Ambassador Frisch ended by stressing the interest of the EMT Initiative to be in close exchange with WHO on forging the concept of the health emergency corps; and reconfirming the willingness to collaborate closely with partner networks of the Global Outbreak Alert and Response Networks and the Global Health Cluster in particular.

- **Action point 5.1.** The EMT Initiative and WHO to collaborate closely on firming up the concept of the global health emergency corps, including by considering more flexible and modular approaches for EMTs to support the emergency response, particularly in outbreak settings; yet reaffirming the rationale for a team approach, based on minimum standards, for teams providing clinical care.

6. The Strategic Advisory Group member and observer update

a. OCHA, (including as INSARAG Secretariat)

Mr Jesper Lund, OCHA had to step out; but Dr Anthony McIntyre, Chair of the INSARAG Medical Working Group briefed on the INSARAG USAR Patient Treatment Form, which was finalized after input received from WHO ; as well as on the healthcare structural assessment form to be used by USAR teams, if no other forms exist by local authorities. The form was developed in collaboration with the WHO Safe Hospitals programme and is a short version of the much more comprehensive Safe Hospital assessment. He encouraged further collaboration on those aspects.

b. Red Cross Movement (IFRC and ICRC)

Panu Saaristo, IFRC, provided a briefing on the current work in the Red Cross movement. The Iran Red Crescent society recently completed all formalities to be recognized as an ERU (Emergency Response Unit) for rapid response in emergencies. IFRC actively contributed to the TWG on Burns Care and on Reproductive, maternal, newborn and child health; and is currently upgrading their own standards in these areas. He also announced that IFRC has formally started to create a quality improvement framework for their medical ERUs and is in the process of developing their electronic medical record system, which is designed to guarantee data protection and manage anonymity. The IFRC has recently completed a review on the use of blood by their ERUs. Lastly, Mr Saaristo informed that IFRC is in the process of creating public health ERUs with an initial six configurations, including community engagement, infection, prevention and control (IPC), triage, community based surveillance, dignified burials, nutrition.

ICRC was unable to attend and sent their apologies.

c. Global Health Cluster (GHC)

Ms Linda Doull, Global Health Cluster, updated on the global partner capacity mapping, which is in the final cleaning stages and will be presented to the next meeting of the Global Health Cluster partners, end of March. She also said that the health cluster will soon launch a capacity mapping of national partners; and is planning to finalize the study on Strengthening Global Capacity for Emergency Health Action.

The health cluster is also currently reviewing the Health Cluster Capacity Development Strategy 2016 – 2019, with a view to updating it. A major step will be to regionalize the implementation, with several regions having requested tailor made coordination trainings. Lastly, Ms Doull mentioned that she will be working with GOARN and EMT colleagues to capture and document examples of different crises and the coordination mechanisms that have been implemented with a view to identifying principles of coordination, “dos and don’ts” and suggest some recommendations.

d. Global Outbreak Alert and Response Network

Mr Patrick Drury has to step out of the meeting and was unable to provide an update.

e. Regional Organisations

Dr Evelyn Depoortere, DG ECHO, informed the SAG members that within the EU context a new piece of legislation is expected to be adopted in the next few months, which could open the possibility for increased support for capacity building of EMTs within the European region area. She also informed that DG ECHO has initiated an evaluation study of definitions, gaps and costs of response capacities for the Union Civil Protection Mechanism, and mentioned that some SAG members may well be contacted for their views on this regard.

f. Observer member comments and updates

Dr Gloria Balboa, Philippines, briefly stated the importance of the 2018 INSARAG/EMT earthquake response simulation exercise as well as the ASEAN ARCH drill, which both helped train their teams and national authorities on the response mechanisms and protocols and in particular test the ASEAN response SOPs. Currently, the Ministry of Health is preparing for the verification of their teams in 2019.

Dr Zaira Tkchokova, Russia suggested that there is a need for SOPs on patient transportability and that this be considered as part of the EMT Initiative.

7. Planning for the 2019 EMT Global Meeting

Dr Norton updated the SAG members on the current planning for the 2019 EMT Global Meeting, thanking the Government of Thailand and the WHO South East Asia Region for accepting to host the meeting, planned for 12-14 June in Bangkok. He also informed of the high likelihood of support to be received from the Robert Koch Institute, Germany in co-financing the costs of the meeting, and thanked Germany in advance for their willingness to support this important event.

Dr Norton mentioned that about 400-500 participants will be expected for the 3-day meeting, during which it is planned to give time for the regional group meetings to take place.

The regions requested a full day to be dedicated to the regional agenda, especially to focus on the regional achievements, governance and regional capacity building/ priority setting. It was also suggested that the Global Meeting be the opportunity to have a final look at all the sections of the Blue Book and therefore organize this agenda around this so that comments can still be received throughout the meeting, if anything critical has not arisen during the prior consultation phase.

- **Action point 7.1:** The EMT Secretariat to consult with the regional chairmanships, through the Regional Offices on putting together the agenda for the meeting in an inclusive manner.

8. Any other business

N/A

9. Next meeting

Given the planned EMT global meeting in June, and in order to take the opportunity of SAG members being present, the Secretariat suggested to have the next meeting of the EMT SAG on 11 June, in the afternoon.

- **Action point 9.1.** the suggestion for the next EMT SAG meeting to be held in conjunction with the EMT Global Meeting was accepted.

Agenda

Time	Agenda item	Supporting documents
9.00-10.30	1. Welcome and Introduction by the Chair & welcome words by WHO	N/A
	2. Brief introductions of all members and observers	N/A
	3. Update on regional activities and priorities by Regional Chairs/Vice-chairs (supported by Regional EMT focal points and the Secretariat)	Annex 1: Secretariat update
10.30-11.00	Coffee break	
11.00-11.30	4. Update on global standard setting / guidance work	
	a. Technical working groups	<u>Annex 2</u> : update from the EMT TWG on Burns Care <u>Separate document</u> : Draft for final consultation: Minimum technical standards and recommendations for reproductive, maternal, newborn and child health care
	b. Blue Book and Toolkit update	<u>Annex 3</u> : Update on the EMT toolkit <u>Annex 4</u> : Discussion note on the creation of EMT Technical Reference Groups
	c. “Red Book” on engagement of EMTs in conflict settings and complex emergencies	<u>Separate documents</u> : Draft 0 of the “Red Book” and explanatory presentation.
11.30-12.30	5. Discussion on the WHO DG’s concept of the health emergency corps and its relationship with the EMT Initiative and other existing networks	<u>Annex 6</u> : Discussion note on the strategic positioning of the EMT Initiative
12.30-14.00	Lunch	
14.00-15.30	6. The Strategic Advisory Group member and observer update	N/A
	a. OCHA, (including as INSARAG Secretariat)	
	b. Red Cross Movement (IFRC and ICRC)	
	c. Global Health Cluster (GHC)	
	d. Global Outbreak Alert and Response Network	
	e. Regional Organisations	
	f. Observer member comments and updates	
	7. Planning for the 2019 EMT Global Meeting	<u>Annex 5</u> : Concept note and agenda
	8. Any other business	
	9. Key action points & next meeting	

List of participants

Name	Title	Role on EMT SAG	Organization/ Country	Contact Details	Copy to
Professor Tom Potokar	Director Centre for Global Burn Injury Policy & Research	Chair of the EMT TWG on Burns Care	Interburns	tom.potokar@interburns.org ;	
Dr Lei Chin Ion	Director of Health Bureau Macao SAR China	EMT Core Support Group member	Macao SAR China	cilei@ssm.gov.mo ;	wilsonc@ssm.gov.mo ; ol@ssm.gov.mo ;
Monica Acosta	Head of the Emergency and post-conflict department, Humanitarian Aid Office	EMT Core Support Group member	Spain	monica.acosta@aecid.es ;	
Dr Leong O	Senior technician for Director's office Health Bureau	EMT Core Support Group member	Macao SAR China	ol@ssm.gov.mo ;	
Ambassador Toni Frisch	Ambassador, Senior Advisor, SDC	EMT Global Chair	Switzerland	toni.frisch@eda.admin.ch ;	adrienne.schnyder@eda.admin.ch ;
Linda Doull	Coordinator, Global Health Cluster, WHO	Global Health Cluster	WHO	doulll@who.int ;	minellie@who.int ;
Patrick Drury	Manager, Global Outbreak Alert and Response Network, WHO	GOARN	WHO	druryp@who.int ;	goarn@who.int ; stewart@who.int ;
Heather Pagano	Humanitarian Advisor MSF	Observer	MSF	heather.pagano@msf.org ;	
Anthony MacIntyre	Medical Director Fairfax County's Urban Search and Rescue Program (USA-1)	Observer - Chair of the INSARAG Medical Working Group	INSARAG MWG	macintyr@gwu.edu	
Paul Kelly	Assistant Secretary Response Risk and Recovery Branch	Observer - Core support group	Australia	paul.kelly@dfat.gov.au ;	
Ms Tae-Eun-Kim	Manager, Korea Disaster Relief Team Secretariat	Observer - Core support group	Korea	ktae@koica.go.kr ;	
Raman Madan	Consultant, project manager EUMFH	Observer - Core support group	Netherlands	dutchdesi@gmail.com ;	
Jon Barden	UK EMT Project Manager	Observer - Core support group	UK EMT	j-barden@dfid.gov.uk ;	
David Wightwick	CEO; UK Med	Observer - Core support group	UN Med	david.wightwick@uk-med.org ;	
Jesper Lund	Chief, Emergency Response Support Branch (ERSB)/ INSARAG Secretariat	OCHA	UN OCHA	lund@un.org ;	eidimtaite@un.org ;

Name	Title	Role on EMT SAG	Organization/ Country	Contact Details	Copy to
Panu Saaristo	Team Leader, Health and Care Department IFRC	RC/RC movement	IFRC	panu.saaristo@ifrc.org ;	Laura.ARCHER@ifrc.org ;
Laura Archer	Senior Officer, Emergency Medical Services	RC/RC movement	IFRC	Laura.ARCHER@ifrc.org ;	
Dr John Oladejo	Team Lead, Health Emergency Preparedness and Response, Nigeria	Regional Group Africa - representative	Nigeria	john.oladejo@ncdc.gov.ng ;	
Mr Raveen Naidoo	Director Emergency Medical Services and Disaster Medicine National Department of Health	Regional Group Africa - representative	South Africa	Raveen.Naidoo@health.gov.za ;	
René Marcelo Abarca	Director Nacional de Atención Pre-hospitalaria y Unidades Móviles Subsecretaria Nacional de Provisión de Servicios de Salud. Ministry of Health, Ecuador	Regional Group Americas - outgoing Chair	Ecuador	juanm.granda@msp.gob.ec ;	gabriela.pazmino@msp.gob.ec ; Rene.abarca@msp.gob.ec ;
Dr. Zaira Tkhhokhova	Deputy head of medicine in Emergency Operations, Federal State institution All-Russian Center for Disaster Medicine "ZASCHITA" Ministry of Health	Regional Group Europe - Chair 2019	Russian Federation	doctorzt@gmail.com ;	
Gino Claes	Strategic Counselor Disaster Management Head B-FAST Health Department	Regional Group Europe - outgoing Chair	Belgium	gino.claes@gezondheid.belgie.be ; gino.claes@health.belgium.be ;	
Mr Steinar Olsen	Head of department for EMS Norwegian directorate of Health	Regional Group Europe - Vice-chair Chair	Norway	steinar.olsen@helsedirektoratet.no ;	
Dr Palliri Ravindran	Director, Emergency Medical Relief Ministry of Health	Regional Group South East Asia - representative	India	diremr@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 - representative	Thailand	mertthailand@gmail.com ; naranote2016@gmail.com ;	

Name	Title	Role on EMT SAG	Organization/ Country	Contact Details	Copy to
Bronte Martin	Nursing Director (Trauma & Disaster), National Critical Care & Trauma Response Centre	Regional Group Western Pacific - Chair 2017	Australia	bronte.martin@nt.gov.au ;	
Mr Tomonori Hasegawa	Emergency Relief Coordinator, MOFA and Emergency Relief Coordinator, JDRT	Regional Group Western Pacific - Chair 2019	Japan	tomonori.hasegawa@mofa.go.jp ;	makiko.yoneda@mofa.go.jp ;
Mr Shota Suzuki	Emergency Relief Officer	Regional Group Western Pacific - Chair 2019 - member of delegation	Japan	suzuki.shota@jica.go.jp ;	
Ms Makiko Yoneda	Chief for Disaster Relief, Humanitarian Assistance and Emergency Relief Division, International Cooperation Bureau,	Regional Group Western Pacific - Chair 2019 - member of delegation	Japan	makiko.yoneda@mofa.go.jp	
Evelyn Depoortere	Team Lead – Civil Protection Pool & European Medical Corps	Regional multilateral organization	ECHO	Evelyn.DEPOORTERE@ec.europa.eu ;	
Gloria Balboa	Director for Health Emergency Management Bureau; Department of Health	Representative of Government recently engaged in EMT response	Philippines	gloriajbalboa@gmail.com ;	
Michal MADYESKI	Polish Center for International Aid	Representative of the regional NGO advisory group	Polish Center for International Aid	mmadeyski@pcpm.org.pl ;	wojtekw@pcpm.org.pl ;
Peter Graaff	WHO Director EMO/WHE	WHO	WHO HQ	graaffp@who.int ;	lamyquiques@who.int ;
Mike Ryan	Assistant Director General, WHO Health Emergencies Programme	WHO	WHO HQ	ryanm@who.int ;	alshorbajif@who.int ;
Ian Norton	WHO EMT Secretariat	WHO - EMT Secretariat - global	WHO HQ	nortoni@who.int ;	
Christophe Schmachtel	WHO EMT Secretariat	WHO - EMT Secretariat - global	WHO HQ	schmachtelc@who.int ;	
Nicole Sarkis	WHO EMT Secretariat	WHO - EMT Secretariat - global	WHO HQ	sarkisn@who.int ;	
Marie Chantal Claravall	WHO EMT Secretariat	WHO - EMT Secretariat - global	WHO HQ	claravallc@who.int ;	
Indira Tripathi	WHO EMT Secretariat	WHO - EMT Secretariat - global	WHO HQ	tripathii@who.int ;	

Name	Title	Role on EMT SAG	Organization/ Country	Contact Details	Copy to
Thierno Balde	WHO Regional Partnerships officer	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 ;	ugarteci@paho.org ; hernandezl@paho.org ; castillvan@paho.org ;
Amal Alsuqaf	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO EMRO	alsugafa@who.int ;	thierenm@who.int ; sulimana@who.int ;
Oleg Nikolayevich STOROZHE NKO	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO EURO	storozhenkoo@who.int ;	emiroglun@who.int ; nitzankaluskid@who.int ;
Kai Von Harbou	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO SEARO	vonharbouk@who.int ;	ofrinr@who.int ; buddhan@who.int ; pesigana@who.int ;

List of absences

Name	Title	Role on EMT SAG	Organization/ Country	Contact Details	Copy to
Gustavo Fernandez	MSF International	Observer	MSF International	Gustavo.FERNANDEZ@geneva.msf.org ;	Heather.Pagano@brussels.msf.org ; Natalie.ROBERTS@paris.msf.org ; Kate.White@amsterdam.msf.org ;
Esperanza Martinez	Head of Health, ICRC	RC/RC movement - Observer	ICRC	emartinez@icrc.org ;	cbollhalder@icrc.org ;
Dr Gerardo Solano Elizondo	Dirección de garantías de acceso a los servicios de salud Ministerio de Salud, Costa Rica	Regional Group Americas - Chair for 2019	Costa Rica	gerardo.solano@misalud.go.cr	MAVM73@GMAIL.COM ; mvilchezm@ccss.sa.cr ;
Dr Ricardo Hughes	Jefe nacional Depto de salud en situaciones de contingencia Ministerio de salud Panama	Regional Group Americas - I Vice-chair 2019	Panama	rhughes@minsa.gob.pa ;	
vacant	vacant	Regional Group Eastern Mediterranean - representative			
Prof. Zijian FENG	Deputy Director General Chinese Center for Disease Control and Prevention	Regional Group Western Pacific - Outgoing Chair	China	fengzj@chinacdc.cn ;	zhangyo@chinacdc.cn ; jinlm@chinacdc.cn ; LeeC@who.int ;
Ferdinal Fernando	Assistant Director & Head of Health Division (HD) ASEAN Human Development Directorate	Regional multilateral organization	ASEAN	ferdinal.fernando@asean.org ;	jim.catampongan@asean.org ;
Julia Stewart-David	Head of Unit, DG ECHO/A4: Civil Protection Policy	Regional multilateral organization	ECHO	Julia.Stewart-David@ec.europa.eu ;	Diana.BURGHARDT@ec.europa.eu ; Evelyn.DEPOORTER@ec.europa.eu ;
Ann Fortin	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO AFRO	afortin@who.int ;	socef@who.int ; yaom@who.int ; baldet@who.int ;
vacant	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO WPRO		lia@who.int ; PAPOWITZH@who.int ;

Annex 1: Activities update from the WHO EMT Secretariat and WHO Regional offices

Agenda item: Activities update

Action expected from the EMT SAG: Take note



1. Training and capacity building work

a. Update since the last EMT SAG meeting

- Global:
 - The global secretariat continued to provide support to the Regional Offices in the implementation of regional and national EMT trainings.
 - EMT training sessions were carried out at partner trainings, such as the UNDAC training for associate members (Nov) and the Global Health Cluster Coordination Training (Nov).
 - The secretariat facilitated a review of the different EMT awareness workshop curriculums that have evolved over time, and harmonized the content into several modules that can be adapted to each country specific situation, whilst covering a minimum core content.
- Americas region:
 - Workshop on implementing the EMTCC/CICOM in response to the influx of migrants from Venezuela in Colombia (19 October)
 - E-learning EMT induction course for national EMTs, 31 Oct- 9 Dec (218 persons trained)
 - National EMT induction course in Cuyo region, Argentina (7-10 Nov)
 - Participation of 1 surgical specialist cell from Argentina in the bilateral Military Exercise “Solidaridad 2018” (Chile-Argentina), 12-16 Nov
 - National EMT awareness course Cuba, 14-16 Nov
 - Webinar EMT Ignite on “prioritising care: triage”, 14 Nov
 - National EMT coordinators course in Chile, 28-30 Nov
 - National CICOM implementation workshop, Peru (29-30 Nov)
 - National EMT training course, Chile (10-14 Dec)
- Europe region
 - National EMT awareness workshops were carried out in Tajikistan (Oct) and Armenia (Nov).
 - 12 international and 1 national EMT participated in the INSARAG Regional Earthquake Response exercise hosted by Armenia in December in commemoration of the 30th anniversary of the 1988 Spitak earthquake. EMTs were coordinated by the MoH piloting the concept of an EMT coordination cell in the country. WHO supported the EMT exercise component.
- Eastern Mediterranean
 - National EMT Awareness workshops took place in UAE in (Oct) and KSA (Nov).
 - The Regional EMT coordination course initially planned for November had to be postponed until further notice.
- African region
 - The EMT Initiative in the WHO African Region was launched in December 2017, in Dakar, Senegal with the participation of 11 countries (Burkina Faso, Cameroon, Cote d’Ivoire, Democratic Republic of the Congo (DRC), Kenya, Madagascar, Nigeria, Senegal, Rwanda, South Africa and Uganda)
 - In 2018, EMT national awareness workshops were carried out in Senegal (April 2018), South Africa (June 2018), Nigeria (October 2018 - jointly with WAHO), Guinea (November 2018 - jointly with WAHO) and Ghana (November 2018 - jointly with WAHO).
 - Awareness meetings were also conducted with two (2) NGOs, the Alliance for International Medical Action (ALIMA) and Médecins d’Afrique.
 - Senegal, South Africa and ALIMA have registered for the international EMT classification.

- A second regional workshop was conducted jointly with WAHO in June 2018, in Grand Bassam, Cote d'Ivoire with the participation of 13 countries of the Economic Community of West Africa States (ECOWAS) (Benin, Burkina Faso, Burundi, Cape Verde, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Nigeria, Sierra Leone and Togo) and initiated national implementation plans.
- Two (2) deployments were coordinated with newly identified EMTs in the African Region:
 - In May 2018 and in August 2018, the Ministry of Health of DRC requested the assistance of ALIMA for Ebola outbreaks. In partnership with the Ministry of Health, WHO and other partners, ALIMA opened an 8-bed Ebola treatment centre (ETC) in Itipo, Province of Equateur and a 60-bed ETC in Beni, Province of North Kivu. It provided clinical care and public health interventions reaching-out in the health facilities and in the communities, screening and isolation of suspected cases. The response in North-Kivu and Ituri is on-going.
 - In October 2018, the Senegal EMT of the ministry of Army in partnership with the Ministry of Health and WHO was deployed for a major road collision in DRC. The collision between an oil tanker and a bus, resulted in over 50 deaths and 100 people with severe degree burns. The team provided direct care to the patients and build capacity for clinical burn care in two (2) hospitals in Kinshasa.
- Early 2019, EMT national awareness workshop was carried out in Kenya.
- South East Asia region
 - The Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH) held a regional collaboration drill in December in Thailand.
 - A National EMT Training was conducted in Bangkok, Thailand to introduce the EMT initiative and methodology to 32 participants composing of Team Leaders of provincial MERT teams, MoH and Military representatives.
 - A mission to Indonesia was conducted to support the development of an action plan toward achieving classification status of Muhammadiyah and discuss further collaboration with Ministry of Health and other relevant stakeholders
 - Representatives from Thailand, Indonesia and Sri Lanka participated in the EMT Mentor workshop in Geneva 23-25 January 2019
- Western Pacific region:
 - As part of the EMT capacity building programme supported by Australia and since 2018 also by New Zealand, team member trainings were carried out in Fiji, Tonga, Vanuatu and Solomon Islands (November).
 - The Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH) held a regional collaboration drill in December in the Philippines.
 - A national team member training was also carried out in Macao SAR China (Dec)
 - National EMT awareness workshops and sessions took place in Lao PDR and Singapore (November).

b. Upcoming priorities and activities

- Global:
 - Support running of regional and national EMT coordination courses and, as required, the facilitation of the national EMT awareness courses.
 - A specialised international case management coordination training, based on the EMT coordination methodology, is planned for the first half of 2019, focusing on internationally deployable experts that can be called upon by WHO to deploy in cases of emergencies.
- Americas region:
 - Regional mentorship workshop, 18-19 Feb, Ecuador
 - EMT Ignite Webinar, "Pain management and anaesthesia for EMTs", date tbc: Feb
 - Regional workshop on implementing the CICOM in the Caribbean, March/April
 - National workshop on implementing the CICOM in Argentina, March/April
 - National workshop on surgery in austere environments, March, Argentina

- Training on operations support for EMT type 1 teams, Texas, USA; tbc
- Regional workshop on development national mechanisms for the registration/accreditation of EMTs, tbc
- Europe region
 - National and sub-regional EMT awareness and refreshing capacity-building workshops are being planned in the WHO European Region, exact locations will be confirmed during the Regional meeting of National EMT Focal Points in Bangkok, Thailand;
 - A First Regional meeting of National EMT Focal Points during the Global EMTs Meeting in Bangkok, Thailand (12-14 June 2019) aimed at: mapping of existing EMT capacities in the Region, needs assessment and planning.
 - Support to the implementation of the EMT coordination cell during Regional SIMEX's in Estonia/EU MODEX and Azerbaijan/INSARAG.
 - An EMT Coordination Courses is planned in Belgium in October 2019
- Eastern Mediterranean
 - EMT Awareness Workshops in Pakistan(tbc), Tunisia (April) and Morocco (April).
 - National EMT Development Training For Libyan emergency doctors to be conducted in Tunisia (tbc), and for Oman (tbc)
 - Follow up visits to Egypt, Kuwait, KSA, UAE, Qatar and Bahrain (dates tbc)
 - Mentoring visits to Egypt, Jordan and oPT (tbc)
- African region
 - EMT Awareness workshops in Benin (February), Burkina Faso (February) and 6 other countries (DRC, Ethiopia, Rwanda, Togo, Uganda, Zambia)
 - EMT-CC training for African countries
 - A third regional meeting with countries of the SADC region
 - Continuous support to capacity strengthening to countries following awareness workshops
- South East Asia region
 - National EMT Workshops are currently being planned for Bangladesh, Bhutan, Thailand, DPRK, Nepal and Sri Lanka– to take place in 2019.
 - A regional EMT coordination training is planned for February in Thailand as part of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH).
 - An EMT Logistics and SOP workshop will be conducted between 18 and 22 March in Thailand
 - Support to Member States in development of National Accreditation Frameworks
- Western Pacific region:
 - Logistics training is scheduled for Fiji, and Macao SAR, China
 - National EMT awareness workshops planned for Cambodia, Cook Islands, Mongolia, Viet Nam, and Papua New Guinea, Samoa
 - A regional EMT coordination training is planned for February as part of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH) which is a bi-regional training that includes both WPRO and SEARO member states
 - National team member trainings are planned for Tonga, Solomon Islands, and Vanuatu in 2019
 - A Regional EMT Coordination training is planned for August 2019 in Australia.

2. Response operations

a. Update since the last EMT SAG meeting

- Deployment of Senegal EMT as burns specialist cell to the Democratic Republic of the Congo in response to a tanker accident: Senegal Emergency Medical Team of the Ministry of Health and Social Action, having signed up to the EMT mentorship process, was deployed in October 2018 for a major road collision in the Democratic Republic of the Congo. The collision, between an oil tanker and a bus, resulted in over 50

deaths and over 100 people with severe burns. Composed of six members (team lead, surgeon, anaesthetist and nurses) with materials and equipment, the team provided direct care to patients and built capacity for clinical burns care in two hospitals in Kinshasa.

a. Upcoming priorities and activities

- N/A.

2. Standards and best practices, including working groups

a. Update since the last EMT SAG meeting

- Update of the Blue Book: N/A
- Development of the EMT Toolkit: The Secretariat hired a consultant to help leading the work on the editing and coding of the first draft of the EMT toolkit in order to bring it into a format ready for publishing on the web.
- Red Book: a large amount of individual and group consultations have taken place with key stakeholders and interested partners with a view to understanding the expectations on the Blue Book and generate commitment and buy-in into the drafting process. A first very initial rough draft of a table of content was shared and is available as annex to the SAG update.
- EMT Technical working groups:
 - The EMT TWG on Burns Care held its 3rd meeting in New Delhi, India (Nov) and concluded whilst the document on minimum standards and recommendations is close to being finalised, the TWG considers it require more time to deliver on the training related outputs expected in its TORs.
 - The EMT TWG on Maternal, Newborn and Child health held its final round of consultations in November-December and finalised the draft document on “Minimum technical standards and recommendations for reproductive, maternal, newborn and child health care” for Emergency medical teams. The Secretariat will circulate the draft to the global EMT community for comments and subsequent finalization and publishing.

b. Upcoming priorities and activities

- Blue Book: The priority continues to be putting a comprehensive draft together than can be shared for global consultation.
- EMT Toolkit: finalise the toolkit for publishing on the EMT Website. Setting up a series of Technical Reference Groups to assist in the quality control and governance of the toolkit (see separate discussion note).
- Red Book: Consultations with key stakeholders will continue, and as part of this a thematic discussion session is planned as part of the Humanitarian Networks and Partnerships Week (HNPW) on the “*Future of Emergency Response in Conflict settings: the role of EMTs and other rapid response actors*”. The next couple of months will be dedicated to the actual drafting of the content of each of the chapters.
- Applicability of EMT standards for military medical teams: the Secretariat plans to hold expert consultations on the topic of the applicability of EMT standards for military medical teams, including the coordination mechanisms.
- EMT Technical Working Groups:

- The finalization of the products worked out by the Technical Working Groups (TWG) on Training and Logistics is pending and requires dedicated work which is expected to be finalised in the first half of 2019
- Burns Care: finalization of the minimum standards and recommendations, and work on training outputs.
- Maternal, newborn and child health: final consultation on the draft recommendations and minimum standards and publishing
- Highly Infectious Disease TWG (TORs already approved by the SAG)
- National accreditation TWG (TORs already approved by the SAG)
- Mental health TWG (TORs already approved by the SAG, currently on hold).
- Non-communicable disease TWG (TORs already approved by the SAG, currently on hold)

3. Quality assurance, mentorship and classification process

a. Update since the last EMT SAG meeting

- A total of 22 teams (nine EMTs type 1, ten EMTs type 2, two EMT type 3, and one specialist cell) have been successfully classified as internationally deployable, with one team (Maltesers International – Germany) classified since the last SAG meeting.
- A total of 77 additional EMTs are currently signed up to the mentorship and classification programme. Since the last SAG meeting, a total of 9 mentor visits took place to the following teams: Estonia, RescueNet, IMC, Macao SAR China, Tianjin-China, ESCRIM, RAM, Team 5, Barbados Defense Force.
- Through financial support from ECHO, a global mentor workshop was held in January 2019 to further strengthen and enlarge the pool of mentors. Participants came from NGO and governmental teams from across all 6 WHO regions, including from partner institutions such as the IFRC and ECHO.

b. Upcoming priorities and activities

- A regional EMT mentor training is planned for the Americas region, in particular to train Spanish-speaking experts on the mentoring process (Feb).

4. Governance arrangements, partnerships and Secretariat

a. Update since the last EMT SAG meeting

- Global/ general:
 - Global Chair: Ambassador Frisch accepted to extend his mandate as EMT Global Chair for another period of 2 years following the invitation, which WHO extended to him based on the recommendation from the SAG in its last meeting.
 - Partnerships: In December, the EMT Global Chair met with the Chair of the GOARN Steering Committee and Manager of GOARN to explore potential for closer collaboration in the future. It was noted that an increasing number of members from both networks expect closer collaboration, and the chairs stated their willingness to support those efforts.
 - EMT Global Meeting 2019: discussions are underway with Thailand to host the EMT Global Meeting 2019 in Bangkok, tentatively scheduled for 12-14 June.
 - Staffing: Staff turnover in the secretariat continues to be high with the departure of Flavio Salio. Both the positions of the Technical officers on the mentorship/classification programme and the operations/training portfolios are currently vacant and under recruitment. The challenge of not

being able to offer temporary contracts that are beyond 6-months, renewable, contributes to the high staff turnover.

- Americas region:
 - Regional governance: Costa Rica is taking over from Ecuador as EMT Regional Chair for the Americas in 2019 with Panama as Vice-chair.
 - Partnerships: panel on the implementation of the EMT initiative during the Regional PAHO Health Emergencies (PHE) meeting with Member States' Health Authorities. November 2018.
 - Bimonthly meeting with national policy and operational EMT focal points over webex
- Europe region
 - Regional governance: Russia is taking over from Belgium as Regional Chair, with Norway being designated as Vice-chair. The Polish Center for International Aid has taken on the role of representative of the regional NGO advisory group on the Regional Chairmanship Group.
 - Staffing: Dr Oleg Storozhenko has taken on the role of interim EMT Regional Focal point in the WHO EURO office.
- Eastern Mediterranean
 - N/A.
- African region
 - N/A
- South East Asia region
 - Staffing: Dr Kai von Harbou, former WHO EURO EMT focal point has taken on his new function as Regional EMT focal point in WHO's SEARO office, supported by Dr. John Prawira, EMT Consultant.
- Western Pacific region
 - Staffing: In the absence of an EMT regional focal point based in the Regional Office, the global EMT Secretariat continues to support the WPRO office in planning for and coordinating the EMT activities in the region.

b. Upcoming priorities and activities

- Global/general:
 - 2019 EMT global meeting: Planning for the Global meeting 2019 currently ongoing, where it is planned that all 6 regions will hold their Regional Meetings. Pending final confirmation, the 2019 EMT Global meeting will take place in Bangkok, Thailand from 12-14 June 2019.
 - Partnerships:
 - discuss and finalise the "Red Channel agreement" with the IFRC.
 - Staffing: fill gaps in current staffing positions at the global level EMT Secretariat.
- Americas:
 - Governance: A new call for the expression of interest for the 2nd Vice-chair will be issued.
 - Planning for a regional group meeting as part of the planned EMT global meeting 2019.
 - Partnership: establishment of an academic advisory group to the regional Chairmanship group as well as a working group on civil military cooperation for EMTs in the region,
- Europe region
 - Regional governance: the Regional group will meet as part of the EMT Global meeting.
- Eastern Mediterranean
 - N/A.
- African region
 - Development of a regional strategy for implementing the EMT initiative in the WHO African Region.
- South East Asia region:

- Regional governance: The first meeting of the EMT Regional working group for SEARO will be conducted as part of the EMT Global Meeting on 12-14 June 2019 in Bangkok, Thailand
- Formal designation of national EMT Focal Points from all SEARO Members States by end of 2019
- Western Pacific region:
 - Regional governance: the Regional group will meet as part of the EMT Global meeting.
 - Staffing: hiring of a dedicated consultant to act as EMT Regional focal point. & hiring of a dedicated EMT logistics consultant to support Pacific Island Countries

Annex 2: Update from the Technical Working Group on Burns Care

Prepared by :

Prof Tom Potokar

Action(s) expected from the EMT SAG:

Take note

Discuss

Endorse

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1. Purpose

This note serves the purpose of updating the EMT Strategic Advisory Group on the progress achieved so far by the EMT Technical Working Group on Burns Care, which was endorsed by the EMT SAG in its 6th meeting of 30 August 2017. The main purpose of the TWG was to review evidence base for management of mass burn casualty scenarios and develop consensus recommendations.

It is further suggested that the TWG continues in its current formation in order to develop related training packages for EMTs and pilot the implementation of the trainings.

2. Current situation and explanation/justification

After the initial call for expression of interest to designate experts for the TWG in September 2017, the TWG was formed and held three meetings to date (Swansea Dec 17, Geneva July 18, Delhi Dec 18) in which the following work was achieved.

- Literature review undertaken, draft recommendations covering first aid, assessment, triage, resuscitation, dressing care, palliative care, surgery, rehabilitation and make up of burns specialist cell produced.
- Review and revisions of recommendations following feedback from the wider EMT community and others.
- Agreement on final recommendations
- Dissemination and implementation discussed with plan to develop training courses for national rapid response teams and comprehensive burns specialist cell

3. Background

Mass burn casualty scenarios are not uncommon, especially in low resource environments where existing services to deal with burns are frequently very limited and national level disaster management plans often non-existent. Burns require specialist care and long term treatment so identifying those patients that have highest chance of survival is critical, as is providing comprehensive care as early as possible.

4. Suggested recommendation for endorsement from the SAG

It is suggested that the EMT SAG endorse the extension of the TWG on Burns Care to focus its work on developing appropriate training packages to support the implementation of the recommendations by EMTs as well as pilot the training packages in priority countries as identified by the EMT Secretariat jointly with the WHO Regional Offices.

Annex 3: Update on the EMT Toolkit

Prepared by :

Durgavasini Devanath,
consultant

Action(s) expected from the EMT SAG:

Take note
Discuss
Endorse

X

1. EMT TOOLKIT : Process & Plans

The first draft of the EMT Toolkit is currently being revised and completed with contributions from mentors, technical working groups and thematic experts. The content that will be displayed in the toolkit contains:

- Examples (good practice, pitfalls / challenges, pics) from the field
- SOP guidelines
- Checklists
- Examples of forms, materials used etc
- Evidence package
- Resources
- References & reading links

In parallel, the current work also focuses on the IT component of creating the appropriate webplatform so that the content can be migrated and easily managed online. It is expected that the Toolkit will go live at the EMT global meeting planned for June 2019. The toolkit should be considered a “living resource” that will need to be continuously updated and reviewed for its relevance and accuracy.

2. EMT Toolkit thematic areas:

Intro

1. Typology
2. Principles & core standards
3. Coordination (non-conflict setting)
4. Clinical
5. Operational support: logistics & WASH
6. Red Book

Principles & Core Standards

PRINCIPLES :

- Quality Care
- Appropriate Care
- Equitable Care
- Ethical Care
- Accountable Care
- Coordinated & Integrated Care

CORE STANDARDS

- CS 1. Administration
- CS 2. Human Resources
- CS 3. Training
- CS 4. Professionalism
- CS 5. Coordination
- CS 6. Team Field Management & Operations
- CS 7. Reporting & Records
- CS 8. Support to Overall Public Health Response
- CS 9. Support to National Clinical System/ PT Referral
- CS 10. Self Sufficiency

Clinical

- | | |
|--|--|
| 1. Approach to clinical guidelines | 16. Surgery and Peri-operative Phase |
| 2. Triage | 17. Malnutrition |
| 3. Assessment, Resuscitation & stabilisation | 18. Palliative Care |
| 4. Referral & transfer | 19. Physiotherapy and Rehabilitation |
| 5. Ward Management | 20. Mental Health and psychosocial support |
| 6. Wounds | 21. Laboratory |
| 7. Burns | 22. Transfusion Services |
| 8. Fracture & Limb Injuries | 23. Medical Imaging and Reporting |
| 9. Spinal Cord Injury | 24. Clinical Pharmacy & Consumables |
| 10. Communicable Disease | 25. Sterilisation |
| 11. Non-Communicable Disease | 26. Infection Prevention Control |
| 12. Reproductive, Maternal & Newborn Health | 27. Information Education Communication |
| 13. Child Health | 28. Medical Information Management |
| 14. Analgesia and Anaesthesia | 29. CBRN, Toxicology & Toxinology |
| 15. Intensive Care | |

Operations Support

Logistics	WASH
1. Power & Fuel Management	1. Water Supply
2. Communications Support	2. Facilities, Environmental Cleanliness & Disinfection
3. Personnel Equipment	3. Waste Management
4. Fleet Management & Transportation	4. Sanitation
5. Food Management	5. Vector & Pest Control
6. General Stock Management & Warehousing	6. Dead Body Management
7. Pharmacy Stock Management & Warehousing	
8. Pharmacy Deployment	
9. Structures, Environmental & Climate Control	
10. Cache Readiness & Activation	
11. Site Planning & Sequential Build	
12. Operations Support & Logistics Maintenance	
13. Demobilisation	

Annex 4: Discussion note on the creation of EMT Technical Reference Groups

Prepared by :

Action(s) expected from the EMT SAG:

EMT Secretariat

Take note

Discuss

Endorse

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1. Purpose

An important component of the EMT Initiative, as reflected in one of its global objectives, relates to *standard setting and gathering of good/best practices and lessons learnt* with a view to developing and maintaining technical, clinical and operational minimum standards up to date and evidence-based. To this effect, the EMT Secretariat has been working on developing an EMT Toolkit with the aim to complement the main reference document, the Blue Book and other related guidance documents, with more practical information, resources and tools on how to reach the minimum standards.

The Toolkit is an important resource for teams and it is essential the content is relevant, up to date and responsive to needs. It already represents approx. 1000 pages of dense content in all areas of work relevant for EMTs; and as much as it is a big effort to gather this initial information, it is also clear that the Toolkit is a living resource for teams that will require constant updating and quality control.

It is therefore proposed to establish a series of EMT Technical Reference Groups responsible for identifying, reviewing, and when necessary, creating content for the relevant sub-section(s) of the EMT Toolkit (such as pertinent examples of good practices, lessons learnt, training material). The Technical Reference Groups would draw on technical expertise and best available evidence in each of the respective areas covered.

The TRGs would be overseen by the Secretariat, in particular the Technical officer in charge of the mentorship and classification process.

The Technical Reference Groups would also be the first point of contact for questions from mentors when faced with technical issues that they require additional guidance on. As opposed to the EMT Technical Working Groups, the EMT Technical Reference Groups would not be time-bound but continuing.

2. Current situation and explanation/justification

Currently, WHO in its capacity as EMT Secretariat, has taken an approach of time-bound and task-specific Technical Working Groups when the need was identified to develop specific minimum standards and recommendations in a technical, clinical or operational area of relevance to EMT operations. This approach will continue for the standard setting work in new areas.

However, over the past few months and years, it has become clear that there is a need to maintain subject matter experts involved in specific areas where a vetting process is required before making information available to the wider public. This will allow quality control as well as ensure that the most recent guidance is made available.

It is believed however that it is important to distinguish such Technical Reference Groups from the already existing concept of Technical Working Groups due to the different nature of work (maintaining existing guidance, good examples, etc. up to date vs developing new guidance) and different working modalities (remote work modalities as opposed to more interactive face-to-face meetings required for consensus building).

3. Suggested recommendation for endorsement from the SAG

It is suggested that the EMT SAG endorse the proposal for the EMT Secretariat to establish a number of Technical Reference Groups to oversee and review the information published in the respective sub-sections of the EMT Toolkit in line with the generic terms of reference as attached. The EMT Secretariat will retain oversight of the EMT Technical Reference Groups.

Generic terms of reference for technical reference groups on specific topics

1. Purpose

The overall aim of the Emergency Medical Teams (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.

An important component of the EMT Initiative, as reflected in one of its global objectives, relates to standard setting and gathering of good/best practices and lessons learnt with a view to developing and maintaining technical, clinical and operational minimum standards up to date and evidence-based.

Drawing on their respective technical expertise and best available evidence, the EMT Technical Reference Groups are mainly responsible for identifying, reviewing, and when necessary, creating content for the relevant sub-section(s) of the EMT Toolkit (such as pertinent examples of good practices, lessons learnt, training material). The Toolkit is an important resource for teams and it is essential the content is relevant, up to date and responsive to needs.

The Technical Reference Groups will also be the first point of contact for questions from mentors when faced with technical issues that they require additional guidance on.

As opposed to the EMT Technical Working Groups, the EMT Technical Reference Groups are not time-bound but continuing.

2. Generic functions of EMT technical reference groups

- Ensure an evidence-based approach using existing materials and accepted best practice.
- Maintain a practical and operational perspective which is realistic and implementable in a disaster, outbreak and other complex emergency settings.
- Ensure coherence between the subject matter of the group and the overall objective of the EMT Initiative including, where applicable, to the “Blue Book”, the “Red Book” (when published) and any existing technical minimum standards and recommendations.

3. Specific terms of reference for the Technical Reference Group on [*rehabilitation*]

- Identify the information and resource needs of teams (both classified and those being “mentored” toward classification) to achieve rehabilitation-related standards and deliver optimal care to patients.
- Collect, consolidate and develop content for the Toolkit in accordance with needs. This may include but is not limited to:
 - Case studies
 - Photographs
 - Links to relevant resources, such as guidelines and training
 - Published literature
- Contribute to the guidance on rehabilitation and its coordination in armed conflict and complex emergencies as part of the “Red Book” writing process.

- Review rehabilitation-related content in the toolkit on an annual basis to ensure it remains relevant and up to date and continues to reflect best available evidence.

4. Membership

The members of the Technical Reference Group will serve for an period of 2 years, with possibility of one extension of 2 years. They will be selected by the EMT Secretariat following a call for expression of interest to the global EMT community and relevant technical expert networks.

Selection criteria include:

- proof of pertinent experience and expertise in the subject matter area of the Technical Reference Group,
- experience in an EMT or similar rapid response team and in emergency settings, particularly in low-income settings,

Due consideration will also be given to geographical and gender balance in the selection of the members.

Once vetted by the Secretariat, the members will also be required to fill out the WHO form on “Declaration of interests for WHO experts” and will be confirmed as members of the Technical Reference Group only after confirming that they do not present any conflict to interest.

5. Meetings and operational procedures

- The working group will collaborate via email and teleconference. Meetings of Technical Reference Groups will be held virtually, using WebEx, skype or other suitable online platforms.
- Each Technical Reference Group will have one coordinator designated by the EMT Secretariat and where appropriate in coordination with the relevant WHO technical unit, who will convene the meetings of the Group and report back to the EMT Secretariat on outcomes before publishing any new content on the Toolkit.
- Should the Technical Reference Group and the EMT Secretariat deem necessary the holding of a face-to-face meeting for a particular purpose (e.g. major update of the EMT Toolkit), the Secretariat may decide to hold such a meeting.
- Members will not be remunerated for their participation as members of the group. However, they will be supported to attend face to face meetings (when/if needed) if not sponsored to do so by their own organization.
- Meetings will be conducted in English.
- Draft minutes of the meetings will be taken by a member of the Technical Reference Group and once circulated and reviewed by the its members within a period of 10 days, shared with the EMT Secretariat.
- The EMT Secretariat keeps the EMT Strategic Advisory Group and the Regional Groups updated on the work of the Technical Reference Groups and relies for this on support by the TRG coordinators.
- Whenever possible, members of the Technical Reference Groups are encouraged to participate in Regional Group meetings or expert workshops and share the progress of their work.

6. Outputs

The main output of each Technical Reference Group is to populate and maintain up to date the sections of the EMT Toolkit pertinent to their subject matter expertise

Annex 5: Global Meeting of the Emergency Medical Team Initiative 2019

Prepared by :

Action(s) expected from the EMT SAG:

EMT Secretariat

Take note

Discuss

Endorse

X

CONCEPT NOTE

Background

In the first two years after the formal launch of the EMT Initiative global meetings were held in 2015 and 2016, to gather the community of EMT providers, member states and partners as a whole and create the momentum for the development of a global strategy. These meetings proved vital in steering the direction of the initiative, and gaining buy in from the various member states and partners involved.

Over the past two years, an important focus of the EMT Initiative has been to promote and consolidate the creation of EMT Regional Groups, allowing the main forum of discussion to occur at the regional level between Member States, EMTs and other stakeholders and allowing them to shape, guide and drive the regional implementation of the EMT Initiative. The EMT Regional Groups follow the geographic distribution of the WHO six-region approach. They have advanced the EMT capacity building work well in each region, but several have now called for a global meeting to realign their work.

Therefore, in 2018, the EMT Strategic Advisory Group decided that the next EMT global meeting should be planned for 2019 in order to ensure global coherence and knowledge sharing, updating on progress across the regions and globally. The global meeting is also expected to be the ideal platform to launch the new version of the EMT reference document, known as the “Blue Book”, which is currently being revised, along with the Toolkit. It will allow discussion of the use of EMTs in conflict and protracted situations and a meeting on the new “red book” will likely occur in the margins. It will also provide a key opportunity to reinforce the message that EMTs (particularly national teams) will be needed in outbreak response.

Goal and objectives

The meeting will provide the opportunity to engage all participants in the discussions on:

- EMT capacity strengthening at local, national and regional level
- Updates on development of minimum standards in clinical and operational areas as well as identification of gap areas for further development
- Recent developments and good practice sharing in deployment of EMTs from the technical, clinical, legal and operational perspectives
- Coherence and collaboration with other initiatives and networks
- Strategic governance and future direction of the EMT initiative, including global and regional priority setting and work planning

Proposed methodology

The meeting is planned for a duration of 3 days plenary sessions, regional group sessions and specialty streams. Topics include:

- National and local capacity building and coordination mechanisms
- Quality improvement and the EMT mentorship and classification process
- Logistics, WASH and operations support
- Technical/clinical updates in areas such as surgical/ burns, rehabilitation, maternal, newborn and child health, and clinical care in highly infectious disease outbreak settings
- Team management and administration (including staff safety and security, etc.)

- Regional priority setting and governance arrangements
- Update on WHO's work in disasters, outbreaks and other emergencies throughout the Health Emergencies Programme

Draft agenda – for discussion

Timings	Day 0	Day 1	Day 2	Day 3
0900-1030	Arrival of participants	Official opening	Speciality topics in parallel	Speciality topics in parallel
1100-1230		Global and regional updates	Speciality topics in parallel	Speciality topics in parallel
1230-1400		Lunch	Lunch	Lunch
1400-1530		6 Regional Groups meet in parallel	Speciality topics in parallel	Regional Groups
1600-1730			Speciality topics in parallel	Summary of global meeting Closure
1900	Welcome reception	Official dinner		

Annex 6: Discussion note on the strategic positioning of the EMT Initiative

Prepared by:

Action(s) expected from the EMT SAG:

EMT Secretariat

Take note

Discuss

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) Positioning of the EMT Initiative with regard to the current plans for a global Health Emergency Corps
- b) Definition and scope of engagement of EMTs and their relation/ interaction with other components of the health response capacity

2. Current situation and explanation/justification

a) *Positioning of the EMT Initiative with regard to the current plans for a global Health Emergency Corps*

- i. In 2018, discussions have started within WHO and with partner networks on the concept of a global health emergency corps. They have been triggered by the WHO Director General's announcement in early 2018 of initial thinking to create a global health reserve force being able to respond rapidly to medical emergencies wherever they occur.¹ Throughout 2018, initial discussions took place within the organization on what form and shape such a plan could have and how it relates to existing partnerships that provide surge capacity for response to health emergencies, including the Global Health Cluster, the Global Outbreak Alert and Response Network, the Emergency Medical Team Initiative and several other technical networks.
- ii. An open brainstorming discussion took place at the recent GOARN Steering Committee meeting in December 2018, jointly with WHO Assistant Director General Dr Mike Ryan, where a series of key points were voiced and discussed. These include:
 - i. The primary need for building national rapid response capacity for health emergencies, which can eventually become regionally and internationally deployable
 - ii. The need to rethink international support and response mechanisms to better be able to enhance national capacities and help strengthen those national capacities
 - iii. The need for broad-based, multidisciplinary response capacity, especially in the contexts of highly infectious disease outbreaks such as the current Ebola Virus Disease outbreak in the Democratic Republic of Congo
 - iv. The realization that the existing health and multi-sectoral governance systems are "not ready" or "fit for purpose" to deal with the evolving realities, particularly the dynamics related to infectious disease outbreaks and other types of health emergencies
- iii. Arguably, the EMT Initiative, with its primary focus on strengthening the capacity of local and national Emergency Medical Teams, based on minimum quality standards, complemented by a mentorship and classification system that encourages all internationally deploying teams to undergo a peer-review, which confirms that they achieve the minimum standards for international deployment, is a core component of any developing concept of a health emergency corps.

¹ <https://www.voanews.com/a/who-set-up-health-reserve-army-tackle-emergencies/4243058.html>

b) Definition and scope of engagement of EMTs and their relation/interaction with other components of the health response capacity

- i. Recent emergency responses have demonstrated that there may be a vast difference in opinion on what constitutes and what does not constitute an Emergency Medical Team. Questions such as the following continue to arise:
 - i. Can an NGO be an EMT?
 - ii. Does an EMT always and under all circumstances need to be fully self-sufficient to be called an EMT?
 - iii. If a team of health professionals providing clinical care is supported in aspects such as security management or logistics, can it still be considered an EMT? Should this be offered by WHO in cases where no EMTs can deploy without support?
 - iv. Is the response by EMTs always based on an understanding that it is a bilateral response by the responding team, yet coordinated under the respective Ministry of Health with the support from WHO, where necessary?
 - v. Can a team only be called EMT when it has passed or signed up to the WHO EMT mentorship and classification process?
 - vi. How do EMTs relate to public health rapid response teams?
 - vii. Is there more scope for EMTs in outbreak response and if so, what would be required of them?
- ii. For core members of the EMT Initiative, some of these questions may seem to be answered easily including what constitutes an EMT. However, experience has shown that there are diverging opinions on all of the above across the spectrum of partners, stakeholders and within WHO. It is therefore important to maintain this discussion alive and discuss the issues openly. It is particularly important that a common understanding can be reached at the level of the EMT Strategic Advisory Group along with WHO Senior Management.
- iii. As a starting point for discussion, it is worthwhile recalling the definition upon which the EMT Initiative builds and whether there is any need for the definition to evolve:
 - i. *“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.”*

3. Suggested action by the SAG

- SAG members are encouraged to voice their opinions, concerns and provide concrete examples from their countries, regions or based on their experience that allow for an open dialogue with WHO on the above-mentioned topics.
- SAG members are also encouraged to state their expectations on WHO with regard to the EMT Initiative
- SAG members are encouraged to keep in mind the EMT global strategy adopted last year and consider any amendments that may need to be tabled for discussion, given that it was agreed to consider the Strategy as a living document which shall evolve over time.