

EMT Strategic Advisory Group

Meeting No.8 (over webex/teleconference)

25 October 2018
13:00-15:00, Geneva time

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 teleconference of the EMT SAG, apologizing for the fact that it had to be postponed due to competing schedules.

2. Brief introductions of all members and observers

Participants briefly presented themselves; see list of participants. Several of those who did not join had sent their apologies for not participating due to travels, or other competing schedules.

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

a. Africa region

Given that the Africa region does not yet have an established Regional Group mechanism, Thierno Balde, WHO AFRO, summarized the achievements and priorities of the region. Despite the main priority of the region currently being the emergency situations faced by several outbreaks, including the Ebola Virus Disease outbreak in DRC, 23 out of 47 countries covered by the WHO regional office have been exposed to the EMT Initiative, either in regional or national EMT workshops.

The specificity of the region calls for a strengthened outbreak response capacity and in particular for EMT specialist cells for clinical care in outbreaks settings and it was good to see that Alima, the NGO currently providing an Ebola Treatment Center in DRC has subscribed to the EMT mentorship and classification process.

Dr Balde also briefed about the deployment of the Senegalese EMT, which is currently in the mentorship process, with a specialized burns capacity to DRC in response to the tanker accident that occurred on 6 October some 120km away from Kinshasa. Lastly, he stressed the increasing engagement with the military medical teams of the region.

b. South East Asia region

Dr Narumol Sawanpanyalert, MOH Thailand, gave a short briefing on the highlights from the South-East Asia region, focusing on the EMT regional meeting that took place on 5-6 June in New Delhi, with participation from all 11 countries of the region. The meeting was instrumental in preparing the way for the adoption by the WHO Regional Committee in September of the resolution SEA/RC71/R5 on "Strengthening Emergency Medical Teams in the South-East Asia Region" (See annex). Dr Nilesh Buddha, WHO SEARO, complemented the briefing stressing that the Regional Office is very much supporting the EMT capacity strengthening agenda and the resolution will provide a strong basis for this work.

Ambassador Frisch congratulated the region for the valuable adoption of the resolution as a strong normative and policy statement in favor of the EMT Initiative.

c. European region

Mr Gino Claes, Belgium, EMT Regional Chair for Europe, provided a summary of the EMT capacity building projects ongoing in the region, including the specific team mentorship. He spoke of the recent EU MODEX exercise that took place in October 2018 in Romania and which was the first EMT-focused MODEX exercise so far, and briefed on the ongoing preparations for the EMT component in the INSARAG regional earthquake response exercise to take place in Armenia in December 2018.

Mr Claes also informed of the fact that the WHO Regional Office sent an official communication out to countries of the region asking for expressions of interest to take on the function of Regional Chair and Vice-chair for the upcoming year, as well as asking countries to designate their EMT focal points.

He briefed on a recent meeting that took place between B-FAST, the Kobe University and the Free University of Brussels on the use of new technologies in disaster settings relevant for EMTs, and will keep the SAG informed of any progress in this regard. Mr Claes particularly thanked the WHO EURO Regional Focal point, Dr Kai von Harbou for the excellent cooperation and dedicated support provided throughout the year and wished him all the best for his new position in the WHO Regional Office in the South East Asia region.

DG ECHO complemented the briefing by providing more detailed information on the MODEX exercise itself also mentioning that a next medical-focused MODEX is planned in Estonia in April 2019.

d. Western Pacific region

Mrs Marie Chantal Claravall, from the EMT Secretariat and currently acting as EMT Regional Focal point for the region summed up the progress and upcoming priorities for the region. Of particular interest is the expected classification of the EMT type 1 from Fiji in the first quarter of 2019, the Regional Group meeting to be planned as part of the Global Meeting and EMT awareness workshops and visits to Lao and Singapore.

Apart from the capacity building work in the Pacific island countries of Tonga, Solomon Islands, Fiji and Vanuatu, with Samoa to be added soon, Mrs Claravall also briefed on the team member course by AUSMAT which was opened to members from other teams of the region, the NZMAT coordination course and the regional EMT Coordination course in Macao, which was held in April this year.

e. Americas region

Dr Rene Abarca, MOH Ecuador in representation of the Regional Chair, underlined the important work carried out in the region with the support of PAHO in strengthening the implementation of the CICOM (EMTCC) concept as well as the capacity strengthening of teams. This is done also increasingly through thematic webinars on specific topics. The next webinar will be on triage.

He highlights three points, namely the fact that i) the Americas region as a whole is very committed to the EMT Initiative, that ii) several countries have already activated national EMT response and coordination mechanisms for local emergencies such as Bolivia, Costa Rica, Chile, Argentina, Ecuador and Colombia and that iii) the region is very interested in the concept of specialist cells and is keen to obtain more information and contribute to the development of standards for specialist cells.

The overall priority for the EMT initiative in the region is supporting the development of national response and coordination mechanisms.

Luis de la Fuente, PAHO, complemented the briefing by underlining the fact that countries have started doing own activities to promote the implementation of the EMT Initiative.

f. Eastern Mediterranean region

Amal Alsuquaf, WHO EMRO, summarized the progress of the EMT Initiative in the region, with 17 out of 22 countries having a level of awareness of the Initiative. Upcoming trainings and workshops include an EMT coordination training in Kuwait, end November, informal visits to Tunisia and Sudan as well as additional trainings in Morocco, Lebanon, Syria and more countries planned for 2019. The region is also hoping to host the EMT global meeting in 2019.

g. Global

Dr Ian Norton, EMT Secretariat added that all of the training and capacity strengthening work done by the team from HQ is in support of the regions and countries; he congratulated the regions for an impressive amount of work and progress, and specifically underlined the benefit of the EMT resolution passed by the WHO Regional Committee in South East Asia, putting the region on a very strong footing to implement the Initiative.

4. Review and update of the EMT vision statement

Ian Norton, EMT Secretariat, presented the discussion paper and the rationale for the suggestion to amend the EMT vision statement to include “relieving suffering” instead of “protecting dignity”. There were no objections to the proposal in principle. However, it was suggested to use the term “alleviate” instead of “relieve” as it appears to be more widely used. It was also mentioned that when translating the vision statement to other languages, it will be important to maintain the actual meaning, whilst using appropriate terminology.

Decision 4.1: The EMT SAG agreed to amend the EMT vision statement as outlined in the EMT strategy to say:

The vision of the EMT Initiative is:

1. *Saving lives*
2. *Preserving health*
3. *Alleviate suffering*

5. Update on global standard setting/ guidance work

a. Briefing and discussion on the update of the “Blue Book”

Dr Norton, EMT Secretariat, provided a short update on the progress in the drafting of the Blue Book. Initial consultations were held at regional level since 2017, which all contributed to the current drafting process and a specific expert working group meeting was held in September 2018 in Geneva, which was used to develop and obtain consensus on the general “standard statements” that are being incorporated in the current drafting process.

Whilst the Secretariat is extremely busy with several capacity building and training activities, the intention is to take time along with the core drafting group in the coming weeks to produce a first consolidated draft that can be shared with the regions and globally for comments over a two-month period. The intention then is to ideally have it endorsed at the upcoming EMT SAG meeting ready for launching at the EMT global meeting in 2019.

Ecuador thanked for the opportunity to contribute to the development of the revised Blue Book through the expert working group meeting in September this year, yet strongly underlined the need to be more inclusive in the revision process and to allocate sufficient time and an appropriate process for having the regions review and comment on the full draft. The diverse experience across the regions should be seen as strengthening the document.

b. Update on the drafting of the “Red Book” on engagement of EMTs in conflict settings

Dr Norton, EMT Secretariat introduced Dr. Hossam Elsharkawi as the expert selected for the consultancy of leading the development and drafting of the “Red Book” on the engagement of EMTs in conflict settings and complex emergencies (ref. terms of reference of the consultancy). Dr Elsharkawi presented the initial roadmap as shown in the annex and requested for comments on it. He stressed that the EMT SAG will be kept informed of the progress but suggested also the creation of a reference group of key stakeholders, with whom consultations should be done on a much more regular basis.

ICRC asked about the coordination and alignment between the parallel development of the update of the Blue Book, with the drafting of the Red Book. MSF asked about how the decision would be made on the applicability of the Red vs the Blue Book in a given context.

The Secretariat and the consultant stressed that the question of the applicability according to context is one of the key questions to be tackled in the consultation process and it is the intention to find an acceptable solution to this. As to the coordination with the Blue Book, Dr Norton noted that it will be important to find the right wording that will refer from the Blue Book to the Red Book and vice-versa.

Action point 5.b.1: The EMT Secretariat and the consultant will develop a proposal for a reference group of key stakeholders to be formed with the role to guide the drafting process of the Red Book.

c. Update on progress by the Technical Working Groups on Burns Care and Maternal, newborn and Child Health

Dr Olivier Hagon, SDC and chair of the EMT Technical Working Group on maternal, newborn and child health provided an update of the progress by the Working Group mentioning that two productive meetings were held with a geographically and professionally well balanced TWG membership. A final draft should be ready for consultation with the global EMT community by December 2018, with a view to finalizing the recommendations and minimum standards in the first quarter of 2019.

Japan raised a comment about the concerns that the new minimum standards will be placed higher than initially planned and that Member states may have issues with this. The Secretariat clarified that the focus of the guidelines is to be minimum in nature, and also very operational. Should there be any changes to previous minimum standards, then these will be made on the basis of a large evidence and practice. Teams that are already classified will be given a one-year period to show their compliance with any new minimum standard that was adopted since their own date of classification.

In the absence of Prof. Tom Potokar, UK and chair of the TWG on Burns Care, Dr. Norton briefly summarized the progress noting that the TWG will hold its final meeting at the end of November 2018 in New Delhi, India. The final product will then be shared with the wider EMT community for comments before its finalization and publication.

6. Planning for the 2019 EMT Global Meeting

Pending official confirmations and hosting arrangements, Dr Norton presented the current option to hold the EMT Global Meeting 2019 in Qatar, with the possible dates being 31 March – 2 April 2019. There were no objections to this plan; however, the Regional Office representatives stressed the need to obtain a confirmation soon in order to start the internal approval and planning process.

Action point 6.1.: The EMT Secretariat will consult with Qatar on clarifying the hosting arrangements as well as obtaining an official confirmation of the dates and inform the EMT SAG and the global EMT community as soon as possible.

7. The Strategic Advisory Group member and observer update

a. OCHA, including INSARAG Secretariat

Jesper Lund, OCHA, spoke about the recent response to the earthquake and tsunami in Sulawesi, Indonesia, which is the first time that a regional intergovernmental organization in fact becomes the filter between the national response authorities and the international community. It will be important to draw the lessons from this as it likely affected also other response actors.

He further updated about the successful INSARAG regional earthquake response exercise in the Philippines in June, and the upcoming exercise in Armenia. For 2019, the planned locations of the regional exercises are Thailand in the Asia Pacific region, Azerbaijan in the Europe-Africa-Middle Eastern region and Cuba in the Americas region.

Mr Lund also announced the upcoming Humanitarian Networks and Partnerships Week to take place from 4-8 February 2019 in Geneva, and welcomed the suggestion to have a thematic discussion on the engagement of EMTs and other response actors in conflict settings.

Lastly, he spoke of the planned INSARAG guidelines update for 2020 and that the review process has started already to which WHO will be invited.

b. Red Cross Movement (IFRC and ICRC)

Dr Esperanza Martinez, ICRC mentioned that ICRC is actively involved in the TWG on Burns Care and the Blue Book revision process, and very much looks forward to engage in the discussions and drafting process of the Red Book, in which different in-house departments will be involved including health, legal, policy, and interaction with armed forces.

Panu Saaristo, IFRC sent his apologies and could not join due to current travel arrangements.

c. Global Health Cluster (GHC)

Linda Doull, GHC sent her apologies and could not join due to current travel arrangements

d. Global Outbreak Alert and Response Network

Anthony Stewart, WHO GOARN Operational Support Team, briefed on the recent Pacific Meeting on Health Risk Management where the need was highlighted for strong collaboration between EMTs and GOARN partners. He noted that GOARN will place significant focus on the South East Asia and Western Pacific regions and will reach out to the EMT Secretariat for collaboration.

He announced the holding of the next GOARN Steering Committee meeting in December in Geneva, with invitations

e. Observer member comments and updates

i. DG ECHO

Evelyn Depoortere, DG ECHO, stressed the importance of the exercises such as MODEX for training teams and government officials on the minimum standards and coordination mechanisms. She also noted that the current Ebola Virus Disease outbreak in the DRC shows again the need for further clarity on the engagement of EMTs in outbreak settings. Dr Norton stressed that the SAG already agreed to a terms of reference of a Technical Working Group on clinical care in highly infectious disease outbreak settings, yet that this work has been postponed due to the current outbreaks and limited capacity in the secretariat. It is planned for 2019.

ii. ASEAN

Mr. Jim P. Catampongan, Senior Officer, Health Division, ASEAN, briefed on the EMT related capacity building work implemented as part of the Project for Strengthening of ASEAN Regional Capacity for Disaster Health Management (ARCH Project):

- Project working group and Regional coordination committee meetings held in March 2018 in Vietnam and July 2018 in Bangkok/Thailand to further develop standard operating procedures and tools for the coordination of the deployment and mobilization of EMTs in the ASEAN region that are in line with the WHO EMT Initiative classification and minimum standards and with the disaster management tools and mechanisms of ASEAN
- Regional collaboration drill held in March in Vietnam to test the draft SOP and tools, as well as enhance EMT networking in ASEAN
- Regional training on the development and deployment of international EMTs in May 2018 in Bangkok/Thailand, and study visit in October in Kobe/Japan in conjunction with the Asia Pacific Conference on Disaster Medicine.

Upcoming events:

- Regional collaboration drill to take place in December in Manila for a final test of the SOPs and tools (and for subsequent submission of SOP and tools for endorsement by the ASEAN health sector in 2019)
- Regional training on EMT coordination, jointly with WHO in February 2019 in Bangkok/ Thailand

iii. MSF

Heather Pagano, MSF, noted the organization's active involvement in the Blue Book discussions, the TWG on Burns Care and the intention to contribute to the work of the Red Book.

8. Global Chairmanship

Dr Norton introduced the topic by thanking Ambassador Toni Frisch for the chairmanship of the EMT Initiative since its beginning and briefed the SAG on the discussions held with Ambassador Frisch on the duration of his chairmanship, noting that the initial chairmanship was meant for a period of 2 years ending in 2018. Dr Norton also mentioned that the EMT Initiative is at a critical moment and that it could be of strong benefit to ask Ambassador Frisch to stay on if the SAG agrees to this. Ambassador Frisch noted that he remains very committed to the EMT Initiative, that it is important to have others take on the chairmanship but that he is willing to stay on, should this be desired.

Action point 8.1.: the SAG recommends WHO as Secretariat to extend an invitation to Ambassador Frisch to remain for another period of two (2) years as Global Chair of the EMT Initiative.

9. Any other business

N/A

10. Next meeting

The next meeting of the EMT SAG is scheduled to be in person and to take place as part of the Humanitarian Network and Partnership Week in Geneva, on Tuesday, 5 February 2019.

Annex 1: Agenda

Agenda item	Estimated time	Supporting documents
1. Welcome and Introduction by the Chair	3'	N/A
2. Brief introductions of all members and observers	5'	N/A
3. Update on regional activities and priorities by Regional Chairs/Vice-chairs (supported by Regional EMT focal points and the Secretariat)	30'	Secretariat update
4. Review and update of the EMT vision statement	5'	Discussion note
5. Update on global standard setting/ guidance work <ul style="list-style-type: none"> a. Briefing and discussion on the update of the "Blue Book" b. Update on the drafting of the "Red Book" on engagement of EMTs in conflict settings c. Update on progress by the Technical Working Groups on Burns Care and Maternal, newborn and Child Health 	30'	N/A TORs of the Red Book consultancy and draft timeline N/A
6. Planning for the 2019 EMT Global Meeting	10'	Concept note
7. 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 	20'	N/A
8. Global Chairmanship	10'	N/A
9. Any other business	5'	
10. Next meeting	2'	

15:00 end of EMT SAG meeting

Annex 2: List of participants

Name	Title	Role on EMT SAG	Organization/ Country	Contact Details	Copy to
Ambassador Toni Frisch	Ambassador, Senior Advisor, SDC	EMT Global Chair	Switzerland	toni.frisch@eda.admin.ch ;	adrienne.schnyder@eda.admin.ch ;
Anthony Stewart	Global Outbreak Alert and Response Network, WHO	GOARN	WHO	stewart@who.int ;	goarn@who.int ; druryp@who.int ;
Esperanza Martinez	Head of Health, ICRC	RC/RC movement - Observer	ICRC	emartinez@icrc.org ;	
Rene Abarca	director de Salud Móvil y responsable de los EMT	Regional Group Americas - Chair 2018	Ecuador	Rene.abarca@msp.gob.ec ;	
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@minsa.gob.ec ;	VILCHEZ.MADRIGAL.Mario <MAVM73@GMAIL.COM> ;
Dr Ricardo Hughes	Jefe nacional Depto de salud en situaciones de contingencia Ministerio de salud Panama	Regional Group Americas - II Vice-chair 2018	Panama	rhughes@minsa.gob.pa ;	
Dr. Rita Djupuri, DCN, M. Epid.	Head of Health Crisis Prevention Facilities Division, Center for Health Crisis	Regional Group South East Asia - representative	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 - representative	Thailand	mertthailand@gmail.com ; naranote2016@gmail.com ;	
Gino Claes	Head Audit, Competence development & Exercises Disaster Management	Regional Group Europe - Chair	Belgium	gino.claes@gezondheid.belgie.be ;	
Bronte Martin	Nursing Director (Trauma & Disaster), National Critical Care & Trauma Response Centre	Regional Group Western Pacific - Chair 2017	NCCTRC, Australia	bronte.martin@nt.gov.au ;	
Mr Tomonori Hasegawa	Emergency Relief Coordinator, MOFA and Emergency Relief Coordinator, JDRT	Regional Group Western Pacific - Vice-chair	Japan	tomonori.hasegawa@mofa.go.jp ;	makiko.yoneda@mofa.go.jp ;

Name	Title	Role on EMT SAG	Organization/ Country	Contact Details	Copy to
Jim Catampongan	Assistant Director & Head of Health Division (HD) ASEAN Human Development Directorate	Regional multilateral organization	ASEAN	jim.catampongan@asean.org ;	ferdinal.fernando@asean.org ;
Evelyn Depoortere	DG ECHO/A4, Civil protection policy	Regional multilateral organisation	ECHO	Evelyn.DEPOORTERE@ec.europa.eu ;	Diana.BURGHARDT@ec.europa.eu ; Julia.Stewart-David@ec.europa.eu ;
Jesper Lund	Chief, Emergency Response Support Branch (ERSB)/ INSARAG Secretariat	United Nations	UN OCHA	lund@un.org ;	eidimtaite@un.org
Heather Pagano	MSF Brussels	Observer	MSF	Heather.Pagano@brussels.msf.org ;	Gustavo.FERNANDEZ@geneva.msf.org ; Kate.White@amsterdam.msf.org ;
Natalie Roberts	MSF Paris	Observer	MSF	Natalie.ROBERTS@paris.msf.org ;	Gustavo.FERNANDEZ@geneva.msf.org ; Kate.White@amsterdam.msf.org ;
Ian Norton	WHO EMT Secretariat	WHO - EMT Secretariat - global	WHO HQ	nortoni@who.int ;	emteams@who.int ;
Christophe Schmachtel	WHO EMT Secretariat	WHO - EMT Secretariat - global	WHO HQ	schmachtelc@who.int ;	emteams@who.int ;
Nicole Sarkis	WHO EMT Secretariat	WHO - EMT Secretariat - global	WHO HQ	sarkisn@who.int ;	emteams@who.int ;
Nilesh Buddh	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO SEARO	buddhan@who.int ;	ofrinr@who.int ; pesigana@who.int ;
Amal Alsuquaf	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO EMRO	olimn@who.int ;	thierenm@who.int ; sulimana@who.int ;
Chantal Claravall	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO WPRO	claravallc@who.int ;	lia@who.int ; PAPOWITZH@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 ;
Thierno Balde	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO AFRO	baldet@who.int ;	socef@who.int ; yaom@who.int ; fortina@who.int ;
Hossam Elsharkawi	WHO consultant	consultant on the Red Book	WHO HQ	hossam.elsharkawi@gmail.com ;	
Olivier Hagon	SDC, Chair of the TWG on Maternal, newborn and child health	Chair of the TWG on MNCH	SDC	olivier.hagon@hcuge.ch ;	

Annex 3: List of absentees

Name	Title	Role on EMT SAG	Organization/ Country	Contact Details	Copy to
Monica Acosta	Head of the Emergency and post-conflict department, Humanitarian Aid Office	EMT Core Support Group member	AECID (Spain)	monica.acosta@aecid.es ;	-
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 ;
Panu Saaristo	Director ad interim, Health and Care Department IFRC	RC/RC movement	IFRC	panu.saaristo@ifrc.org ;	-
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 ;	
Dr Allé Baba Dieng	Chef Unité des Opérations Centre des Opérations d'Urgence Sanitaire (COUS) Dakar Sénégal	Regional Group Africa - representative	Sénégal	abdieng@cousenegal.sn ;	
Dr P Ravindran	Director, Emergency Medical Relief Ministry of Health	Regional Group South East Asia - representative	India	direm@gmail.com ;	
Gloria Balboa	Director for Health Emergency Management Bureau; Department of Health	Representative of Government recently engaged in EMT response	Ministry of Health, Philippines	gloriajbalboa@gmail.com ;	
Prof. Zijian FENG	Deputy Director General Chinese Center for Disease Control and Prevention	Regional Group Western Pacific - Chair for 2018	China	fengzj@chinacdc.cn ;	zhangyo@chinacdc.cn ; jinlm@chinacdc.cn ; LeeC@who.int ;
Kai Von Harbou	WHO Regional EMT FP	WHO - EMT Secretariat - regional	WHO EURO	vonharbou@who.int ;	emiroglun@who.int ; nitzankaluskid@who.int ;
Linda Doull	Coordinator, Global Health Cluster, WHO	Global Health Cluster	WHO	doull@who.int ;	minellie@who.int ;

Annex 4: 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 EMT Coordination Handbook continued to be updated, and was translated to French and Spanish. The official publishing will be delayed until the updated “Blue Book” is endorsed.
 - EMT training sessions were carried out at partner trainings, such as the UNDAC induction course (May), the OSOCC information support staff training (October) run by OCHA and the International Disaster Law Course (June)/ IFRC.
- Americas region:
 - National EMT Awareness workshops took place in Haiti (April 4-6th), Brazil (June 6-7th) and Uruguay (June 27-28th)
 - A regional EMT coordinator course (IV edition) with a focus on the English-speaking Caribbean countries and NGOs was held in July 16-20th 2018 in Fairfax, US. 24 participants from 8 countries and territories and 9 NGOs attended. This brings the number of EMT coordination trained experts to 104 in the Americas region.
 - 2 sub-regional CICOM introduction workshops took place in Guatemala (May 23-25th) for Central America and Spanish spoken Caribbean and Uruguay (May 2-4th) for South America. These workshops provided the opportunity to develop a guidance document on how to set up and manage a CICOM within the health emergency coordination structure of each country. The draft document is currently under finalisation.
 - EMT Coordination Panel during Caribbean Health Disaster Coordinator Meeting was held in Barbados (June 13-14th)
 - Regional Course for Operational and Logistic Support for EMT was held in Costa Rica in May 7-11th.
 - Webinar EMT Ignite conducted by PAHO: “International technical standards in medical waste management for EMTs” (March 2018), “Pharmaceutical management for Emergency Medical Teams” (June 2018), “Optimizing Clinical Care in Emergencies – REHABILITATION” (September 2018)
 - National activities:
 - Bolivia: Preparation workshop to implement the EMT initiative at national level (April 9th) and discussing the national policy to develop EMT and Health Rapid Response Teams.
 - Costa Rica: 5 training deployments (Feb 12-13th, April 9-10th, May 21-22nd, June 11-12nd, August 6-8th). 2 National Course in Clinical Care for EMTs (April 6 and 16th). 1 Technical Meeting to validate Surgical Cell (May 25-23rd).
 - Chile: National workshop to follow up the implementation of the EMT initiative at national and local level (September 2018).
 - Argentina: Development of national guidelines to implement the EMT initiative under the Law 27287. Training and technical advice to implement the CICOM at local level in Salta Province.
 - Ecuador: 2 National EMT Response Induction Course. (1 April and 1 May). 2 National EMT Deployment Management Course (1 July and 1 August). 1 seminar for pharmacy and medical supplies management on EMT type 2 (June). Participation in

national USAR response simex (June). Deployment, operations and end of mission induction for EMT Type 2 National Course. Civil-Military training exercise among EMT type 2 and Navy. 1 seminar for rehabilitation in emergencies (September) and maternal and child health in EMT type 2 (October).

- Europe region
 - A national EMT awareness training took place in Turkey (March).
 - Support is ongoing and participation is planned by teams and mentors in the EU MODEX in Romania in October.
- Eastern Mediterranean
 - National EMT Awareness workshops took place in Egypt (March), Gaza and the West Bank (March), Jordan (March), Kuwait (May), Qatar (May), Bahrein (May) and an EMT awareness session was carried out in Somalia (March).
 - Initial contacts were established with Morocco, Syria, Sudan, Libya and Tunisia.
- African region
 - A national EMT awareness workshop took place in Senegal (April). As outcome, the Senegalese Army has agreed to sign up to the EMT classification process.
 - A national EMT awareness workshop took place in South Africa in June.
 - ALIMA (Alliance for International Medical Action), an International NGO very active in clinical case management during outbreaks in the region, has signed up to the EMT classification process.
 - A joint regional WHO/WHO training on setting up EMTs was carried out in Cote d'Ivoire (June).
- South East Asia region
 - Teams from the SEARO region participated in the INSARAG regional earthquake response exercise in the Philippines in June as well as in the ARCH simulation in March in Vietnam.
- Western Pacific region:
 - National EMT coordination courses took place in the Philippines (February) and New Zealand (September)
 - As part of the EMT capacity building programme supported by Australia and more recently by New Zealand, a team member training was successfully piloted out for the Fiji EMT (FEMAT) with the support of WHO (May), and further rolled out in Tonga (September), and it is planned for Solomon Islands and Vanuatu (October).
 - A regional EMT coordination course was carried out in Macao, China (April), with 30 participants from the following countries and organisations: Australia, Cambodia, China, Fiji, Japan, Lao PDR, Malaysia, Mongolia, New Zealand, Samoa, Tonga, Vanuatu, IFRC, ASEAN and OCHA.
 - The Philippines hosted the INSARAG Asia Pacific Regional Earthquake response exercise (June) where 10 EMTs from the following countries participated, with the Philippines Department of Health managing the EMT coordination cell as part of the exercise—Australia, China, Fiji, Germany, Japan, New Zealand, and Poland.

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.
 - 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 Armenia and the EU MODEX.
 - Contribute with dedicated sessions on EMT coordination to partner trainings such as the UNDAC induction course, the Health cluster coordinator training, IHP trainings and others.
 - 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:
 - Publishing the technical note on setting up the CICOM within the Health EOCs by December 2018.
 - New topic to be presented/discussed in an “EMT ignite”- webinar on November 14th.
 - Regional EMT Mentor workshop. December 11-12nd
 - Development on an E-Learning module to introduce the EMT initiative
 - National EMT coordinators course in Chile. November 2018.
 - National workshop to introduce the development of national EMTs in Chile. December 2018.
 - National workshop in Argentina to develop surgical cell at local level. November 2018.
- Europe region
 - EMT national awareness trainings in Tajikistan (October) and Armenia (November).
 - Support and participation of EMTs in the INSARAG regional earthquake response exercise in Armenia in December (which is held in commemoration of the 30th anniversary of the 1988 Spitak earthquake).
- Eastern Mediterranean
 - A regional EMT coordination course is planned for November 2018 in Kuwait.
 - Awareness workshop in UAE in (October) KSA (November)
 - Conduct awareness workshop in Libya, Sudan and Tunis
 - Follow-up with MoH in order to schedule further trainings (Development of National EMT Capacity Training in Egypt, Somalia and Iran)
- African region
 - EMT national awareness workshops are scheduled to take place in Nigeria jointly with WAHO (October), Kenya (November), Ghana, Benin and Guinea (dates tbc).
 - Planning is starting for a regional EMT coordination course to take place in 2019.
 - Advancing in the development of strategic partnerships with regional organizations as well as military medical teams
- South East Asia region
 - Planning is starting for a second regional EMT coordination course to take place in 2019.
 - National EMT Workshops are currently being planned for Bangladesh, Sri Lanka, Nepal and Timor Leste – to take place in 2018 and/or early 2019
- Western Pacific region:
 - A second EMT team member training is planned for Fiji (November).
 - A team member course is also scheduled for Macao SAR, China in December.
 - A national team member training is scheduled for Vanuatu and Solomon Islands (November)
 - ARCH Regional Collaboration Drill (December)
 - National EMT awareness workshops and sessions are scheduled to take place in Lao and Singapore (November).

2. Response operations

a. Update since the last EMT SAG meeting

- Ebola outbreak in the Democratic Republic of Congo (DRC): A concept of operations was developed in support of the Infection Prevention and Control (IPC) and Case Management pillars of the response to the Ebola outbreaks in DRC and the deployment and coordination of clinical teams supported in the field and from distance.
- Palestine: The EMT methodology has been implemented in response to the humanitarian situation created by the mass demonstrations since March 2018. A network of trauma stabilization points (TSPs) were established and support was requested by specialist cells in vascular surgery, orthoplastics and rehabilitation teams to work either inside existing health structures or alongside already established clinical care providers in the field.
- Ecuador: Both EMT type 2 and the surgical cell have been deployed providing surge capacity during contingencies in local health facilities. The Government of Ecuador is also implementing

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the EMT reporting tools and coordination methodology to oversee and manage the deployment of mobile teams to the border zone where additional health care needs are identified due to the influx of migrants from Venezuela. 7 MoH EMT type 1 mobile have been deployed along the humanitarian corridor to provide urgent outpatient care.

- Costa Rica: 1 medical mission to support a contingency in Hospital Regional Arenas (April)
- Argentina: Deployment of the Ministry of Defence Surgical Cell to surge capacity in the province of Jujuy (hospital of Susques January 2018 and hospital de la Quizaca September). A paediatric care cell was deployed also to the same province during September to support primary care centres in different locations.
- Peru & Chile: The national CICOMs have been established in the context of the visit by the Pope to Peru (January).
- Colombia: The CICOM has been established by the MoH in the context of the Venezuelan migrant crisis response (in October 2018).
- Philippines Typhoon Mangkhut, September 2018: Typhoon Mangkhut (Philippines), September 2018: The strongest typhoon in the Philippines since Typhoon Haiyan, Super Typhoon Mangkhut entered the Philippine area of responsibility (PAR) on 12 September, affecting over three million people. The typhoon's diameter of nearly 900 km was destructive and triggered massive flooding and landslides as it moved westward across northern and central Luzon. Following the Category five typhoon, the Department of Health deployed 43 of the Health Emergency Response Teams (inclusive of national EMTs) to the affected Regions.
- Indonesia Sulawesi earthquake, September 2018: following the 7.7 earthquake and the tsunami that was triggered in Sulawesi island, mainly affecting the city of Palu and surrounding parts of Central and West Sulawesi, the Government of Indonesia immediately activated its disaster management mechanisms and resources across the sectors to respond to the emergency. As at 8 October, the Government has deployed 1175 medical personnel working in 15 hospitals and 50 primary healthcare centers, mobilized through the national EMTs and volunteer healthcare workers. 283 orthopaedic surgeries has been conducted. The GoI informed that they did not require any additional capacity from international EMTs, having the response covered with national EMTs, both governmental, including military and NGO.

b. Upcoming priorities and activities

- Continue to monitor ongoing emergencies, in particular the Indonesia earthquake and tsunami emergency in Sulawesi, and provide remote advice when required, as well as support the activation of international EMTs when required.

3. Standards and best practices, including working groups

a. Update since the last EMT SAG meeting

- Update of the Blue Book: the process to update the Blue Book was initiated following the 6th meeting of the EMT SAG in August 2017. Regional and expert consultations took place in the end of 2017 and in the first half of 2018, on the basis of a concept note, which highlighted the critical areas that require updating. All contributions and feedback was brought to an expert working group meeting, which was organised from 12-14 September in Geneva. It focused on developing and obtaining consensus on the general "standard statements" that will be incorporated into the updated version of the Blue Book.
- Development of the EMT Toolkit: the first draft of the EMT Toolkit was finalised into a set up approx. 1000 pages; it is being shared amongst EMT mentors as resource documentation however for publishing purposes, it requires further editing and coding so that it can be transformed into a web-based information tool.
- EMT Technical working groups:

- The EMT TWG on Burns Care held its second meeting in Geneva in June, produced a draft document on recommendations and minimum technical standards on burns care for EMTs and Burns specialist care teams. The final meeting is scheduled to take place end of November in New Delhi, India, back to back with the 19th congress of the International Society for Burn Injuries (ISBI).
- The EMT TWG on Maternal, Newborn and Child health held two meetings (in March and September) and is scheduled to finalise the recommendations and minimum standards by January 2019 following a final global online consultation process.

b. Upcoming priorities and activities

- **Blue Book:** The upcoming priority for the Secretariat and the core drafting group is to put a comprehensive draft together that can be shared for global consultation. It is planned for the SAG to provide its endorsement of the updated Blue Book at the next meeting of the SAG in February 2019 so that it can be launched in the EMT Global Meeting, planned for 2019.
- **EMT Toolkit:** The Secretariat is in the process of recruiting a consultant to support the finalisation of the EMT toolkit for it to be eventually published online on the EMT website.
- **Red Book:** The Secretariat is in the process of hiring a dedicated high level consultant to support the process of drafting the Red Book, including the facilitation of the engagement of the key interested stakeholders.
- **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: 3rd meeting scheduled 29-30 November 2018
 - Maternal, newborn and child health: finalisation of the draft recommendations and minimum standards
 - 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)
 - Discussions are ongoing with the AO Foundation and ICRC on the potential need for the establishment of a Technical Working Group on Spinal Cord Injuries. It is likely that the SAG will be presented with a draft Terms of reference for such a TWG in its next meeting.

4. Quality assurance, mentorship and classification process

a. Update since the last EMT SAG meeting

- A total of 21 teams (eight EMTs type 1, ten EMTs type 2, two EMT type 3, and one specialist cell) have been successfully classified as internationally deployable, with the teams of Humedica (German NGO, type 1), ISAR (German NGO, type 1), Team Rubicon (USA NGO, type 1 mobile), AECID-Spain (governmental, type 2), Region Piemonte - Italy (governmental, type 2), Sichuan-China (governmental, type 3) and Aspen Medical (specialist cell – surgical and outbreak clinical care) classified since the last SAG meeting.
- A total of 78 additional EMTs are currently signed up to the mentorship and classification programme. Since the last SAG meeting, a total of 18 mentor visits took place to the following teams: Humedica (twice), Malteser (twice), Korea DRT, MERT Thailand (twice), Aspen medical, Sichuan-China, Bhutan, UMKE-Turkey, Humanity First-UK, INEM Portugal, Direct Relief, ISAR Germany, Senegal, NYC Medics and MGH (USA).

- The EMT Secretariat also led a mentor training workshop from 21-23 February which led to a significant increase in the number of mentors that the secretariat can rely upon. It also helped harmonize the methods of work and criteria used by mentors in their engagement with the teams.
- Since June 2018, the EMT Secretariat hired an additional five part time mentor consultants to provide dedicated mentoring support to the pool of mentors and teams directly.
- A guidance manual was developed to assist mentors in their engagement with the teams and the EMT Secretariat.
- A Regional Workshop on EMT Logistics was held in Costa Rica in May as a thematic mentoring activity mainly targeted at English-speaking NGOs that have signed up to the EMT mentoring process.

b. Upcoming priorities and activities

- Continue to strengthen the pool of mentors globally.
- A regional EMT mentor training is planned for the Americas region, in particular to train Spanish-speaking experts on the mentoring process (11-12 December).
- A global mentor workshop is planned for the first half of 2018 again in Europe.

5. Governance arrangements, partnerships and Secretariat

a. Update since the last EMT SAG meeting

- Global/ general:
 - Global coordination: a one-day work planning retreat was held amongst all WHO regional EMT focal points, the Secretariat, other HQ staff and the EMT mentor consultants in September 2018, back-to-back with the Blue Book expert working group meeting. This provided the opportunity to take stock of progress and coordinate the planning for upcoming events, as well as ensure that regional sensitivities and specificities are taken into account at the global planning level.
 - Information resources: The updated EMT website was launched in June 2018.
 - Partnerships:
 - The Secretariat along with other WHO entities, mainly Operations Support and Logistics (OSL) met with the Chair of the IHP Secretariat and agreed that WHO will more proactively engage with the IHP network, identifying and preparing for situations in which IHP support may be requested by WHO.
 - Participation in the Health cluster coordinators at their annual Health Cluster forum in June, which underlined the need for further explanation about the EMT Initiative to partners.
 - Staffing: Staff turnover in the secretariat led to the hiring of Nicole Sarkis as Technical Officer to replace Paola Caruso; and the Secretariat is also in the process of replacing the Technical officer in charge of the mentorship and classification process given that Abigail Trewin returned to her home country. The challenge of not being able to offer temporary contracts that are beyond 6-months, renewable, contributes to the high staff turnover.
- Americas region:
 - 24 countries of the region have officially designated their EMT national focal points. The list has been confirmed and updated by October 2018. Ecuador is the Chair and Costa Rica and Panama, Vice-chairs.
 - There have been bimonthly virtual meetings with all the national EMT Focal Points to follow up on the national implementation and discuss regional matters.

- An online platform (www.emtamericas.org) has been developed to facilitate a virtual room to discuss and share regional experiences, knowledge and material from workshops, courses and other events.
- Europe region
 - Regional Group meeting: The 1st meeting of the EMT Regional Group in Europe took place on 17-18 April 2018 in Brussels, Belgium, chaired and co-hosted by the Government of Belgium in its capacity of Regional Chair, co-hosted by the European Commission Directorate-General for European Civil Protection and Humanitarian Aid (DG-ECHO). A total of 163 participants from 38 countries and 23 organizations attended the two-day meeting, which was the first time that the Region came together since the decision of the EMT Strategic Advisory Group in 2017 to follow the WHO six-region approach. The meeting demonstrated the active collaboration already existing at the regional level, and more than this, the immense interest and willingness by Governments and teams to contribute towards the EMT Initiative and the implementation of the EMT guiding principles and minimum standards.
 - Regional Governance: the regional meeting provided the opportunity to discuss and adopt a document on the regional governance mechanism as framework for the implementation of the EMT initiative in the region.
 - Adoption of EMT standards: On 15 January 2018, the European Commission adopted the Commission Implementing Decision (EU) 2018/142 whereby “*Emergency medical teams (types 1, 2, 3 and specialised care) are considered certified if they have undergone the verification process of the World Health Organisation (WHO). The registration and certification procedure of emergency medical teams in the EERC shall complement the WHO verification process.*” (annex III).
 - Staffing: The WHO EURO EMT focal point will shortly be moving on to another position within WHO’s SEARO office, and the WHO EURO office will be replacing the regional EMT focal point soon.
- Eastern Mediterranean
 - Staffing: the WHO EMRO office has hired an additional EMT consultant at junior level, to support the main EMT regional advisor (consultant) in the implementation of the Initiative at the regional level. However, the process for confirming the selection of the main EMT regional advisor is still ongoing.
- African region
 - Staffing: The EMT consultant hired by the WHO AFRO office was recruited on a staff member position, with EMT responsibilities included in her portfolio.
 - Sub-regional activities: Effective collaboration with the West African Health Organization, the health structure of the ECOWAS for supporting the effective rolling out of the initiative in the 15 west African countries
- South East Asia region
 - Regional meeting: A regional consultation for strengthening EMTs was organised by the WHO SEARO in New Delhi during 05-06 June 2018. It was attended by more than 60 participants from 11 countries of the region, including representatives from MOH, Ministry of Defence and civil society partners. The consultation concluded by recognizing the existing capacities and potential for establishing and strengthening EMTs in the region vis-à-vis hazards and vulnerabilities in the South-East Asia region. It was acknowledged by all that there is a need to build capacity of national EMTs as per country context in the areas of (a) coordination of various partners (government-civil and military; civil society partners), (b) policies and standard operating procedures and (c) quality assurance mechanisms.
 - Adoption of EMT standards: on 7 September 2018, the WHO Regional Committee for South-East Asia adopted resolution SEA/RC71&R5 on “Strengthening Emergency Medical Teams (EMTs) in the South-East Asia region”. (see attached)
 - Regional Governance: the resolution decided to establish a “*Regional EMT Working Group, comprising representatives of Member States which may invite relevant partners and stakeholders to participate in its work, as appropriate, to support implementation of the EMT Initiative*”.

- Staffing: with the adoption of the resolution and increased interests by Member states and teams in the region, the Regional office is looking to strengthen the staff capacity dedicated to the implementation of the EMT Initiative in the region.
- Western Pacific region
 - Staffing: The EMT regional focal point returned back to his home country and the position is currently not filled. The global EMT Secretariat deployed a staff member to temporarily 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 and clarify hosting arrangements.
 - Partnerships:
 - discuss and finalise the “Red Channel agreement” with the IFRC.
 - Further engage with the health cluster coordinators and propose webex sessions on the EMT Initiative.
 - Staffing: fill gaps in current staffing positions at the global level EMT Secretariat.
- Americas:
 - Prepare for the panel on the implementation of the EMT initiative during the Regional PAHO Health Emergencies (PHE) meeting with Member States’ Health Authorities. November 2018.
 - Costa Rica will take over from Ecuador as Chair, Panama taking on the role of 1st Vice-chair; and a new call for the expression of interest for the 2nd Vice-chair will be issued.
 - Support the implementation of the PAHO Regional resolution CD53R9, which includes the need to develop national mechanism to register, request and coordinate EMTs. This plan of action is finishing in September 2019.
 - Foster the development of national EMTs in line with PAHO Regional Resolution CD55R10.
- Europe region
 - The WHO EURO office sent out a call for the expression of interest by member states of the region to take on role of the Regional Chair and Regional Vice Chair of the Regional Group for next year, taking over from Belgium as current chair. The call also requests interested NGOs to nominate 2 representatives to be part of the regional chairmanship group in representation of the NGO advisory group.
- Eastern Mediterranean
 - Planning for a regional group meeting as part of the planned EMT global meeting 2019.
- African region
 - Planning for a regional group meeting as part of the planned EMT global meeting 2019.
 - More deployments of regional teams for supporting the response to emergencies in the countries
 - More sub-regional awareness workshops with the East African and Central African countries
 - Initiation of the discussion/work on the development of the outbreak specialized cell
- South East Asia region:
 - Establishment of Regional Working Group – a governance mechanism for EMTs in the SEA Region, as mandated by the Regional Committee (RC) resolution in September 2018
 - Staffing: following the RC resolution for strengthening of EMTs, SEARO is working to strengthen its EMT related staffing capacity
- Western Pacific region:
 - Planning for a regional group meeting as part of the planned EMT global meeting 2019.
 - Staffing: WPRO and the EMT Secretariat at HQ are discussing options to strengthen the staffing capacity dedicated to supporting the EMT Initiative at the regional level.

Annex 5: Discussion note on the EMT Vision statement

Prepared by :

Christophe Schmachtel

Action(s) expected from the EMT SAG:

Take note

Discuss

Endorse

<input type="checkbox"/>
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1. Purpose

The EMT vision statement lays out the overarching desired and expected achievement of the EMT Initiative globally. It is therefore at the forefront of the global EMT Strategy, which was endorsed by the EMT SAG in its 7th meeting in February 2018, after having been consulted at regional level.

Since then, the EMT Strategy and with it, the vision statement, received a lot more visibility and one clear comment came through: the vision statement could be clarified in order to capture better the work of EMTs. Whilst “saving lives” and “preserving health” are clearly a core part of the vision of the EMT Initiative, it was suggested to amend the last point from “protecting dignity” to “relieving suffering”. This wording describes much better the actual essence of the work that Emergency Medical Teams carry out, and their “raison d’être”.

2. Explanation/justification

Whilst arguably protecting dignity is an eventual outcome of the work of EMTs, it is clear that “relieving suffering” speaks more directly to the actual work carried out by Emergency Medical Teams in a medical and pain relief sense. It is also captured in the mission of the EMT Initiative, which is more specific in its description about “[...] adhering to minimum standards in order to reduce the loss of life and prevent long-term disability [...]”.

3. Suggested recommendation for endorsement from the SAG

It is suggested that the EMT SAG endorse the slight amendment of the EMT vision statement to say as follows:

The vision of the EMT Initiative is:

4. Saving lives
5. Preserving health
6. Relieving suffering

Annex 6: Terms of Reference of the EMT Red Book Consultancy

Prepared by:

Ian Norton

Action(s) expected from the EMT SAG:

Take note

Discuss

Endorse

X

1. Purpose of the Consultancy

This consultancy will lead the consultation process and drafting of a guidance document on the engagement and coordination of Emergency Medical Teams and other forms of clinical response teams in armed conflict/complex emergency settings. The consultancy will be expected to build on the “Classification and Minimum Standards for Foreign Emergency Medical Teams (EMTs)”, also known as the “Blue Book”, and form a consensus among key stakeholders on the adaptation of the standards and coordination mechanisms for conflict scenarios into a separate but connected document “the red book”. It will also be expected to build on the experience and lessons identified in the response of clinical care teams in Mosul, Iraq (2016-17), Palestine (2018) and other settings. The subject matter is likely to be contentious, and senior high level engagement will be required at director and above level within agencies, international organizations and donors.

The consultant will be required to manage the consultation and convening process on behalf of WHO, in close collaboration with the International Committee of the Red Cross (ICRC), and other key actors and stakeholders with experience in the coordination and provision of clinical care to populations in armed conflict/complex emergency settings, including representatives from NGOs, member states (responding and affected), militaries and private providers. This work will include the preparation of literature reviews and if required, key informant interviews and facilitation of workshops, bilateral consultations with identified stakeholders and drafting of progress reports, including concept notes for discussion. The end product of the consultancy is expected to be an agreed guidance document, including technical minimum standards that need adaption from the blue book for this context and appropriate coordination mechanisms for the response of clinical care teams in armed conflict/complex emergency situations. The consultant should therefore bring a blend of field experience and technical EMT/medical team management and deployment experience as well as a high level knowledge of the political and humanitarian architectures involved in coordination of health response in humanitarian conflict/complex emergencies and have a proven track record of senior engagement in such responses.

Within WHO, the consultant will be supervised by the Manager, EMT Secretariat and will be required to work closely with other members of the EMT Secretariat as well as other WHO staff members including from the Global Health Cluster and other relevant departments. The consultant will also be required to travel to the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt and ideally have Arabic language skills to consult with partners and countries in the middle east as relevant.

2. Background

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, alleviate suffering, and prevent long-term disability as a result of disasters, outbreaks and/or other emergencies.

To achieve this mission, the EMT Initiative has five core objectives: supporting and implementing EMT capacity strengthening, preparedness and training activities; promoting and leading (or supporting, as relevant) EMT response coordination mechanisms; standard setting, collection/dissemination of best practices examples and creating a knowledge hub; managing the EMT mentorship and classification process; ensuring commitment and sustainability of the EMT Initiative through expanding global/regional coordination and partnerships.

Note: the term “EMTs are groups of health professionals providing direct clinical care to populations affected by disasters or outbreaks and emergencies as surge capacity to support the local health system”

and in this context it is used in its broadest sense to mean all clinical response teams from NGOs, international organizations, militaries and Member States, not only those that identify as “an EMT”. In 2018, the EMT Strategic Advisory Group specifically endorsed the adaptation of existing standards and coordination mechanisms to armed conflict situations into the EMT Global Strategy.

3. Work to be performed

Output 1: To facilitate and manage the consultation process for the drafting of a guidance document on the engagement of Emergency Medical Teams/clinical response teams in armed conflict/complex emergencies settings

Deliverable 1.1: Concept note focusing on the key issues for discussion in the drafting of the guidance document on the engagement of EMTs in armed conflict/complex emergency settings and lead/facilitate a consultative workshop with the aim to delineate the scope of the planned guidance document. This work will include preparatory contacts and consultations with key stakeholders, revision of relevant peer-reviewed literature, humanitarian operations reviews, lessons learnt reports, and preparation of required background documentation, as well as a report of the discussions.

Deliverable 1.2: Prepare a draft guidance document to be shared for consultation.

Deliverable 1.3: Lead the consultation process with all key stakeholders. This may include face-to-face visits to WHO and partners for specific meetings and follow up discussions, online communication over email or other means including online surveys. This process may also require the preparation of presentations on key issues and updates to WHO senior management and the EMT Strategic Advisory Group as well as the EMT Regional Groups.

Deliverable 1.4: Consolidate all comments and contributions received to the draft guidance document and prepare a final document for review and endorsement.

Annex 7: Draft roadmap for the EMT Red Book development

Prepared by:

Hossam Elsharkawi

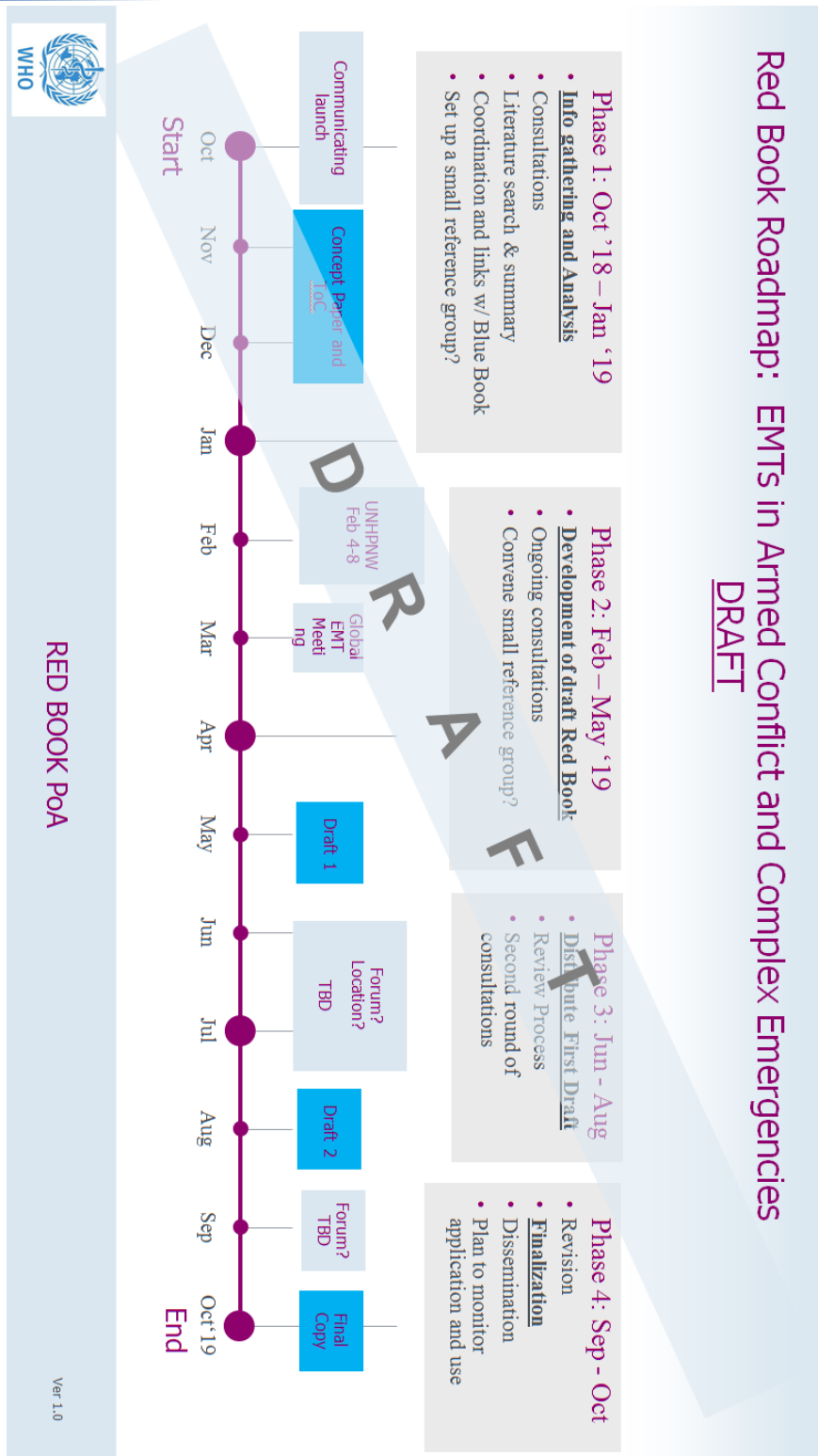
Action(s) expected from the EMT SAG:

Take note

Discuss

Endorse

X



Annex 8: GLOBAL MEETING OF THE EMERGENCY MEDICAL TEAM INITIATIVE 2019 - 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. The global meeting of 2018 was postponed due to ongoing responses and the need to allow awareness work to be carried out in AFRO and EMRO regions before the next global meeting.

In 2018, the EMT Strategic Advisory Group decided that the next EMT global meeting was to take place in 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. 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. Lastly, it is expected that the current EMT Global Chair, Ambassador Toni Frisch will step down from this function and the EMT Global Meeting will provide the opportunity to designate a new EMT Global Chair.

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

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 9: Resolution of the WHO Regional Committee for South-East Asia, SEA/RC71/R5



SEA/RC71/R5

STRENGTHENING EMERGENCY MEDICAL TEAMS (EMTs) IN THE SOUTH-EAST ASIA REGION

The Regional Committee,

CONFIRMING that natural hazards, extreme climate, disease outbreaks, conflicts and natural & human-induced disasters cause serious disruptions to the functioning of a community, and widespread human, material, economic losses which exceed the ability of the affected community to cope with its own resources. The 2016 *World Disaster Report* has shown that over the past decade, the South-East Asia Region shared 26.8% of the global mortality due to disasters,

RECALLING that scaling up capacities in emergency risk management in the South-East Asia Region has been identified as a Flagship Programme by the Regional Director in 2016, and that strengthening partnerships, health systems resilience and readiness for effective emergency response are its important aspects,

RECOGNIZING that emergency medical teams (EMTs) contribute to life-saving critical interventions in emergency situations, with experience from the Region having shown that the deployment and surge of EMTs in emergencies were not based on assessed needs and there were wide variations in capacities, competencies and adherence to the WHO Classification and Minimum Standards,

ACKNOWLEDGING the need to adopt WHO minimum standards, implement quality assurance and governance mechanisms for strengthening national, regional and international EMT mechanisms in the South-East Asia Region,

ALSO ACKNOWLEDGING that strengthening national- and regional-level EMTs is a high-impact investment in reducing morbidity, mortality and disabilities due to disasters, outbreaks and other emergencies,

NOTING that a regional consultation organized by the WHO Health Emergencies Programme in the Regional Office for South-East Asia, in New Delhi during 5–6 June 2018, was attended by more than 60 participants from 11 countries of the Region, including representatives from the ministries of health and defence and civil society partners, confirming that the existing capacities in the Region have high potential for establishing and strengthening national and regional EMTs,

1. URGES Member States:

- (a) to establish or strengthen the national mechanisms which supports effective and high-performing national EMTs in line with the WHO Classification and Minimum Standards,
- (b) to develop and implement a national plan for strengthening systems for EMTs in collaboration with all key partners in accordance with country contexts, *inter alia*, to:
 - designate national EMT focal points and units which are responsible for multisectoral policy and operations coordination, quality assurance, deployment and capacity building;
 - establish a system for quality assurance for EMTs to train and sustain a critical mass of national EMT capacities, and conduct post-operation assessment for learning and continued improvement;
 - maintain a national database on EMTs;
 - encourage EMTs to engage in the WHO mentorship and classification process which strengthen the global EMTs,
- (c) to harmonize, synergize and optimize the partner agencies' contributions, in terms of expertise, equipment, human and material resources, in strengthening the national EMTs,

2. ESTABLISHES a Regional EMT Working Group, comprising representatives of Member States which may invite relevant partners and stakeholders to participate in its work, as appropriate, to support implementation of the EMT Initiative, and

3. REQUESTS the Regional Director:

- (a) to provide support to the establishment and management of the Regional EMT Working Group,

- (b) to provide technical assistance and support for training, quality assurance, coordination and other activities for strengthening EMTs in Member States of the SEA Region,
- (c) to identify, promote and facilitate areas of research and innovation to strengthen EMTs, and
- (d) to report progress, achievements, challenges and solutions in implementing this resolution to the Seventy-third and Seventy-fifth Sessions of the WHO Regional Committee for South-East Asia.

Eighth session, 7 September 2018