

**EMT Western Pacific Regional Meeting and Workshop on Strengthening
the Emergency Medical Teams initiative For All-Hazards Emergencies
Preparedness, Alert and Response**

Chairman summary

21-22 November 2017
Canberra, Australia



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Summary information

The EMT Western Pacific Regional Meeting and Workshop on Strengthening the Emergency Medical Teams initiative For All-Hazards Emergencies Preparedness, Alert and Response took place from 21-22 November 2017 in Canberra, Australia, kindly hosted by the Government of Australia in its capacity of Chair of the EMT Regional Group in the Western Pacific.

A total of 82 participants from 17 countries and 9 organizations (NGO, regional and international as well as private sector organizations) attended the two-day meeting, which was the first time that the Region came together as Western Pacific since the recent decision of the EMT Strategic Advisory Group to follow the WHO six region approach.

Ms Sharon Appleyard, First Assistant Secretary, Office of Health Protection (OHP), Department of Health, Australia, Mr Jamie Isbister, Humanitarian Coordinator and First Assistant Secretary, Department of Foreign Affairs and Trade, Australia, Dr. Ian Norton, Manager of the EMT Secretariat, WHO Geneva, and Dr. Heather Papowitz Programme Area Manager of the WHO Western Pacific Regional Office provided keynote speeches all welcoming the participants to the meeting and emphasizing the particular need to strengthen EMT capacities in the Western Pacific Region.

Ms Appleyard emphasized the diversity of the region and the need for preparedness, to be ready to respond when required, with quality, trained and verified teams. She underlined the strong support from Australia for the Initiative. Underlining the nature of the EMT initiative as a collective efforts, Ms Appleyard stressed that *“governance and procedures are important, particularly in complex national systems but even more so at the international scene; good governance must be matched with good relationships”* as this is required for a good collaboration in an emergency response. Mr Isbister echoed Australia’s commitment to the EMT Initiative. He particularly stressed the interest of Australia to see an increasingly differentiated approach by the humanitarian community, in line with the World Humanitarian Summit commitments. In the region, it is key to promote a localized approach to response and coordination, stressing that the “most effective way is that decisions be driven by local populations, local and national authorities”. He also encouraged a greater focus on women and children, including by EMTs, as well as people with disabilities.

Thanking the Government of Australia for hosting the meeting and providing the initial leadership of the Regional Group, Dr Norton and Dr Papowitz from WHO also thanked the Vice-chairs of China and Japan for their strong collaboration throughout the year. Whilst Dr. Papowitz stressed the criticality of having a high degree of readiness in the region, Dr Norton underlined the need in this region for strong Government leadership and coordination of EMT response, and encouraged participants to share experienced proactively throughout the meeting.

The meeting provided the opportunity to share experiences between representatives from countries and organizations on the particular challenges faced in the Western Pacific region, review and provide critical contributions to global developments such as the crafting of an EMT Global Strategy and the upcoming revision and update of the “Blue Book”, as well as discuss in detail the priorities and governance arrangements on how to implement the EMT Initiative in the Western Pacific Region.

As part of the meeting, WHO EMT Secretariat and the WHO Western Pacific Regional Office to officially hand over the “Recognition of Classification”, signed by Dr Tedros, Director General of WHO, to the New Zealand Medical Assistance Team (NZMAT) as Type 1 fixed and mobile team.

The meeting concluded with the designation of China as the new Regional Chair for 2018, with Australia stepping down to become the outgoing Chair and Japan taking on the role of incoming Chair for 2019.

NOTE: all presentations and meeting documents are available on the following website: https://vosocc.unocha.org/GetFile.aspx?xml=4927byhw_11.html&tid=4927&laid=1 and will be made available on the new EMT website soon to be launched.

1. Introduction to the EMT initiative and update on the global activities

Dr Norton, WHO EMT Secretariat presented the overall mission and the key objectives of the EMT initiative globally, focusing on the historic evolution of the initiative and the key milestones of the recent years. He also gave a quick overview of the key activities at global level, in all five priority areas of the EMT Initiative.

2. Rapid deployment and acceptance of EMTs at the regional level and challenges faced by countries in receiving international EMTs

Ms Bronte Martin, Regional Chair, Australia, opened this session by stating its objective as sharing experience from countries in receiving international EMTs in times of emergency as well as on the experience of deploying teams internationally. The session focused on the challenges of the decision making process on whether or not to request/accept international teams, on the challenges of preparing for and coordinating the arrival of teams, and on the challenges in the decision making process and the mobilization of EMTs internationally.

Ms Julia Hartelius gave the introductory presentation on the key issues and recommendations identified by the joint WHO-IFRC project on "*The Regulation and Management of International Emergency Medical Teams*". She highlighted the recommendations to states for developing strong, robust legal frameworks for international disaster response, as it allows national authorities to stay in the "driving seat", and ensure their role as primary coordinator of the assistance. Ms Hartelius also stressed that many of the challenges faced in international disaster response are the same for all international response teams, whether medical or not. The joint WHO/IFRC report highlights them well and they documented in many publications; she therefore encouraged both Governments and response teams to prepare for them in advance.

Ms Janice Feliciano, Philippines, shared the experience of her country in responding to emergencies with a particular focus on the experience of Super Typhoon Haiyan/Yolanda in 2013-2014. She recalled that it was the first time globally that a Government decided to use the Foreign Medical Team classification standards and forms. She highlighted the benefits of registration of EMTs which allowed the incoming teams to be properly matched with the health needs of the affected areas. Ms Feliciano however also the so-called "walk-in" teams, those who did not register and did neither coordinate nor report on their activities. An estimated 67 teams were in this category in the response to Typhoon Haiyan, clearly causing much more of a burden on the local system than being of any help.

Mr. Charles Blanch, New Zealand, presented the main hazards and threats faced by his country and focused particularly on the experience of the Canterbury earthquake of 22 February 2011 in which large number of national teams were deployed and a direct bilateral request was made to Australia. He went on to explain the main aspects in developing the health support plans for the "Wellington Earthquake National Initial Response Plan" (WENIRP) and the "South Alpine Fault Earthquake Response" (SAFER) plan, the two major contingencies for which his country is preparing itself. Key aspects of this preparation include the pre-identification of deployment locations, referral pathways, logistics support for EMTs, the use of experienced NZMAT clinical and logistical staff to manage the EMT Coordination Cell and the Reception and Departure Center as well as the plan to embed a NZMAT liaison person with each arriving international EMT. The Ministry of Health is also working with their Ministry of Foreign Affairs to agree on pre-existing arrangements with pre-identified international EMTs which are expected to be accepted/ called upon for support.

Mr. Luke Nasedra, Fiji, shared the experience of the Government of Fiji with Cyclone Winston in 2016, which was the resulted in focused attention of his Government to the EMT initiative. Prior to this, the biggest deployment of medical staff from Fiji was done through the military, in support of the United Nations Disengagement Observer Force (UNDOF) mission in 2013; and later in 2015 an international deployment to Vanuatu. However, he noted that the team was not self-sufficient at that time. The key lessons that Tropical Cyclone Winston taught Fiji include the need to be specific in the request for international assistance; as well as the need to provide clear indications on how international teams are expected to fit in the national structure. As a result, his Government is working on pre-approved support arrangements, at the same time as having procedures in place for ad hoc offers of assistance. Mr Nasedra also stressed the need for joint clinical and public health teams in their context as it makes no sense to separate one from the other.

Dr Kei Jinnai, Japan, explained the preparedness steps taken by JICA to ensure the readiness of the JDR teams for international deployments. He also presented the actual decision making process involved in the international deployment of their teams.

Several key points were raised by the floor in the ensuing discussion: the potential need for creating a regional team of the Pacific Island countries allowing them to pool their resources and train together; the recommended use of the Virtual OSOCC in emergency situations for real-time information exchange, the importance of seeing law and the legal framework as a key bridging element between institutions at the national level; and the need for engage in discussions amongst different departments at government level to ensure that procedures and mechanisms are developed and well understood, in particular the Ministry of Health, the National Disaster Management Authority and the Ministry of Foreign Affairs.

Recommendation 2.1.: Countries are encouraged to develop specific procedures amongst relevant ministries for the timely request/ acceptance of international response teams, and to prepare very specific requests, using the EMT typology in their request or acceptance of assistance. Countries are also encouraged to pre-identify potential international teams that could provide support in emergencies, and make the required arrangements for a rapid deployment. The WHO EMT classification process provides a good indication on which teams can provide quality assistance.

3. Update on EMT activities in the region

Ms Bronte Martin, Regional Chair, Australia presented an overview of the EMT activities that took place in the region and those to which the region provided specific support. She also acknowledged and thanked for the support provided from the Vice-chairs, Japan and China, throughout the year.

Ms Martin also presented the key upcoming activities as currently known:

- A national EMT coordination training, Philippines, February 2018
- Several National EMT workshops in the Pacific Island countries, Tonga, Vanuatu, Fiji and Solomon Islands, from February to May 2018
- A regional EMT Coordination course to be hosted by China/Macao from 9-13 April 2018
- The ARCH Simulation exercises in Vietnam (Mar 2018) and Philippines (Oct 2018)
- The INSARAG Regional Earthquake response exercise, Philippines, June 2018
- The EMT Regional Group meeting 2018, tbc

Recommendation 3.1.: Countries and organisations of the Regional Group are encouraged to participate with the appropriate staff in the relevant exercises, trainings and event. Any offers or requests for EMT related activities should be coordinated with the WHO Country Offices, the Regional Office (ol@who.int) and the HQ EMT Secretariat (emteams@who.int)

4. Recognition of Classification

On behalf of Dr Tedros Adhanom Ghebreyesus, Director General of WHO, Dr Norton and Dr Papowitz officially handed over the Recognition of Classification to Mr Charles Blanch, head of delegation of the New Zealand Medical Assistance Team, who was accompanied Ms Jessica Thorn, from the New Zealand High Commission in Canberra, Australia.

5. Challenges of responding in island nations

Mr Toshihide Kawasaki, Japan, as session chair summarised the objectives of the session as being the awareness raising and sharing of experiences on the specific challenges that are being encountered in emergency response operations in island countries, with particular focus on EMT response, as well as to explore the areas in which the EMT Regional Group should concentrate its work in improving standards and collectively creating solutions.

Panellists included Ms Trina Sale from Solomon Islands, Mr. Viran Tovu from Vanuatu and Ms Bronte Martin from Australia. Panellists spoke about the coordination as well as logistics constraints encountered in recent response operations, as well as on the specific issues related to outbreak response in island nations. Key challenging aspects were:

- Needing to providing transport to remote islands with little resources as well as the need to use different modes of transport: air, land, sea. Additional considerations included the fact that in some places only small planes can land, whilst boats take much longer to arrive.
- The costs and logistics related to patient referrals with the need to use very costly charter flights that have limited capacity to transport patients
- Communications systems that were cut off which resulted in no reliable information being available and reporting systems not functioning properly
- Limited office space for teams as well as for coordination purposes
- Arrival of numerous international teams and the corresponding issues related to the granting of temporary licences to these teams. In some cases, international EMTs were reported to have refused to register with national authorities and having shown blatant disrespect for local authorities.
- The existence of many assessments from different actors
- The non-existence pre-emergency stockpiles as well as difficulties in the provision of supplies to teams.

The panel discussion was complemented by several comments from the floor and resulted in the following recommendations.

Recommendation 5.1: It is recommended that all countries develop EMT capacities at country level as a surge mechanism to the existing health facilities when overwhelmed by emergencies or other factors causing a sudden increase in the need for clinical and public health care.

Recommendation 5.2: When deploying to island countries, the aspect of complete self-sufficiency is particularly important both for national and international teams given the likelihood for tasking to very remote and hardly accessible areas. In addition, there is generally a need for mobile teams that can rove around relatively easily and swiftly.

Recommendation 5.3: For operations and coordination aspect: governments are encouraged to design procedures to fast-track supplies in case of emergencies as well as agree on standardised forms for reporting and capturing information, based on the standard format proposed through the EMT coordination methodology.

Recommendation 5.4.: When international teams are being deployed, a good practice has been to twin a local team with an international team in order to ensure cultural and language integration and mutually beneficial strengths are best used.

6. Implementation of the EMT initiative in the region

Dr Feng, China, as chair of the session highlighted the need to promote and gain a common understanding of how to implement the EMT initiative in the region. Following an introductory presentation by Mr Christophe Schmachtel, EMT Secretariat, participants reviewed and provided their contributions to the background document entitled “Implementation of the EMT Initiative in the Western Pacific Region” with the aim of converting this into an overall framework and guidance on the EMT governance in the Western Pacific Region

Contributions and feedback have been directly incorporated into an updated version of the document to be found in annex 1 of the present summary.

Recommendation 6.1: It is recommended that countries review the document on “Implementation of the EMT Initiative in the Western Pacific Region” (see annex 1) and, if required, provide comments back to the EMT Secretariat (schmachtelc@who.int) and the WHO Regional Office for the Western Pacific (ol@who.int) by 15 January 2018. Following this additional review period, it is planned to endorse the document.

Recommendation 6.2: Upon finalization of the document, it is recommended that a formal request be sent by the WHO WPRO office requesting Governments to designate EMT focal points.

7. Update of the Blue Book

Following introductory words by the session chair, Mr Toshihide Kawasaki, Japan, Dr Norton presented the reasoning behind the initial drafting of the Blue Book, published in 2013 under the official title of “Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters”. He stressed that despite its title, experience has shown that it has direct relevance for both national and international EMTs, the latter previously referred to as Foreign Medical Teams, and that has also shown relevance for outbreak emergencies and complex emergency response. The purpose of the current process initiated to update the Blue Book is to discuss and gather contributions to the existing “Classification and Minimum Standards” for Emergency Medical Teams in order to reflect changes since its first publication in 2013, and to adapt it into a text useful for national and international EMT response to all-hazards.

The feedback gathered by the Regional Group is compiled in annex 2 of the present summary.

Recommendation 7.1: The Regional Group requests the Secretariat to submit the feedback to the core writing group composed for the update of the Blue Book and requests to be kept informed of the further consultation process in view of reviewing and contributing to upcoming drafts of the document itself.

8. Update on capacity building projects

Dr Feng, China opened the session by presenting its objectives as sharing information on recent capacity strengthening projects ongoing in the region and creating a process to maintain a repository with updated information on the basic aspects of an EMT country profile that provides information, which is relevant to EMT capacity strengthening and emergency response work.

Presentations included the following:

- Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project), presented by Dr Tatsuro Kai, from the Japan Disaster Relief Team and member of the Advisory Committee of the ARCH project
- EMT capacity strengthening in Pacific island countries, presented by Mr. Vimal Deo from Fiji and Ms Abigail Trewin, Australia/AusMAT
- Experience and lessons learnt of the Ministry of Health on the EMT participation in the INSARAG Earthquake Response Exercise in Malaysia, presented by Dr Mohamed Fatahul Laham, Malaysia

Mr. Christophe Schmachtel, EMT Secretariat then presented the purpose and suggested templates for: i) a summary version of the EMT country profile with information on the focal points and the existing teams; and ii) for a more complete version with information relevant for EMTs on activation and response set up in cases of emergencies. The key questions for feedback by the regional group included:

- i. Are the templates answering the questions you want to see on an EMT country profile? If not, please adapt.

- ii. As EMT focal point, can you commit to gather this information? What support would you need, if any?
- iii. Can it be made publically available?

The main comments are summarised below:

- It was suggested to make a clear difference between the first template as the short EMT country profile with brief information on the EMT focal point and existing EMTs in the country and the second template as the Information note for EMTs on activation and response set up.
- The EMT country profile contains information to be included into the global EMT directory.
- The information note for EMTs on activation and response set up should be made available ideally permanently but at a minimum for response operations.
- Overall there was agreement that this information is important to be shared with the global EMT community and that EMT focal points should be expected to complete or have the information completed at country level and communicate it to the WHO Country and Regional Offices as well as the EMT secretariat. It was recommended that the Regional Office request countries to fill out the profile along with nominating their EMT focal points.

Detailed comments are reflected as amendments to the actual templates in annex 4 and 5.

Recommendation 8.1: It is recommended that countries fill out the “EMT country profiles” and the “Information note for EMTs on activation and response set up”, and that this request be relayed through formal communication by the WHO WPRO office along with requesting the designation of EMT focal points (recommendation 6.2.).

9. EMT global strategy and regional priorities

Following an initial presentation by Ms Bronte Martin of the draft EMT global strategy, participants discussed in groups in order to provide direct feedback as well as state the key priorities for the EMT Regional Group. The Global Strategy was presented as providing a short, concise description of the overall vision and mission of the EMT initiative, its key messages as well as its current objectives.

Specific feedback on the EMT Global Strategy is captured in annex 2 of the present summary. As regards the priorities for the region, the Regional Group provided the following suggestions:

- Aim to obtain endorsement of the EMT guiding principles and standards at the policy level, potentially in the form of a resolution from the WHO Regional Committee Meeting.
- Focus on increasing capacity of smaller Pacific Island countries with a longer term timeline of approx. 5 years to bring them up to the standards for national EMTs and promote the need for every country to have a national EMT
- Develop and make available documentation on research related to EMTs
- Embrace a holistic approach to national EMTs, including both public health and clinical expertise, and integrate them as part of the national response plans
- Promote Government leadership in activation and coordination of the EMT response, both national and international, in line with the EMT Coordination cell concept and review procedures for accepting international teams for when these may be required
- Promote regional collaboration, sharing of experiences amongst countries and between teams and simulation exercises

Recommendation 9.1: It is recommended the Regional Chairmanship Group, with the support of WHO, develop a regional priority plan, which includes outcomes and activities under each of the five global objectives of the EMT initiative, and considers also the subregional and national levels. Consideration should be given to a longer term work plan covering a period of 3-5 years and it shall be aligned with the APSED III (Asia Pacific Strategy for Emerging Diseases).

10. Country and organizational priorities

Australia reaffirmed its strong support to the EMT initiative and encouraged all countries that the priority is also to look at internal policies, adapting them to the standards. Australia stated its commitment to continue to support capacity building, and its interest to work in particular with its regional partners. **Cambodia**, whilst not having engaged so far with the EMT initiative, recalled its disaster-proneness, in particular to floods and confirmed its interest to engage with the initiative, expecting also support from WHO. A first step will be to designate the EMT country focal points and Cambodia suggested that a formal request be sent by the WHO WPRO office requesting Governments to designate EMT focal points. **China** highlighted the very good start that the Regional Group has taken, and confirmed the strong support it will provide particularly at the regional level. China stated that it will deepen its engagement, increase the number of EMTs going through international classification and also announced the hosting by Macao SAR of the EMT Coordination course. China also offered to host other events such as a workshop or meeting.

Fiji stated that its key priority is to successfully acquire the WHO EMT classification for a type 1 fixed and mobile EMT and welcomed any support to achieve this goal. Fiji confirmed its agreement with a stronger emphasis on national capacity building of the Initiative, and its interest to obtain further training, technical assistance and funding support. Fiji also called for the need to give a particular voice to the Pacific Island Countries within the EMT initiative. **Japan** recalled that it has supported the EMT initiative since the beginning and confirmed its interest to support the Secretariat in order to improve the effectiveness of the response. Japan particularly supported the MDS working group and will continue to do so. Japan also recalled its interest to build regional capacity through the ARCH project in ASEAN countries as well as engaging with a wide number of countries bilaterally. Japan encouraged all countries and organisations to join efforts as a group. Although having had no information on the EMT Initiative prior to coming to this meeting, **Kiribati** confirmed its willingness and need to engage, recalling that it is also prone to outbreaks and emergencies, and that the treatment of patients in emergency situations remained quite unorganised in its country. Kiribati described the meeting as a very good stimulation for getting a national EMT programme going.

Malaysia recalled how the INSARAG exercise had “opened their eyes” on the benefits of the EMT initiative and stated that whilst the country responds to many emergencies in-and outside of their country, they are used to doing it without clear procedure or standards. Malaysia stated its intention to follow the EMT standards, and build EMTs at the national level, as well as engage with WHO on this and also continue to participate in the ARCH project. **New Zealand** underlined its support for an increasing regional focus as well as a focus on localization of the Initiative. It is a strong proponent of regional collaboration on training and exercises and supports open access to relevant resources. Recognizing that it has been a recipient of international EMTs, the **Philippines** underlined its commitment to strengthen their own national EMTs to uphold the EMT standards and is in the process of finalising an EMT operational guide at country level. They look forward to learnings of the upcoming EMT coordination training, as well as the INSARAG regional exercise and the ARCH exercise both hosted in 2018 by the Philippines. Whilst hoping that they will not require too many international teams, the Philippines is committed to engaging more with the EMT initiative and improve response effectiveness. The Philippines looks forward to the updated version of the “Blue Book”.

The **Solomon Islands** stated its full support to the EMT initiative and informed that it had already established an EMT working group at country level. It looks forward to developing a national EMT accreditation process. **South Korea** shared its strong support for the EMT initiative and informed of its plan to discuss and clarify the relationship between the domestic teams and the Korea Disaster Response Team (KDRT); it is interested also to discussing with other countries on how they deal with this relationship. **Tokelau** indicated how this meeting had been an “eye-opener” and although it cannot commit to fully adopting the EMT standards at national level, it confirmed its strong interest to engage with the EMT initiative and create a national EMT. The focal point designation will be the first priority.

Tonga asked for continued support from WHO for EMT capacity building and training and confirmed its commitment to the EMT initiative. **Vanuatu** indicated that its priority will be to have an EMT focal point designated; and that it is looking forward to EMT training support from WHO, as well as the development of a regional work plan. Speaking on behalf of the Pacific Island Countries, the **Pasifika Medical Association (PMA)** highlighted the need for country-level meetings on the implementation of the EMT initiative as well as the need to

differentiate between the different contexts in the Western Pacific region, ie. Consider sub-regional approaches to small island nations vs larger countries. PMA also suggested to explore the possibilities of a Pacific Medical Assistance Team (PacMAT) constituted of the capacities of various countries put together; encouraged further technical assistance to be provided to the Pacific countries as well as access to funding opportunities.

IFRC stated its commitment to the EMT principles and standards, recalling that the RC/RC family has both fixed and mobile EMTs. As member of the EMT Strategic Advisory Group, IFRC supports the classification process, the minimum standards and coordination mechanisms. IFRC will also have an international registration process for RC/RC teams. IFRC informed of the change in the naming system of the RC/RC EMTs as follows: RC Emergency Clinics correspond to an EMT type 1 and RC Emergency Hospitals correspond to an EMT type 2. IFRC also presented on the specific challenges faced in the current operation in Bangladesh with regard to referrals to tertiary facilities, availability of local medical staff, as well as handover and exit planning. IFRC called for a holistic approach to operations .

The **Hong Kong Jockey Club Disaster Preparedness and Response Institute (KKJC DPRI)** confirmed its support to the EMT initiative and looks forward to the updated version of the Blue Book and the EMT Toolkit to be able to incorporate it in their training programme. **Humanitarian Medical Assistance (HuMA)** mentioned how useful the meeting was for an organisation like theirs which is currently undergoing through the mentorship process for eventual classification. **Mercy Malaysia** also said how they aspire to subscribe to the EMT standards and principles and in particular called for more buy in and participation from NGOs around the world. **Pasifika Medical Association (PMA)** shared their experience of having provided local intelligence to NZMAT and AUSMAT teams in the region when required. PMA is very much in favour of an approach towards nationally verified teams and encouraged the resourceful countries of the region to continue to provide support. **Save the Children** confirmed the usefulness of the Blue Book even though they are not a classified EMT and encouraged the Initiative to embrace an integral approach to public health and clinical care. **Team Rubicon Australia** indicate their intention to work towards an EMT type 1 mobile team.

Recommendation 10.1: It is recommended that WHO and the Regional Chairmanship Group review and consider the country and organizational priorities when developing the regional EMT work plan for the Western Pacific.

11. Designation of Regional Chair

Dr Ian Norton, EMT Secretariat recalled the designation of Australia as Regional Chair together with Japan and China as Vice-chair of the region in last year's Asia-Pacific regional meeting that took place in Hong Kong as part of the EMT Global Meeting. The decision to create six regional group in mid-2017 did not really affect that much the Western Pacific Regional Chairmanship group given that all three countries in fact come from within the region. Dr Norton also explained the principle of rotation of the countries that form for the Regional Chairmanship group, and recommended the Regional Group to designate China, represented by Dr. Zijian Feng, as the Regional Chair for 2018, with Australia stepping down to become the outgoing Vice-chair and Japan lining up as incoming Vice-chair to become Regional Chair in 2019. Dr Feng confirmed the interest by China to take on this challenging role.

Decision 11.1: The Regional Group designated China, represented by Dr Zijian Feng, as Chair of the EMT Regional Group in the Western Pacific Region, with Australia stepping down as outgoing Vice-chair and Japan lining up as incoming Vice-chair to become Regional Chair in 2019.

12. Acknowledgements

The World Health Organisation in its capacity as EMT Secretariat and on behalf of all participants in this meeting and the members of the EMT Regional Group would like to thank the Government of Australia for the excellent organisation of this meeting and for the determined leadership of the Regional Group throughout the whole year. Special thanks go to Ms Bronte Martin who has taken on the role of Regional Chair on behalf of the Government of Australia.

Annexes

- Annex 1: Contributions to the update of the Blue Book
- Annex 2: Contributions to the EMT Global Strategy
- Annex 3: Revised version of the “Implementing the EMT Initiative in the Western Pacific Region”, with inputs from the Regional Group
- Annex 4: Template for an EMT country profile
- Annex 5: Template for an Information note on for EMTs on activation and response set up
- Annex 6: Agenda of the meeting
- Annex 7: List of participants (as separate document)

Annex 1: Implementation of the EMT initiative in the Western Pacific Region

I. Context in the region

The Western Pacific Region is one of the most diverse in terms of culture, socioeconomic development, climate and geography. Member states in the region range from small Pacific island countries and to high income industrialized countries. These differing country situations often call for a more tailored approach when it comes to preparedness and response.

As described in the Asia Pacific Strategy for Emerging Diseases III (APSED III), the unpredictable nature of emergencies and public health events in an increasingly interconnected world demands an ongoing capacity development to manage these threats as mandated under the International Health Regulation (2005) or IHR (2005).

The Western Pacific Region has been a hotspot for emerging infectious diseases (EIDs) and other public health emergencies. All countries remain vulnerable to such inevitable health security threats originating within or outside the region. According to the 2016 World Risk Report, seven of the top 10 countries most exposed to natural hazards such as earthquakes, floods, tsunamis and typhoons are in the Western Pacific Region.

II. Background on the EMT initiative

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

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

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

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

III. Purpose of the EMT Western Pacific Regional Group

The EMT Regional Group in the Western Pacific provides a forum for active participation of Member States, EMTs and relevant stakeholders of the region in shaping and driving the implementation of the EMT Initiative. It is a key part of the global EMT governance structure. It is the forum to develop and agree on the regional work plan adapting the global objectives of the EMT initiative to the regional and country-specific contexts, as well as contributing to and influencing the global level strategic orientation of the EMT initiative. The Regional Group shall ensure that the regional EMT work plan and priorities are well aligned with the Asia Pacific Strategy for Emerging Diseases III (APSED III).

The Regional Group is expected to provide a forum for:

- Promoting and monitoring the implementation of the EMT initiative at the regional and country level
- Identifying priorities and monitoring the implementation of a regional EMT work plan

- Building relationships between governments, their relevant ministries and institutions, as well as NGOs and the affected communities
- Promoting and monitor quality assurance and adherence to EMT guiding principles and minimum standards
- Support the implementation of the EMT mentorship and classification process and national team capacity strengthening projects
- Planning for and discussing a mapping of existing EMT capacities in the region, identifying and coordinating education and training opportunities for the region and coordinating regional capacity strengthening projects
- Sharing of experience and lessons learnt amongst countries and teams on past EMT response operations, as well as capacity strengthening aspects
- Updating on and providing a forum to contributing to global developments (standard setting, coordination arrangements, etc.)

IV. Membership of the Regional Group

The Regional Groups are open to all countries and organizations that provide EMTs – be it at national, regional or international level – or have the potential to call upon EMTs. In addition, key stakeholders such as representatives from partner networks or organizations are invited to participate as well.

Representatives in the EMT Regional Groups are typically the policy and technical focal points member states and organizations as well as the Team Leaders of the EMTs.

For a Government or an organisation to state its interest and confirm its membership in the EMT Regional Group and globally in the EMT Initiative, they are expected to designate EMT focal points and inform the WHO Country and Regional Office and the WHO EMT Secretariat about this designation. The designation of focal points will ensure that the right information reaches the right people in the Government or organisational structures. In this sense, EMT country focal points are to act as main information contact points for EMTs at country level as well as the EMT community at regional and global level. The WHO EMT Secretariat will maintain a website with updated information on the focal points, however, Governments/ organisations are responsible for communicating this information to WHO.

V. Organization and leadership of the Regional Group

Countries of the region are encouraged to show support and lead the implementation of the EMT initiative with the support of WHO as secretariat. It is therefore decided to form a Regional Chairmanship group on a rotational basis composed of a Regional Chair and two Vice-chairs. The approach is based on a three year appointment with one year as incoming vice chair, one year as chair and one year as outgoing vice-chair. This will aid continuity, facilitate transitioning and share institutional knowledge as well as allowing for all interested countries to take on a leadership role at the regional level.

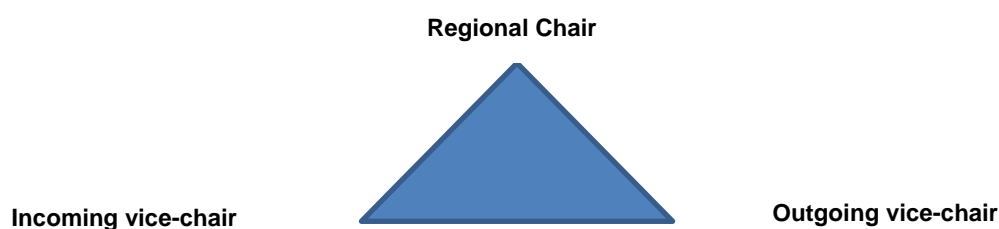


Figure 1. Troika Approach

The Regional Chairmanship group is designated by the Regional Group in its planned annual meeting; and by definition, the Regional Group designates the incoming vice-chair for a period of three years. Each year, the Regional Secretariat shall send out a call for the expression of interest to members of the Regional Group with a clearly defined timeline. Interested countries will be expected to submit their expression of interest to the Secretariat. Should there be more than one interested country to join the Regional Chairmanship Group, then the Secretariat is requested to consult with the interested countries to come to a consensus agreement on the proposal to be presented to the Regional Group for endorsement in regards to the line-up for future Vice-chairs/Chairs. If no agreement can be reached, the Regional Group shall proceed to elect the incoming Vice-chair in its annual meeting, on the basis of every country having one vote. This will also help in the predictability of the organisation and leadership of the Regional Group.

All countries are encouraged to consider taking on a role of Vice-chair/Chair in line with their internal and regional interests. Should a country be interested, but considers it does not have the capacity (e.g. to host a regional meeting), it is recommended to bring this up with the secretariat and resourceful countries will be encouraged to support the chairmanship.

It is recommended to establish a consultative group for NGOs engaging in EMT activities at the regional level. The consultative group is to have a direct link with the Regional Chairmanship Group in an advisory function.

The Regional Chair and Vice-chairs represent the Regional Group in the global level EMT Strategic Advisory Group, and are tasked with planning and organising the Regional Group meeting and develop the regional work plan with support from the WHO.

The WHO Regional Office functioning as Regional Secretariat, with the support of the global level EMT Secretariat, provides dedicated support to the Regional Group and Regional Chair/Vice-chairs. The Regional Group, with the support of the WHO Regional Secretariat, is encouraged to hold more regular meetings using online platforms such as webex, in addition to the face-to-face meeting, which should gather annually.

VI. Roles and responsibilities

1. EMT focal points of countries participating in the EMT initiative

In order for the network to function, it is important to ensure and structure an appropriate information exchange at the right levels and with the right entities and persons. For this purpose, the EMT initiative encourages countries and organizations to designate Focal Points who are the key counterparts at national level for the national EMTs as well as for the Regional Groups, the Regional EMT Secretariat as well as the Global EMT community and the global EMT Secretariat. It is important to note that focal points should be considered as positions within the national health system and not individuals.

Focal points are to be designated by the competent national or organizational authority, ie. the Ministry of Health in most cases at country level, or the senior management in the case of organizations, and represent the country or organization in the EMT initiative. National authorities are kindly requested to inform the relevant WHO Country or Regional Office as well as the global WHO EMT Secretariat on the designation of the EMT focal points (emteams@who.int).

The below is an indication of three levels of focal points, at the national policy level, at the national operational level and at the team level. This may not be appropriate for each country; some countries potentially only having one focal point to deal with all these matters, others to have two focal points, where the operational and the team focal point functions are combined and again other countries, with more than one team, may have several team focal points. It is meant as a guidance and each country shall decide based on their own structures how best to fulfil these functions.

a. EMT national policy focal point

- Promote the adoption and implementation of the EMT standards and coordination methodology at national level
- Ensure efficient information sharing with relevant EMT actors at the national level.
- Ensure the development of tools, regulations, and policies for sending, receiving, and deploying EMTs in their country.
- Serve as the country's main point of contact with the EMT Secretariat for institutional and policy issues related to implementation of the EMT initiative.
- In case of emergencies, ensure linkages with all relevant ministries to ensure timely requests or offers of assistance are being made and the response being coordinated
- Ensure their country's representation at regional and global EMT meetings.
- Promote the design and implementation of a national EMT accreditation process based on the global EMT standards
- Ensure that national EMTs deploying internationally comply with the global EMT standards

It is advisable for the national EMT policy focal point be a health official with experience in overseeing national emergency medical operations and international cooperation or an official of the organization charged with disaster management who can provide institutional support for the development and implementation of the EMT initiative in the country.

b. EMT national operational/technical focal point

- In case of emergencies, support the policy focal point in making timely requests or offers for EMT assistance, as and where relevant
- Assist the policy focal point with operational/technical issues connected with the EMT response.
- Share the information provided by the Global and Regional Secretariat on meetings, workshops, and simulations with the national level, in particular the EMTs at national level.
- Ensure efficient information sharing and the updating of operating procedures with national EMTs.
- Promote the strengthening of national EMT capacities and serve as main point of contact for operational capacity building by EMTs at national level, including for the provision of training, development of guidelines, and where relevant, ensuring that the teams maintain the classification level
- Serve as the country's main point of contact with the Secretariat for operational and technical issues related to implementation of the EMT initiative, in preparedness and response work
- Update the map of available national EMTs in the country.
- Manage or support the design and management of a national EMT accreditation system

Operational focal points should be specialized in EMT technical management and leadership. It is recommended that they have training and experience in EMT response.

c. EMT Team focal points

- Take responsibility for the team's implementation of the EMT guiding principles and minimum standards
- Coordinate and collaborate with the national policy and operational focal points
- Ensure the participation of its team in national and regional/international EMT trainings, exercises and meetings
- Ensure constant readiness of the team for emergency deployments
- Share lessons learnt of the teams deployments with the National focal points and the WHO EMT Secretariat

The EMT team focal points are the main contact persons for the national EMT focal points and in case of internationally classified EMTs, they also receive the alerts on potential requirements for international deployment of EMTs through the Secretariat.

2. EMT focal points of organisations participating in the EMT initiative

Some organisations, such as regional intergovernmental organisations or some international NGOs, have a specific capacity, interest or mandate in the area relevant to Emergency Medical Teams. These organisations are encouraged to designate focal points by their appropriate organisational hierarchy in order to ensure and structure an appropriate information exchange at the right levels and with the right entities and persons. Depending on their capacity, organizations are therefore also encouraged to designate a policy and operational focal point.

EMT institutional policy focal point

- Promote the adoption and implementation of the EMT standards and coordination methodology within the organization
- Ensure efficient information sharing with relevant EMT actors at the regional and global level.
- Serve as the organization's main point of contact with the Secretariat for institutional and policy issues related to implementation of the EMT initiative.
- Ensure their organization's representation at regional and global EMT meetings.
- In case the organization has an inter-governmental mandate:
 - Promote the development and implementation of tools, regulations, and policies for sending, receiving, and deploying EMTs in their region in line with the globally developed methodology
 - Promote the design and implementation by countries in their region of a national EMT accreditation process based on the global EMT standards

It is advisable for the institutional EMT policy focal point be a health official with experience in overseeing emergency medical operations and international cooperation or an official of the organization charged with disaster management who can provide institutional support for the development and implementation of the EMT initiative in the region.

EMT institutional operational/technical focal point

- Assist the policy focal point with operational/technical issues connected with the EMT response.
- Share the information provided by the Global and Regional Secretariat on meetings, workshops, and simulations within the region/organization's members, in particular the national EMT focal points and EMTs
- Promote the strengthening of EMT capacities and serve as main point of contact for operational capacity building by EMTs
- Serve as the organization's main point of contact with the Secretariat for operational issues related to implementation of the EMT initiative, in preparedness and response work
- In case the organization has an inter-governmental mandate:
 - Ensure efficient information sharing and the updating of operating procedures with EMTs and national EMT focal points.
 - Support countries in the region in the design and management of a national EMT accreditation system

Operational focal points should be specialized in EMT technical management and leadership. It is recommended that they have training and experience in EMT response.

3. Regional Chairmanship Group

a. Regional Chair

The role of the Regional Chair is to:

- participate and represent the Region in the SAG meetings as well as in the annual EMT Global meeting;
- promote the EMT Initiative including principles, standards, methodology and guidelines amongst countries and organizations of the region and promote their participation in the EMT Regional Group, including events like simulation exercises;
- in coordination with the EMT Secretariat and WHO Regional Offices, coordinate the definition of the regional work plan and strategic direction including national capacity building efforts in line with the Global Initiative;
- organize and ideally host the annual meeting of the Regional Group with the support of the Vice Chairs, EMT Secretariat and WHO Regional Office;
- assist with the regular dissemination of relevant information and facilitate interactions among EMTs in the region;
- represent the EMT network in the region in relevant meetings and events, if relevant.
- actively coordinate the activities of the Regional Group with the Secretariat and the Vice chairs, including through regular teleconferences and other meetings.
- Advocate for funding for regional EMT activities, such as exercises and trainings.

b. Regional Vice-Chair

The role of the Regional Vice-Chair is to:

- promote the EMT Initiative including principles, standards, methodology and guidelines amongst countries and organizations of the region and promote their participation in the EMT Regional Group, including events like simulation exercises;
- backfill and support the role of the Regional chair when required
- with the EMT Secretariat, support the chair in the definition of the regional work plan and strategic direction in line with the Global directives;
- support the organization of the annual meeting of the Regional Group;
- support relevant training and exercise events in the respective Regional Group;
- represent the Regional chair and EMT network in the region in relevant meetings and events, if required.
- participate and represent the Region in the SAG meetings as well as in the annual EMT Global meeting;
- actively support the coordination of the activities of the Regional Group with the Secretariat and the chairs, including through regular teleconferences and other meetings.

Annex 2: Contributions to the update of the Blue Book

The following is a compilation of the feedback and contributions provided by the Regional Group for the update of the Blue Book and is to be considered by the writing group.

I. Contributions to the content of the Blue book based on the key questions:

- a. Do chapters need to be added or removed?
 - b. Are there technical or coordination topics or points you would like to highlight for inclusion in the first draft?
- In general, there is agreement with the chapters; comments were more on the details of each section.
 - Core standards
 - Include section on legal obligations of teams as well as guidance on process when teams are non-compliant
 - Stress the requirement for patient consent including use of interpreters to obtain consent; awareness of legal regulations of host nation
 - Technical content/ standards:
 - More guidance and standards for specialist teams, including indications on self-sufficiency requirements of specialist teams
 - Include standards on protection, vulnerable groups, disability, mental health issues, gender based violence, high risk issues: special considerations for how to deal with them
 - Include a section on poisoning
 - Include a section on CBRN
 - Clarify whether mental health is covered specialist cell or part of mobile/fixed team
 - Include outbreak technical standards and reference to public health rapid response teams as an own type of team with own classification process
 - Include infection control standards across all types of EMTs/ cells
 - Include standards on obstetrics and gynecology and new born care; reference also to breastfeeding guidelines of host country; need for a neonatal vaccination standard for babies born after sudden onset disasters; need for more detail in minimum standards around newborn care/basic neonatal resuscitation
 - Reference to Sphere standards and inclusion of recommendation for Sphere e-learning for EMTs, including on child protection
 - Include minimum standard for medicine volumes
 - Include indicator figures (ie. how much water, how many “wound care” etc.)
 - Include more guidance and technical standards on blood bank as well as the specific coordination role of the EMTCC
 - Include patient nutrition guidance
 - Include section on safety and security
 - Domestic and sexual violence after care – legalities around morning after pill for instance, requirements to carry PEP, linking into local police
 - Toolkit:
 - it is expected to provide clear indications on how to set up a field hospital in the field;
 - include details on required equipment and medicines.
 - Provide more details on composition of teams, include staffing profile per type of team (from team lead to “utility staff”)
 - Explain the training requirements of each team type
 - Clinical governance
 - Provide a suggested framework for ethical considerations and the related decision making processes; inclusion of a clinical governance guide

- Coordination and information management:
 - Include explanation of how the EMTCC fits into the structures of the host country; what are the lines of communication; how int'l EMTs are expected to communicate with the host country; explain responsibilities and liaison functions
 - clarification needed on how the EMTs relate to the cluster approach
 - guidance also on how the EMT link and contribute to outbreak response
 - Deployment and exit process: a step by step guidance, potentially with a case study or example to illustrate
 - Provide clear guidance on what to do with documentation such as health records so as to ensure continuity of care
 - Recommendations for communication tools (incl satellite phones in case of break down)
 - Provide guidance on incident management structures within the teams
 - More detail on linking in with local NGOs if the host countries system is unable to take over follow-up care, or outbreak management – for instance – having to carry measles vaccines or source from an NGO in the case of an outbreak
 - need a section on implementation of military involvement/capacity into the EMT process or EMTs
- Team management
 - Suggestions around team debrief, psychological team welfare. More detail around team welfare in general
 - Provide further guidance on medical practice insurance
 - Include a section on staff care by EMTs
 - Standards around team rotation and handover
- Ethical
 - Include clear indications on obligations regarding patient data and medical record privacy (host MOH “owns” data; need for permission for research purposes, etc.)
 - Consent privacy and confidentiality around photographing patients – either for informing referral to a higher level facility or for use in future presentations on EMT work.
- Provide guidance for elaboration of national minimum standards for countries to validate/accredit their own national teams
- Implementation of the EMT initiative
 - Include reference to focal points and their role
 - Explain the purpose of the country profiles
- General aspects:
 - Change perception of the “minimum standards” by encouraging teams to actually exceed them, but at the same time, also give considerations to maximum standards – (provision on appropriate level of care in a given country in order to ensure proper handover when international EMTs leave)
 - Considerations be given to mass casualty incidents, how to organize surge capacity within the emergency when there is an “incident within an existing emergency”
 - Divide the types EMT 1, 2, 3 and specialist teams into different parts, which may require a change to the structure of the book; but still ensure that there is a summary of all types
 - Provide clarity on what is expected by each EMT: are they expected to produce their own “manual” based on the Blue Book?
 - Place the guiding principles at the very beginning of the Blue Book
 - Suggestion to create a closed google group community to share advice on equipment minimum standards
- Format and style
 - Consider publishing the Blue Book in other formats than just a “book”. Consider making it easier to navigate (format & style). Consider mobile application.
 - Consider including hyperlinks, such as for cultural guidelines

II. Comments on the writing and review process:

- a. On the timeline
 - b. Suggest ways the revision process can include maximal input from countries and teams
- The timeline is extremely , probably too ambitious but it is clearly a high priority. It will probably take three times longer than planned.
 - Consultation period should be at least for 6 months, preferably longer to give time to everyone to appropriately contribute (note: the coming period is the “disaster season” in the Pacific and countries will not be able to spend time on reviewing the drafts)
 - EMT focal points/coordinators at country level should be given appropriate time to gather, collate and provide feedback. Country focal points should be encouraged to run country workshops to review the draft Blue Book and provide comments.
 - Ensure timely and accurate information is provided to the EMT community on where the process of updating lies; with clear indications on when and how to contribute and review drafts
 - Suggestion for an online group review
 - Serious consideration to be given on who will be in charge of maintaining the Toolkit up to date.

Annex 3: Contributions to EMT global strategy

I. Vision & Mission – Do you collectively agree with them? Is there anything missing that you would like to see included?

- It was suggested to add the vision to the actual strategy document; and reorder the vision statement to state:
 - 1. Saving lives
 - 2. Preserving health
 - 3. Protecting dignity
- On the Mission:
 - Consider deleting the words “sudden-onset”
 - Add the notion of preparedness by stating “through **preparedness and** rapid deployment...”
 - Consider adding a section that clarifies what an EMT is not!
 - Consider rewording the mission to state that it is not “to reduce the loss of life” but that this is an outcome, worded as follows “in order to reduce the loss of life”..
 - Consider emphasising even more the “upscaling of national capacity”
 - Explain the “scope” of EMT work and consider adding reference to protracted emergencies/refugee situations; or consider it covered by “other emergencies”.
 - Consider including reference to IHR and explain the alignment with IHR
 - Consider explaining an endpoint to the role of EMTs in the mission statement (timeframe) – would it be the “acute phase”; however, what about ongoing conflict situations.
- It was questioned whether we should continue to refer to an “Initiative” (“How long does it stay an “initiative?”); consideration to be given to transform it into something more permanent and stronger, e.g. a strategy

II. Objectives – Do you collectively agree with them? If not how would you suggest amend?

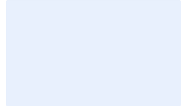
- In general there was agreement with the five objectives; however, The global strategy should include a strategy to formalise the initiative into a Programme (and all that that entails in terms of governance, procedures, processes etc.).
- It was suggested to add a reference to “creating a platform for collaboration” in the introductory sentence of the Objectives
- It was suggested to add reference to
 - “monitoring and evaluation” into objective 2 on quality assurance
 - “research and lessons learnt” under objective 1
 - “providing a framework for clinical governance” in objective 2, instead of “quality assurance”
 - “commitment” instead of “buy-in” in objective 5, or other suggested wording: Ownership, adoption, engagement, achieving a substantial level of commitment from member states and organisations’, no longer calling it an initiative
- It was suggested to clarify the responsibilities in objective 3
- Consider adding an objective or a reference to assessing the impact of EMTs on the beneficiaries
- Under the implementation section, it was suggested to add reference to funding streams and responsibilities with regards to funding into the strategy; including the role of WHO.
- Reference should be made to “accountability” of EMTs

III. Suggested priorities for the regional work plan

- Alignment with bi-regional APSED III (Asia pacific strategy for emerging diseases and public health emergencies).

- Develop a plan of action/advocacy strategy that leads to the EMT initiative being considered and endorsed by the WHO Western Pacific Regional Committee meeting
- Ensure mentoring from within the region and partnering between teams in the region
- Promote regional collaboration in simulations and exercises
- Make country specific information available through focal points
- Collaborate with the Secretariat, in particular by providing feedback in timely manner and contribute to technical working groups
- Promote awareness of the EMT initiative to help prevent future “medical tourism”
- Consider establishing long term goals and progressive steps to achieve them
- Establish a clear regional governance mechanism/ framework

Annex 4: Template for the EMT Country Profile



Emergency Medical Teams Country Profile: [Country Name]

Insert Flag

- Please send to emteams@who.int for inclusion on the EMT website.

EMT Country Focal Points	
EMT National/ Policy Focal Point	Name: Designation: Phone: E-mail:
EMT Operations Focal Point	Name: Designation: Phone: E-mail:

Detailed information by EMT						Deployment history
EMT Name	Organization Type (govt, military, NGO, etc.)	Team Type (type 1,2,3 or specialized cell)	Status of classification or accreditation (Nationally accredited (if so, by whom?) internationally classified by WHO?)	Website (if existing)	Team focal point Contact details (ie. of team leader)	(deployment date, support provided and duration)

Annex 5: Template for the information note for EMTs on activation and response set up

Explanation

- The Ministry of Health/ EMT Coordination Cell in each country is encouraged to gather this information, which is relevant and useful for the activation, deployment and arrival of national and international EMTs in emergencies.
- It is recommended to gather this information in the preparedness phase, and to update it for every emergency response situation.
- The updated sheet should be made available, including online ideally, to EMTs, both national and international, who have offered or are considering to offer deployment to the emergency.

General information on the country

- ✓ Capital city
- ✓ Government structure (especially emergency management structures and MoH)
- ✓ Population (general as well as by province/region)
- ✓ Time zone
- ✓ International telephone prefix
- ✓ Official language and other languages
- ✓ Religion
- ✓ Climate, including range of temperatures (summer and winter), duration of rainy season, duration of cyclone season
- ✓ Type of electricity and plugs
- ✓ Currency and most common exchange rates
- ✓ Security concerns that may affect EMTs
- ✓ Cultural and religious factors, in particular those of relevance for medical attention of patients, birth and dead body management

Epidemiology and WASH

- ✓ Public health situation, including alerts
- ✓ Endemic diseases: prevalence and resistance to medication
- ✓ Communicable diseases, including statistics and quarantine requirements
- ✓ Immunisation rates
- ✓ Sexually transmitted infections (STI) prevalence rates
- ✓ Prevalence rates of non-communicable diseases
- ✓ Prevalence rates for HIV
- ✓ Insects, animals or plants of relevance to EMTs
- ✓ Nutritional status (by region)
- ✓ Waste management
- ✓ Hygiene and sanitation considerations of relevance to EMTs

Health infrastructure, regulations and policies

- ✓ Description of the overall health system
- ✓ Information on existing hospitals and health centers, including major referral hospitals
- ✓ National blood bank
- ✓ Pre-hospital emergency care services, including existing capacity of patient transfer capability / ambulances
- ✓ Relevant national treatment protocols, including levels of care
- ✓ Laboratory testing capacity
- ✓ Registration process of births and deaths
- ✓ legal restrictions around sexual and reproductive health

Support to operations

- ✓ Entry procedures for international teams
 - Procedures and requirements for visa and registration, recognition of qualifications, (temporary) licences to practice
 - Customs requirements for pharmaceuticals and medical equipment during emergencies; as well as for their re-exportation upon return to home base of the international EMTs, customs liaison officers and their contact details
- ✓ Any other legal obligations
- ✓ Main access points: airports (including length of runways), harbours, land-access
- ✓ Availability of fuel
- ✓ Availability of oxygen for medical use and type of filling connector required
- ✓ Availability of local providers (supplies, equipment, pharmaceuticals, etc.)
- ✓ Warehouse capacity for medical supplies
- ✓ Indications for communication channels and procedures

Annex 6: Agenda

EMT Western Pacific Regional Meeting
and
Workshop on Strengthening the
Emergency Medical Teams initiative
For All-Hazards Emergencies Preparedness, Alert and Response

AGENDA

(version 20 November 2017)

Monday, 20/11/2017	Agenda item	Responsibilities
All day	Arrival of participants	Own responsibility
16:00-18:00	Registration of participants in Hotel Realm	Australia
17:00-18:00	Meeting of the Regional Chairmanship Group: Australia, China and Japan	Australia & Secretariat

Tuesday, 21/11/2017	Agenda item	Responsibilities
08:00-08:45	Registration of participants in Hotel Realm	Australia
09:00-09:15	Welcome to country	Australia
09:15-10:15	<p><u>Key note speeches:</u> Health emergency response in the Western Pacific: the role of EMTs</p> <ul style="list-style-type: none"> • DOH • DFAT • WHO WPRO • WHO EMT Secretariat 	DOH DFAT WHO WPRO WHO EMT Sec.
10:15-10:45	Group photo and break	Australia
10:45-11:00	Adoption of the agenda and introduction of participants	EMT Secretariat
11:00-11:30	<p><u>Session 1:</u> Introduction to the EMT initiative and update on global activities</p> <ul style="list-style-type: none"> • General presentation 	EMT Secretariat
11:30-13:00	<p><u>Session 2:</u> Rapid deployment and acceptance of EMTs at the regional level and challenges faced by countries in receiving international EMTs</p> <ul style="list-style-type: none"> • Introductory words and panel presentations by selected countries, followed by open floor <p><u>Expected result:</u> recommendations on good practices for ensuring rapid response by EMTs, including on prioritization of classified EMTs</p>	<p><i>Session chair:</i> Australia</p> <p><i>Presenters:</i> IFRC New Zealand Japan Philippines Fiji</p>
13:00-14:00	Lunch	Australia
14:00-14:20	<p><u>Session 3:</u> Update on EMT activities in the region</p> <ul style="list-style-type: none"> • Presentation by the Regional Chair 	Australia
14:20-14:30	Presentation of the Recognition of Classification to NZMAT	Australia/Secretariat
14:30-15:30	<p><u>Session 4:</u> Challenges of responding in island nations (logistics, transport, patient referrals, and others)</p> <ul style="list-style-type: none"> • Introductory presentation and panel discussion amongst selected countries, followed by open floor <p><u>Expected result:</u> summary of key challenges and recommendations on how to address these</p>	<p><i>Session chair:</i> Japan</p> <p><i>Presenters:</i> Vanuatu Solomon Islands Australia</p>
15:30-16:00	Break	Australia
16:00-18:00	<p><u>Session 5:</u> Implementation of the EMT initiative in the region: the role of EMT national focal points, governance and WHO support</p> <ul style="list-style-type: none"> • Introductory presentation and group discussion, followed by plenary feedback • <u>Discussion note:</u> "Implementation of the EMT Initiative in the Western Pacific region" <p><u>Expected result:</u> common understanding of how to implement the EMT initiative in the region, in particular role on of EMT focal points, and Regional Chairmanship group and WHO</p>	<p>Session chair: China</p> <p>Presenter: WHO EMT Secretariat</p> <p>Facilitators: WHO WPRO and WHO EMT secretariat</p>
18:30-20:30	Welcome reception hosted by the National Critical Care and Trauma Response Center	NCCTRC

Wednesday, 22/11/2017	Agenda item	Responsibilities
08:50-09:00	Summary of discussions of day 1	Secretariat
09:00-10:30	<p>Session 6: Key EMT coordination issues (updated Blue Book)</p> <ul style="list-style-type: none"> Introductory presentation and group discussion on EMT coordination options, positioning of the EMTCC, and support from WHO and EMTs to countries <i>Discussion note:</i> “Review of the Blue Book and minimum standards for EMTs” <p><i>Expected result:</i> recommendations and input on key questions of relevance for the ongoing update of the Blue Book</p>	<p><i>Session chair:</i> Japan</p> <p><i>Presenter:</i> WHO EMT secretariat</p>
10:30-11:00	Break	Australia
11:00-12:45	<p>Session 7: Mapping of existing hazards, EMT capacities, capacity strengthening projects and development of EMT country profiles</p> <ul style="list-style-type: none"> Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project), Japan EMT Capacity strengthening in Pacific island countries EMT participation in Earthquake response exercise, Malaysia Presentation and review of the proposed EMT country profile template <i>Discussion note:</i> “Development of EMT country profiles” <p><i>Expected result:</i> sharing of information and objectives on ongoing projects, recommendation on the process to complete the EMT country profiles and make them available</p>	<p><i>Session chair:</i> China</p> <p><i>Presenters:</i> Japan Australia & Fiji Malaysia EMT Secretariat</p>
12:45-14:00	Lunch	Australia
14:00-15:00	<p>Session 8: EMT global strategy and regional priority setting</p> <ul style="list-style-type: none"> Presentation of the draft strategy and group discussion to review and provide inputs as well as identify key regional priorities for 2018 <i>Discussion note:</i> “Development of an EMT global strategy” <p><i>Expected result:</i> contributions to the EMT global strategy, recommendation on the presenting it to the Regional Committee meeting in 2018 and input to the Regional Chairmanship group and WHO for the development of a regional EMT work plan</p>	<p><i>Session chair:</i> Australia</p> <p><i>Facilitator:</i> WHO WPRO and WHO EMT secretariat</p>
15:00-15:30	Break	Australia
15:30-16:30	<p>Session 8 (cont'd): Brief country reflections on EMT global and regional priorities, and contributions to the regional work plan</p> <ul style="list-style-type: none"> Update and reflections on the EMT initiative and the priorities for its own country and the region Expectations on WHO and the Regional Group for support requirements 	<p><i>Session chair:</i> Australia</p>
16:30-16:45	Designation of Regional Chair for 2018	EMT Secretariat
16:45-17:00	Summary and conclusion	Australia, WHO
Evening and next day	Departure of participants	Own responsibility

Annex 7: List of participants

See the list on the following link:

https://vosocc.unocha.org/GetFile.aspx?file=4820_lid_3917_0-EMT.WP.regional%20meeting.list%20of%20participants.20171122.final.pdf