What are EMTs?
The term EMT refers to 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.
EMTs CHARACTERISTICS

The definition seeks to apply to everyone from the very small groups of medical personnel arriving with a back pack after watching CNN to the large professional teams from IOs, NGOs & Governments.

EMTs include governmental (both civilian and military) and non-governmental teams and can include both national and international EMTs.
All health systems are comprised of a series of escalating levels of care from basic primary health to district hospitals to regional referral centres, and it is common practice for patients to move between all levels of care.

EMTs in an SOD or outbreak support the surge in demand at each of these various levels or temporarily replace damaged facilities.
## EMT Capacity Matrix

<table>
<thead>
<tr>
<th>Type 1 - Mobile</th>
<th>Type 1 - Fixed</th>
<th>Type 2</th>
<th>Type 3</th>
<th>Specialist Cells</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY &amp; EMERGENCY CARE MOBILE OUTPATIENT CARE</td>
<td>PRIMARY &amp; EMERGENCY CARE OUTPATIENT CLINIC</td>
<td>EMERGENCY CARE OUTPATIENT CLINIC &amp; INPATIENT SURGICAL TRAUMA CARE FACILITY</td>
<td>EMERGENCY CARE OUTPATIENT CLINIC &amp; INPATIENT INTENSIVE &amp; REFERRAL CARE FACILITY</td>
<td>SPECIALIST CARE TEAMS</td>
</tr>
<tr>
<td>Able to treat minimum per day: 50 outpatients</td>
<td>Able to treat minimum per day: 100 outpatients</td>
<td>Able to treat minimum per day: 100 outpatients 20 inpatients 7 major surgical procedures 15 minor surgical procedures</td>
<td>Able to treat minimum per day: 100 outpatients 40 inpatients 4 intensive care 15 major surgical procedures 30 minor surgical procedures</td>
<td>Pre-hospital transport Primary medical care Maternal child health Surgical speciality Infectious &amp; Outbreak Dialysis Rehabilitation Medevac retrieval</td>
</tr>
<tr>
<td>Day time services only</td>
<td>Day time services only</td>
<td>Day time outpatient services 24 hour inpatient &amp; surgical services</td>
<td>Day time outpatient services 24 hour inpatient &amp; surgical services</td>
<td>Embedded specialist services only</td>
</tr>
<tr>
<td>Mobile team &amp; equipment</td>
<td>Fixed team &amp; equipment</td>
<td>Fixed team &amp; equipment</td>
<td>Fixed team &amp; equipment</td>
<td>Mobile or Fixed team &amp; equipment</td>
</tr>
<tr>
<td>No temporary clinical facility</td>
<td>Temporary clinical facility provided</td>
<td>Temporary clinical facility provided</td>
<td>Temporary clinical facility provided</td>
<td>No temporary clinical facility</td>
</tr>
<tr>
<td>Deployment 14 days minimum</td>
<td>Deployment 14 days minimum</td>
<td>Deployment 21 days minimum</td>
<td>Deployment 28 days minimum</td>
<td>Deployment 14 days minimum</td>
</tr>
</tbody>
</table>
OBJECTIVES OF EMTs INITIATIVE

- Expand Global/Regional Coordination & Partnerships
- Set Standards, Collect Best Practices & SOPs & Create Knowledge Hub
- Implement Capacity Building & Training
- Provide Quality Assurance & Classification
- Deliver Response Coordination & in field Quality Assurance
**Member State/Affected Population Benefits**
Governments and people affected by emergencies and outbreaks can be assured of a predictable and timely response by well trained and self-sufficient medical teams.

**Medical Team Benefits**
Medical Teams that reach the minimum standard and are quality assured in a peer review process will be more likely to be requested to respond by affected member states and have a streamlined arrival process.

**Donor Benefits**
Donors including the general public can be assured that the teams they support have reached an international minimum standard.
BENEFITS of EMTs INITIATIVE

Operational Research and Development
The development of an EMT Community of Practice and the creation of a knowledge hub will allow EMTs to share SOPs and best practice. Operational research and development by WHO partners will improve EMT performance.

Timely Response
National & Regional EMTs will be capacitated to prepare & respond to domestic, sub-regional & regional events. This will ensure an even more timely and appropriate response to health emergencies in the future.
EMT Regions

- The Americas
- Africa, Europe, Middle East
- Asia & Pacific

MAPPING OF EMTs
EMT INTERVENTIONS

Haiti

Haiti Earthquake

300 Teams Deployed

World Health Organization
EMT INTERVENTIONS

Philippines

Typhoon Hayian

- Total number of EMTs registered on arrival: 83
- Total number of EMTs deployed, and actively engaged in coordination: 151

A total of 193,647 consultations were recorded by the 83 reporting teams.
Vanuatu

Cyclone Pam

Total number of EMTs deployed: 28
Total number of international staff: 169
EMT INTERVENTIONS

Guinea, Sierra Leone, Liberia

Ebola Outbreak

The Ebola response was the largest deployment of EMTs for an outbreak 58 teams over 4,000 staff
EMT INTERVENTIONS

Nepal Earthquake

149 EMTs registered and physicians given temporary licenses to practice
EBOLA OUTBREAK

Ebola outbreak represents a new paradigm for EMTs

EMTs have had a primarily trauma and surgical focus, however, the recent West Africa Ebola outbreak has demonstrated their value in complex and high risk health emergencies such as outbreak response.
EMT Global Classification portal allows organizations to declare their compliance with the Classification and Minimum Standards for Foreign Medical Teams in sudden onset disasters and begin the steps towards classification.
MENTORSHIP AND VERIFICATION PROGRAM GOALS

1. Create a fair & transparent mechanism for application, screening for eligibility, validation and verification of EMTs

2. Strengthen capacity, optimize cost effectiveness & maximize probability of success for organizations eligible for the verification process

3. Provide guidance & support to organizations throughout the Classification process towards successful Site Verification of evidence capacity to meet minimum standards
**TIMELINE M&V PROGRAM**

- EMT Secretariat phase: 1-3 Months
- Mentorship phase: 1-6 Months
- Validation & Verification phase: 1-3 Months

**Minimum:** 3 Months  | **Maximum:** 12 Months

To complete initial Global Classification
**Step 1**
Mentor Program Consultative Site Visit

**Step 2**
Mentor team in support development & identification minimum standards evidence package

**Step 3**
Verification Team Site Visit

**Step 4**
Global Peer review team validation of minimum standards evidence against declared EMT Type & endorse Global Classification
NEXT STEPS

Registration and quality assurance of EMTs (200+ estimated)

Country declarations that they will not accept teams from the international community that do not reach the minimum standard

Enhancement of national team response and national capacity to coordinate, with WHO and UN-OCHA support

Teams that are predictable, timely and self-sufficient
  - No individuals or small groups without equipment, medications or means of self-caring

Enhanced Knowledge of Classification, Capability and Coordination Mechanisms

Ensure global “all-hazards” capacity with regional focus

Use of EMTs to leave a legacy, not just a response
GLOBAL HEALTH EMERGENCY WORKFORCE

Sources of the Global Health Emergency Workforce

- **National Capacities**
- **International Emergency Medical Teams**
- **WHO and UN**
- **Networks and Partnerships**
- **Other**

- Most work in national emergency care services/public health systems day to day
- Some volunteer with international teams (Govt, NGO or militaries)
- A small number come from UN/WHO, networks and private sector
Resources

http://www.who.int/about/whoreform/emergency-capacities/en/


https://extranet.who.int/emt/

nortoni@who.int or EMTeams@who.int