

EMT


YEAR IN REVIEW 2018

EMERGENCY MEDICAL
TEAMS INITIATIVE



World Health
Organization



A blue-tinted photograph of emergency medical personnel in high-visibility vests standing in front of a white tent with a red cross and diamond symbol. The text "Emergency Medical Teams Initiative Year in Review 2018" is overlaid in white.

Emergency Medical Teams Initiative Year in Review 2018

The WHO Emergency Medical Teams (EMT) Initiative supports national medical teams to better respond to emergencies and outbreaks. The Initiative also supports strengthening of relevant authorities to manage activation and coordination of national teams and, if required, international medical teams within the national Health Emergency Operations Centre (EOC) system. When a disaster strikes or an outbreak flares, the more rapid the response, the better the outcome for patients. That is why the EMT Initiative places such a strong focus on helping every country develop its own teams, who can deploy where they are needed in the shortest time.

Cover photo: EMT coordination cluster training in Macao SAR, China

Photo on this page: EMT verification in Sichuan, China



Contents

6 Top 10 for 2018

7 Chapter 1 Building EMT capacity through training and simulation

12 Chapter 2 Responding to emergencies

15 Chapter 3 Setting standards and supporting their implementation

17 Chapter 4 Mentoring teams to achieve minimum standards

18 Chapter 5 Strengthening high-level commitment to the EMT Initiative

20 Chapter 6 The agenda of the EMT Initiative for 2019 and beyond

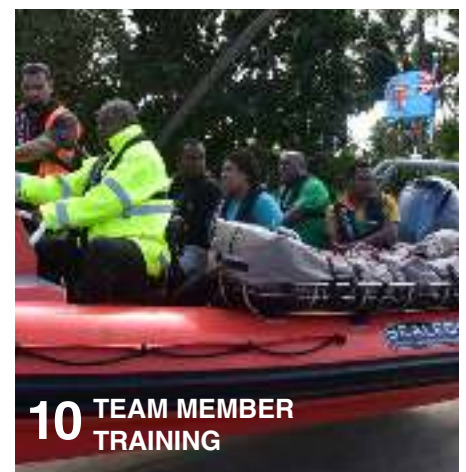
22 Chapter 7 Funding Update



8 REGIONAL AND
NATIONAL EMT
AWARENESS
WORKSHOPS



9 SIMULATION
EXERCISES



10 TEAM MEMBER
TRAINING



11 EMT
COORDINATION
COURSES



15 BLUE BOOK
UPDATE

Top 10 for 2018

Key achievements of the EMT Initiative in 2018

01



National EMTs

National capacity strengthening through EMT team member training and a range of other courses, tools and guidance.

02



Disaster simulation

Coordinating with regional and global bodies, such as OCHA and INSARAG, ASEAN and the European Civil Protection Mechanism.

03



Blue Book

Engaging the global EMT community in the revision and update of the guiding document *Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters (2013)* (also known as the Blue Book), with a launch expected in 2019.

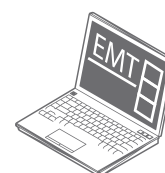
04



Red Book

Initiation of a year-long global consultative process to develop a guiding document on EMTs in armed conflicts and complex emergency settings (the Red Book).

05



Online toolkit

Leveraging the EMT community of practice to build an online toolkit to support teams to learn from each other and implement standards.

06

22 classified teams

Eight teams* newly classified, bringing the total to 22 classified teams globally.

07

79
on the way

79 teams are undergoing mentorship to achieve compliance with the minimum standards with many of them aiming for verification and classification as internationally deployable teams.

08

130
countries

Awareness

130 countries and areas aware of the EMT Initiative through national workshops and regional meetings.

09



Minimum standards

Final drafts of recommendations and minimum technical standards developed for EMTs on maternal, newborn and child health and on burns care.

10



EMT coordination

Stronger EMT coordination capacity achieved through three regional, one sub-regional and three national EMT Coordination Cell courses, leading to over 300 people trained in EMT coordination.

With the support of a dedicated community of partners, as of 2018, news of the EMT Initiative has reached over 130 countries globally. EMT awareness and capacity-building work is ongoing in 40 of these, with 63 in the pipeline for WHO support. EMT Coordination Cell training has engaged over 300 people from 38 countries. In addition, a regional approach is being pursued that leverages strong bilateral and regional relationships between countries and strengthens opportunities for south-south and triangular cooperation.

* Teams newly classified in 2018:

Newly 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),

Aspen Medical (specialist cell – surgical and outbreak clinical care),
Malteser International (German NGO, type 1)

Chapter 1: BUILDING EMT CAPACITY THROUGH TRAINING AND SIMULATION



Capacity-building EMTs at national, regional and international level is at the core of the EMT Initiative. The Initiative uses a structured approach, starting with awareness workshops and moves through national coordination courses then to team member trainings and participation in simulation exercises. Specific EMT training modules promote interaction and interconnectedness among teams. The Initiative also works with partners and regional bodies, such as OCHA, the European Union and the Association of Southeast Asian Nations, to offer UNDAC, civil-military, cluster and other courses. These activities support countries and teams to strengthen capacities and save lives in emergencies.

*Photo: EMT Coordination
Cell course in Macao SAR, China.*



REGIONAL AND NATIONAL EMT AWARENESS WORKSHOPS



Awareness workshops are designed to introduce the EMT Initiative to countries. These workshops build on two International Health Regulations (2005) core capacities related to national medical response teams and the ability of countries to accept or decline international assistance (medical counter-measures). In 2018, EMT awareness workshops were held in 26 areas and territories.¹ A joint regional WHO and West African Health Organization (WAHO) workshop on setting up EMTs, involving 13 countries from the African Region, was also held in Côte d'Ivoire. Outcomes of these workshops include developing action plans to create national teams, and to strengthen case management coordination with health emergency operations centres (EOCs) as well

as to develop processes to accept or decline international EMTs. Awareness workshops are often the start of a multi-year programme of capacity-building and training.

Photo: (above) in occupied Palestinian territory, including east Jerusalem (left) awareness and experience sharing workshop in the Republic of Korea

1) Argentina, Armenia, Bahrain, Bolivia (Plurinational State of), Brazil, Chile, Costa Rica, Egypt, occupied Palestinian territory, including east Jerusalem, Ghana, Guinea, Haiti, Jordan, Kuwait, the Lao People's Democratic Republic, Nigeria, Qatar, Saudi Arabia, Senegal, Singapore, Somalia, South Africa, Tajikistan, Turkey, United Arab Emirates and Uruguay



SIMULATION EXERCISES



Large-scale exercises that immerse teams in a simulated emergency setting are a testing ground for deployments and multi-agency coordination. They provide opportunities to build rapport and share best practices across organizations and allow immediate adaption based on lessons learnt. Support was provided to the EMT component in four simulation exercises in 2018: EU MODEX Romania bringing together 2700 participants and EMTs from across Europe, OCHA and INSARAG regional earthquake response exercises in the Philippines and Armenia, and the ASEAN (ARCH project) simulation in Viet Nam.

Photos: EU MODEX in Romania



TEAM MEMBER TRAINING

The EMT Initiative supports countries in setting up their national team-training curriculum, continuously refreshing their skills and strengthening teamwork. The training creates an immersive environment, focused on key areas of relevance to the team and the national and regional situations in which they are likely to deploy. Team Member training was first piloted in Fiji, Macao SAR, China, Solomon Islands, Tonga and Vanuatu, with a second round of training also run in Fiji. Countries, such as Australia, China, New Zealand and the Philippines, are continuously improving their team training, integrating sections of the standard training package to improve team member understanding of EMT principles and response to public health emergencies and outbreaks. In countries with huge training needs (over 1800 staff being trained for national EMT deployment), such as in the Philippines, a training-of-trainers approach has been used.



Photos: team member training in Fiji

EMT COORDINATION COURSES



EMT coordination saves lives by rapidly deploying teams where they are needed most. This coordination is done by the national authorities within their health emergency operations centres, with support from WHO and partners as required. WHO conducts training on EMT coordination at the national level (e.g. courses in Armenia, Chile, New Zealand, the Philippines, etc.) and at regional level in Macao SAR (China) for the Western Pacific, the United States of America for Caribbean countries, Guatemala for the Central Americas and Spanish-speaking Caribbean, and Uruguay for South America.

Photos: EMT Coordination Cell course in Macao SAR, China

EMT Americas and EMT Ignite webinars

In the Region of the Americas, an online platform (www.emtamericas.org) has been developed for teams, focal points and stakeholders to share regional experiences, knowledge and material from workshops, courses and other events. A stand-alone e-learning course has been developed: Introduction to the EMT Initiative. Regular bilingual webinars are also held on topics requested by the regional group, such as international technical standards in medical waste management for EMTs, pharmaceutical management for EMTs, and optimizing clinical care in emergencies – rehabilitation.





Chapter 2: RESPONDING TO EMERGENCIES

The EMT Initiative focuses on capacity-building of national teams and national coordination. Multiple examples of nationally-led EMT responses occurred in 2018, while several responses also required additional support from WHO and partners, including international EMTs. All were built on previous WHO capacity-strengthening activities in the countries involved.

Photos: (above, bottom middle, page 14) Diphtheria treatment tent Bangladesh, (lower middle) Senegal EMT responding in Democratic Republic of the Congo, (bottom right) camp in Sanamxa in in the Lao People's Democratic Republic



COSTA RICA

- ❗ Local contingencies
- 🚚 National
- 👥 1 EMT

ECUADOR

- ❗ Local contingencies
- 🚚 National
- 👥 3 EMTs

Venezuelan migrant crisis

- 🚚 National
- 👥 7 EMTs

ARGENTINA

- ❗ Local contingencies
- 🚚 National
- 👥 1 EMT

DEMOCRATIC REPUBLIC OF THE CONGO

- ❗ Ebola virus disease
- 🚚 Regional/international
- 👥 4 EMTs

- ❗ Tanker collision/fire
- 🚚 Regional/international
- 👥 1 EMT

OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM

- ❗ Local contingencies
- 🚚 Local
- 👥 8 trauma stabilization points (EMTs)

BANGLADESH

- ❗ Diphtheria outbreak
- 🚚 Regional/international
- 👥 2 EMTs

INDONESIA

- ❗ Earthquake/ tsunami
- 🚚 National and regional (ASEAN)
- 👥 59 EMTs

PHILIPPINES

- ❗ Typhoon
- 🚚 National
- 👥 43 EMTs

THE LAO PEOPLE'S DEMOCRATIC REPUBLIC

- ❗ Attapeu province dam collapse
- 🚚 National and regional
- 👥 10 national / 6 international EMTs

FEDERATED STATES OF MICRONESIA AND COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

- ❗ Typhoon Yutu
- 🚚 Regional/International
- 👥 2 EMTs

VANUATU

- ❗ Volcano
- 🚚 National
- 👥 2 EMTs

KIRIBATI

- ❗ Ferry incident
- 🚚 National
- 👥 1 EMT

TONGA

- ❗ Cyclone Gita
- 🚚 National and regional
- 👥 2 EMTs

PAPUA NEW GUINEA

- ❗ Earthquake
- 🚚 National
- 👥 1 EMT

PHILIPPINES

National emergency medical teams on the frontline of emergency response

The trend towards localization in emergency response was highlighted in the Philippines in 2018, with excellent national capacity to respond after training of EMTs and EMT coordination by WHO in 2017-2018. On 12 September, the strongest typhoon to hit the Philippines since Typhoon Haiyan, Super Typhoon Mangkhut, entered the Philippine area of responsibility, 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 health emergency response teams (inclusive of national EMTs) to the affected regions in a nationally coordinated response.

ECUADOR

Strong surge capacity of Ecuador teams

Ecuador has focused on capacity-building in 2018, with two national EMT response induction courses and two national EMT deployment management courses. The country's type 2 EMTs and surgical cell were deployed to provide surge capacity when needed in local health facilities. The Government of Ecuador is also implementing EMT reporting tools and coordination methodology for management of mobile teams to border areas – where additional health care needs have been identified – due to the influx of migrants from Venezuela. Seven Ministry of Health EMT type 1 mobile teams were deployed along the humanitarian corridor to provide urgent outpatient care in late 2018.

INDONESIA

On 28 September, a 7.7 earthquake and tsunami hit 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 to respond to the emergency. As of 8 October, the Government had deployed 1175 medical personnel working in 15

hospitals and 50 primary health care centres, mobilized through national EMTs and volunteer health-care workers. At least 25 international EMTs were on standby or deployed forward response teams, in full compliance with the coordination of the Government of Indonesia and eventual assessment of no gaps in response. This was on the background of recent workshops with the Ministry of Health of Indonesia on coordination of EMTs.

DEMOCRATIC REPUBLIC OF THE CONGO

Senegal EMT supporting burns response in the Democratic Republic of the Congo

The Senegal Emergency Medical Team of the Ministry of Health and Social Action and the Ministry of Defence, having signed up to the EMT mentorship process, was deployed in October 2018 as a specialist burn care team for a major road collision in the Democratic Republic of the Congo. The collision, between an oil tanker and a bus, resulted in over 50 deaths and over 100 people with severe burns. Composed of six members (team lead, surgeon, anesthetist and nurses) with materials and equipment, the team provided direct care to patients and built capacity for clinical burns care in two hospitals in Kinshasa. Colleagues from Senegal's EMT were directly supported by the WHO Regional Office for Africa to deploy for over one month as a

specialist burns team. They then participated in the Third EMT Technical Working Group on Burns Care in New Delhi, India in November 2018. They were able to contribute their experiences and lessons learnt to shaping global guidance on burns care in emergencies.

VANUATU

Vanuatu medical assistance teams respond for the first time

Vanuatu is among the most disaster prone countries in the world and regularly faces cyclones and volcanic eruptions. Learning lessons from the coordination of 28 international EMTs arriving for the Cyclone Pam response, the Government of Vanuatu had expressed interest to WHO in developing its own national capacity for EMTs. In October 2017, a national awareness workshop on medical teams in emergency response was held, bringing together stakeholders from the Ministry of Health, National Disaster Management Office, district hospitals and provincial health services. Following this, the Vanuatu medical assistance teams (VanMAT) deployed for the first time in April 2018 to the Ambae volcano disaster. With the support of the Australian Government, through the Ministry of Health, two teams were deployed to health facilities to provide medical, surgical, mental health, psychosocial support, logistics, water, sanitation, surveillance and public health services.



Chapter 3: SETTING STANDARDS AND SUPPORTING THEIR IMPLEMENTATION

Following the publication of *Classification and Minimum Standards of Foreign (Emergency) Medical Teams in Sudden Onset Disasters* (2013) (also known as the Blue Book), there is an increasing appreciation in countries in the EMT community of the importance of agreed standards. Five years on, the Blue Book has been widely shared and used and is now being updated to reflect developments as well as becoming more relevant to national EMTs.

Blue Book update:

In 2018, the EMT Initiative has worked on an update of the Blue Book to reflect an increased focus on national teams, an all-hazards approach and to incorporate a focus on EMT coordination. Expert consultations were convened at global and regional levels to feed into this process and a writing group was established. The updated guidance document is expected in 2019 and will be translated into the six United Nations languages (Arabic, Chinese, English, French, Russian and Spanish).

EMT toolkit development:

The EMT toolkit will be a practical, “how-to” guide available on a web platform with a strong focus on technical, logistical and clinical content and operational guidance and tools. As a key resource for EMTs and based on a community-of-practice approach, the toolkit will be a space where teams describe and share with each other how they reach minimum standards and solve practical field issues. The toolkit will be used by national and international EMTs from NGO, Government and Military. The toolkit is a living document of over 1000 pages of technical guidance and tools that EMTs can use to assist in achieving minimum standards and improving quality of care. The toolkit is being refined and organized into a web-based information tool, expected to be online in mid-2019.

Photos: Blue Book working group meeting





EMT TECHNICAL WORKING GROUPS

EMT technical working groups (TWGs) in priority areas have continued with a sharp focus in 2018.

- **Logistics** – technical guidance notes to be included in the EMT Toolkit to be finalized in 2019
- **Training** – general framework of learning outcomes to be finalized in 2019
- **Burns care** – minimum standards for EMTs and burns care specialist cells (the TWG met in November 2017, June and November 2018)
- **Maternal, newborn and child health** – minimum standards for EMTs and specialist cells (the TWG met in March and September 2018)
- **Highly infectious diseases/ outbreak clinical care** – minimum standards to be developed
- **EMT national accreditation** – guidance for national accreditation processes to be developed, with the first meetings planned in early 2019
- **Mental health** – minimum standards to be developed

- **Noncommunicable diseases** – minimum standards to be developed
- **Spinal cord injuries** – in discussion with AO Foundation and ICRC.

Photo: Maternal, newborn and child health technical working group

EMTs in armed conflict: consultation to develop the Red Book

The increase of asymmetric warfare, proxy wars, changes in ammunition and weapons used, erosion of respect (and understanding) of IHL, lack of trust in global norms, and increased numbers of world conflicts and polarization, make it difficult and unsafe to rapidly access communities affected by outbreaks and other emergencies during conflict.

Current and future response demands not only better prepared teams and kits, but also robust security management, agility of mind and tools, close coordination with multiple stakeholders, and importantly a principled approach rooted in IHL as a system of protection underpinned in the Geneva Conventions and the additional protocols.

Recent experiences (*Spiegel et al. The Mosul trauma response: a case study, 2018*) have highlighted a global need for the deployed emergency response teams to be better prepared, coordinated, disciplined, and principled. In this context, in October, WHO EMT Initiative engaged a high-level consultant to support a year-long process of stakeholder engagement to develop standards for medical teams working in armed conflict and complex emergency settings. This work is expected to result in a guidance document in late 2019, known as the Red Book.



Chapter 4: MENTORING TEAMS TO ACHIEVE MINIMUM STANDARDS

Through the mentorship and classification process of the EMT Initiative, participating teams are mentored and supported through various means to achieve adherence to minimum standards. National teams are central to emergency response and the mentorship and classification process.

Quality improvement: national and international medical teams

In recent years, the Initiative has changed the approach to focus increasingly on strengthening national teams towards better patient care. Whilst initially set up as a process to support teams achieve the verification and be classified as an internationally deployable type 1, 2 or 3 or a specialist cell, it soon became clear that the mentorship process is of most value also to teams engaging in a purely national capacity-strengthening process.

In 2018, the messaging was therefore reinforced to underline that the mentorship process is not designed only for teams wanting

to be classified as internationally deployable teams, but also for teams engaging purely in local and national response. A conscious effort has also been made to move from quality assurance to quality improvement, including reaching minimum standards.

In this context, the EMT Initiative has started to work with governments to adapt as required and adopt the EMT minimum standards to their national context and set up national registration and accreditation mechanisms. When moving to international classification, the process involves mentorship, review of evidence and site visits leading to verification of teams.

Fostering peer-to-peer collaboration

Working together as a global community of practice, experts from medical teams who have gone through classification “pay it forward” by supporting other teams who are developing national and/or international deployment

capacities. In general, teams that have undergone the mentorship and classification process are best-positioned to support others.

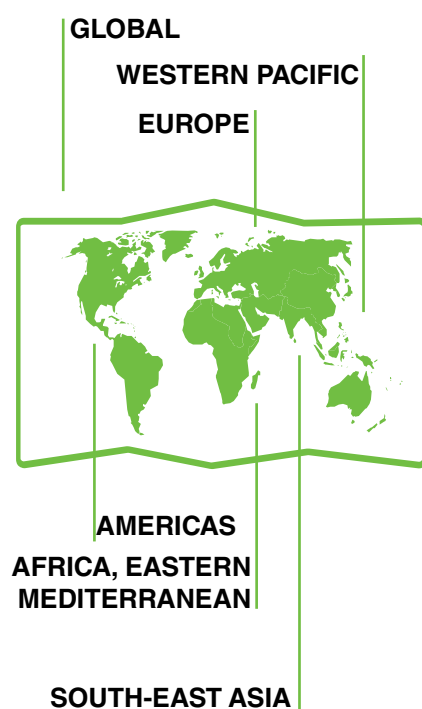
Without the support and active engagement of this community of part-time and voluntary mentors, the gains made in medical teams quality improvement would not be possible. The EMT Initiative is incredibly thankful to the individuals and teams that volunteer their time to strengthening the Initiative.

In 2018, the EMT Initiative saw a significant increase in the number of mentors, leading to a greater ability to support more teams. Annual training is held to ensure a ready cohort of mentors and a guidance manual has been developed to assist mentors in engaging and supporting teams to achieve quality improvement.

Photo: EMT classification ceremony of Sichuan, China at the World Health Assembly in Geneva, Switzerland in May 2018



Chapter 5: STRENGTHENING HIGH-LEVEL COMMITMENT TO THE EMT INITIATIVE



Foundational to the success of the EMT Initiative is the strong support and commitment of decision-makers. There were several advances in governance and partnership strengthening of the EMT Initiative in 2018, four of which are highlighted below.

GLOBAL

Adoption of a Global Strategy for the EMT Initiative

Following an initial consultation process with stakeholders across the regions, the EMT Strategic Advisory Group, in its 7th meeting of 6 February 2018, adopted for the first time an EMT global strategy, which clearly spells out the vision and mission of the EMT Initiative and describes the five main objectives to be achieved. The EMT Initiative aims to support Member States, NGOs and international organizations by providing a platform for collaboration to jointly achieve the following objectives:

- **Objective 1:** Support and implement EMT

capacity-strengthening, preparedness and training activities at national, regional and international level, including by developing guidance and tools for response activation and coordination

- **Objective 2:** Promote and lead (or support, as relevant) the establishment of the EMT Coordination Cell for the efficient and timely activation and coordination the EMT response following a sudden-onset disaster, outbreak and/or other emergency
- **Objective 3:** Continuously develop, agree on and promote clinical, technical and operational minimum standards for EMTs, including adaption of these standards and coordination mechanisms in armed conflict settings, as well as identify and share best practices amongst EMTs and countries, based on research and lessons learnt
- **Objective 4:** Provide a framework for quality of EMTs, manage the peer review and classification process of

international EMTs and support countries developing their national EMT accreditation systems

- **Objective 5:** Ensure commitment and ownership of the EMT initiative by EMTs and their organizations and Member States as well as other relevant national, regional and international stakeholders.

SOUTH-EAST ASIA

High-level commitment to strengthening EMTs in the South-East Asia Region

In 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. The Resolution established 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”.

The resolution was the outcome of a concerted effort in 2018, including a regional consultation for strengthening EMTs in New Delhi in June, attended by more than 60 participants from all 11 countries in the Region, including representatives from ministries of health and defense and civil society partners. The consultation concluded by recognizing the capacities and potential for establishing and strengthening EMTs in relation to hazards and vulnerabilities in the Region. The participants acknowledged the need to build capacity of national EMTs relevant to each country's unique 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.

Moving forward in 2019, the EMT Initiative and WHO in the South-East Asia Region are investing to ensure the resolution is implemented and emergency response by medical teams is strengthened across the Region.

EUROPE

Gains in EMT governance and standards in the European Region

Across the European Region, Governments and teams have shown immense interest and willingness to contribute to strengthening emergency response by medical teams, including through implementation of the EMT guiding principles and minimum 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 specialized care) are considered certified if they have undergone the WHO verification process. The registration and certification procedure of emergency medical teams in the European Emergency Response Capacity (EERC) shall complement the WHO verification process.”

Active collaboration is ongoing, including in April 2018 with the first meeting of the EMT Regional Group in Europe 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). Over 160 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.

AMERICAS

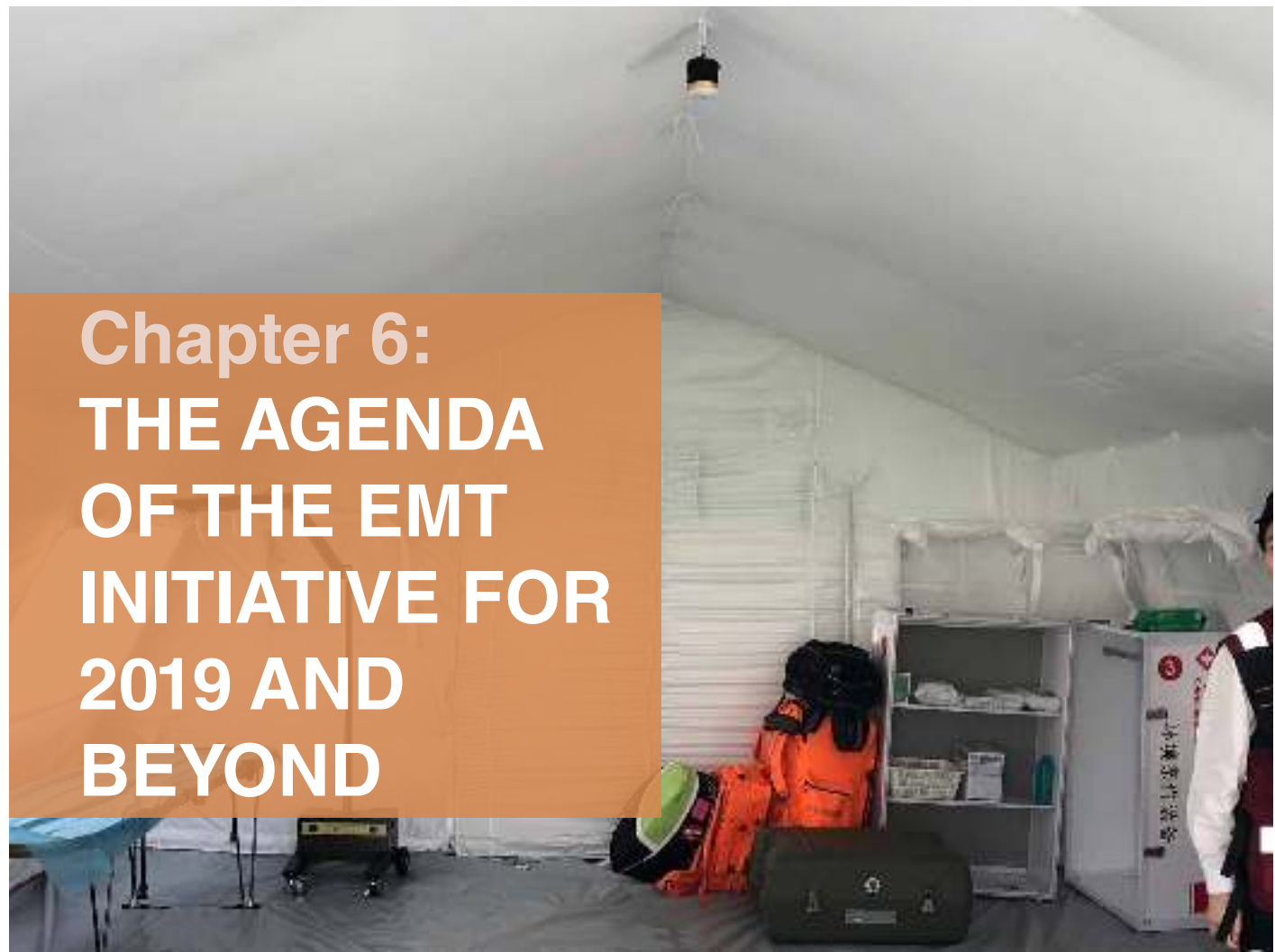
Strong governance in the Americas Region

In the Americas Region, the regional governance group is very active with Ecuador as the Chair and Costa Rica and Panama as vice-chairs. Across the Region, 24 countries have officially designated EMT national focal points. There have been bimonthly virtual meetings with all the national EMT focal points to follow up on 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. In 2019, Costa Rica will assume the Chair and Panama will continue as Vice-Chair.

Photo: (previous page) Health emergency simulation exercise for the Western Pacific Region in Manila

The EMT Strategic Advisory Group, in its 7th meeting of 6 February 2018, adopted for the first time an EMT global strategy, which clearly spells out the vision and mission of the EMT Initiative and describes the five main objectives to be achieved.



Chapter 6: THE AGENDA OF THE EMT INITIATIVE FOR 2019 AND BEYOND

The ongoing support of partners of the EMT Initiative will be vital in the coming years, to build on the gains made in 2018. To continue to support countries to lead a coordinated and quality-assured response to emergencies, with the help of emergency medical teams, the EMT Initiative will work continue working in five priority areas.

1. Build national teams and coordination capacity

- Reach all interested countries with EMT awareness training, through country-specific or regional training, followed by capacity-building workshops
- Conduct EMT coordination courses in all regions to build a pool of experts primarily within ministries of health so that they lead EMT coordination mechanisms
- Conduct team member training in priority countries
- Develop specialized case management coordination training for outbreak response,

based on the EMT coordination methodology

- Run regional and international response simulation exercises in collaboration with partner networks to train national authorities and EMTs on the key deployment steps and coordination phases
- ### **2. Strengthen national and international bottom-up coordination**
- Support national authorities, as required, with expertise in EMT coordination
 - Establish clear communication channels for information exchange in emergency response between affected countries, the EMT community and WHO
 - Maintain and strengthen the ability of staff of the EMT Initiative and coordination experts at country, regional and global levels to deploy to assist ministries of health in coordinating case management and EMT response

3. Set evidence-based and realistic standards, collect and disseminate best practices

- Finalize and publish the Blue Book in the six United Nations languages (Arabic, Chinese, English, French, Russian, Spanish)
- Launch the EMT toolkit – a comprehensive resource for teams to obtain guidance, good practices and examples on how to reach minimum standards
- Develop and finalize the Red Book on engagement of EMTs in armed conflict and complex emergency settings
- Develop and finalize recommendations and standards on technical areas such as training, logistics, highly infectious diseases, national accreditation, mental health and noncommunicable disease management, and spinal cord injuries



4. Mentor teams towards achieving minimum quality standards

- Mentor and support national medical teams to reach the minimum standards
- Develop a framework for support to countries in establishing national EMT accreditation mechanisms
- Mentor 79 teams towards successful verification as internationally classified teams
- Conduct an annual global mentor training to refresh and expand the roster of available mentors and conduct region-specific mentor trainings to start building regional pools

5. Ensure buy-in, ownership and guidance for a sustainable network

- Promote the adoption of national, regional and international policy decisions and resolutions in Support of the implementation of the EMT initiative
- Support the establishment and consolidation of EMT regional groups as a main forum for

Member States, EMTs and other stakeholders to shape, guide and drive the implementation of the EMT Initiative

- Gather the global EMT community for the 2019 Global Meeting to ensure experience exchange and harmonization across regions
- Advance the development of strategic partnerships with regional organizations
- Strengthen existing partnerships with global bodies like IFRC, OCHA and partner networks such as the Global Outbreak Alert and Response Network, and the Global Health Cluster, as well as specialized response networks
- Ensure sufficient staffing across WHO regions

Photos: (previous page) EMT verification in Sichuan, China, (above) EMT coordination training in the Philippines, (right) EMT verification in Spain



Chapter 7: FUNDING UPDATE



The work of the EMT Initiative is possible thanks to the generous contributions of our partners: Macao SAR (China), European Civil Protection and Humanitarian Aid Operations (ECHO), the Australian Government Department of Foreign Affairs and Trade and the Australian Government Department of Health, the United States of America Department of Health and Human Services, the Spanish Agency for International Development Cooperation (AECID), the Aid Programme of the Ministry of Foreign Affairs and Trade of New Zealand and the Swiss Agency for Development and Cooperation.

Photos: (above) EMT verification in Spain, (right center) EU MODEX in Romania, (right bottom) EMT technical working group on burns care, (far right) Awareness workshop in South Africa,



WHO/WHE/EMO/EMT/2019/01

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**WHO Emergency
Medical Teams Initiative**

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