

Regional Consultation on Strengthening of Emergency Medical Teams



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Background Paper

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Abbreviations

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| ASEAN-ERAT | Association of South-East Asian Nations- Emergency Response and Assessment Team |
| EMO | Emergency Operations |
| EMTs | Emergency Medical Teams |
| GOARN | Global Outbreak Alert and Response Network |
| HEOC | Health Emergency Operations Centre |
| IHR | International Health Regulations (2005) |
| IMS | Incident Management System |
| ISCG | Inter-sector Coordination Group |
| IPC | Infection Prevention Control |
| MOH | Ministry of Health |
| OCHA | UN Office for the Coordination of Humanitarian Affairs |
| RDC | Reception and Departure Centre |
| SOPs | Standard Operating Procedures |
| WCO | WHO offices in countries, territories and areas |
| WHE | WHO Health Emergencies Programme |
| WHO | World Health Organization |
| WHO SEARO | WHO South-East Asia Regional Office |
| WR | WHO country Representative |
| 4Ws | Who is doing What, Where and till When |

Executive summary

The South-East Asia region is vulnerable to different types of disasters and emergencies. Experiences from health emergencies in the region have shown that following a sudden onset disaster, a large number of emergency medical teams (EMTs) or emergency response teams often arrive in the affected country to provide emergency care to patients with traumatic injuries and other life-threatening conditions. In many such situations, deployment of these teams was not based on assessed needs and there was wide variation in their capacities, competencies and adherence to professional ethics.

There is a strong need in the region to adopt minimum international standards, quality assurance and governance mechanisms for strengthening of national and international EMTs. There is also a severe lack of quality assured, internationally classified and/or nationally accredited EMTs in the region.

Considering the prevailing risks, hazards and vulnerabilities in the region, it is important to strengthen the implementation of the EMT initiative of WHO in the region. The consultation process with the Member States and the operational partners for rolling out the EMT initiative is essential to identify and understand the existing gaps, challenges and opportunities and to develop national and regional plans for strengthening EMTs.

Mapping of existing emergency teams in each country in the region is the first necessary step towards maintaining a national and regional database before taking further strategic steps to strengthen the EMTs in line with the EMT guiding principles and minimum standards. The regional consultation intends to capture data on existing EMTs in the region. It also proposes the following strategic interventions for strengthening of the EMT initiative for consideration of the Member States and operational partners:

- National guidelines on EMTs
- National EMT focal points
- National emergency medical teams
- Training and capacity development
- Quality assurance of teams
- Regional EMT governance mechanisms

Major deliberations and recommendations from this consultation will be summarised as a discussion paper, which will be tabled in the Regional Committee scheduled in September 2018 with EMT as an important agenda item.

1. Background

Sudden-onset disasters occur without any advanced notice or warning and often cause extensive injuries to affected people and damage to the healthcare systems – making health facilities partially or completely damaged in crisis situations that may go beyond national capacities to respond. In addition, growing instances of conflicts with non-state actors not only result in larger number of civilian casualties and larger number of trauma patients but hospitals are also being attacked with disconcerting frequency. This brings with it a set of unique challenges as large number of complicated trauma cases require immediate interventions by skilled trauma teams.

The South-East Asia region is vulnerable to different types of disasters and emergencies. Countries in this region face a broad range of disasters from natural hazards including earthquakes, floods, tsunamis, landslides and volcanic eruptions to outbreaks and other types of emergencies that may require immediate assistance from national Emergency Medical Teams (EMTs) within the affected country or by international EMTs. Recent examples of public health emergencies in the South-East Asia region are given in Table 1 below:

Table 1: Public Health emergencies in the South-East Asia region that required EMT intervention

| Year | Public Health Emergency | SEA Countries affected | Morbidity | Mortality |
|------|--|--|---|-----------------|
| 2001 | Gujarat Earthquake (Richter Scale 7.7) on 26 January | India | 167 000 injured, 6.3 million affected | 25 000 deaths |
| 2004 | Indian Ocean Tsunami | Indonesia, India, Bangladesh, Sri Lanka, Thailand | 125 000 injured | >230 210 deaths |
| 2005 | Kashmir Earthquake (Richter scale 7.6) on 08 October | India | 4 million became homeless | 86 000 deaths |
| 2006 | Yogyakarta earthquake (Richter scale 6.4), 27 May | Indonesia | 37 000 injured | >5700 deaths |
| 2008 | Cyclone Nargis | Myanmar | 2.4 million affected | 138 000 deaths |
| 2015 | Earthquake (Richter Scale 7.8) on 25 April | Nepal | 22 303 injured, 41 199 hospitalized, 462 health facilities completely damaged, 765 partially damaged | 9000 deaths |

| | | | | |
|------|--|--------------------|---|--|
| | | | | |
| 2016 | Floods/Typhoon Lionrock | DPR Korea | 100 000 became homeless | 138 deaths |
| 2016 | Aceh earthquake (Richter Scale 6.5) on 07 December | Indonesia | 1000 injured | 100 deaths |
| 2017 | Cyclone Storm Mora (May) | Bangladesh | 3.3 million people affected, 260 000 IDP, 17 000 houses damaged | |
| 2017 | Rohingya Refugees Conflict | Myanmar/Bangladesh | 646 000 Rohingya people displaced to Bangladesh since 25 August 2017 Public health risk of outbreaks of cholera, measles, diphtheria, tuberculosis, malnutrition. Many cases of gender and sexual violence | 231 deaths (including 81 children under-5 years of age) as on 03 December 2017 |

In addition to the above-mentioned public health emergencies, the region also utilizes EMTs for responding to emergencies caused by mass gatherings (e.g., Eid and Hajj gathering and Asian Games mass gathering management in Indonesia).

In an emergency, the outcome of response depends on how quickly the right expertise reaches the right place at the right time to meet the needs of the affected people. Global and regional experiences have shown that following a sudden-onset disaster, a large number of Emergency Medical Teams often arrive in the affected country to provide immediate emergency medical care and trauma management services for life-threatening conditions. Experiences have shown that in many cases the deployment of these teams is not based on assessed needs and there is a wide variation in their capacities, competencies and adherence to professional ethics. Such teams are often unfamiliar with the international emergency response systems and standards, and may not integrate smoothly into the usual coordination mechanisms.

2. EMT Initiative of WHO

WHO/PAHO started the consultation process in 2010 on minimal international standards and quality assurance procedures for EMTs after having seen the impact of the catastrophic earthquake in Haiti in January 2010 followed by poorly coordinated medical teams rushed

to the field sites with discordant and ineffective delivery of emergency services.¹ This initial consultation led to the creation of a Foreign Medical Team Working Group who developed the first ever Classification and Minimum Standards for Foreign Medical Teams² Issued by WHO in 2013. The EMT initiative has since undergone a sea-change in the world's approach to confronting the medical consequences of emergencies, most importantly agreeing on the terminology of *Emergency Medical Teams* (EMT) rather than *Foreign Medical Teams* to underline the primarily national and local nature of these teams. Developments and actual emergency responses in the past few years have also shown the added value of EMT response for clinical care in outbreak response and other emergencies such as those caused by conflict.

An Emergency Medical Team is a group of health professionals (e.g., doctors, nurses, paramedics) providing direct clinical care to populations affected by disasters, outbreaks and/or other emergencies as a surge capacity to support the local health system. This includes governmental (both civilian and military) and non-governmental teams and can include both national and international teams.

The scope of EMTs range from the management of trauma due to sudden-onset disasters (mass casualty management) to acute medical emergency care especially in highly infectious outbreaks (e.g. Ebola, plague, yellow fever). EMTs also provide clinical care to populations affected by conflict and other emergencies.

The vision of the EMT initiative is saving lives, preserving health and protecting dignity. The mission of the EMT initiative is to enhance preparedness and promote the rapid deployment and efficient coordination of emergency medical teams adhering to minimum standards in order to reduce loss of life and prevent long-term disability as a result of disasters, outbreaks and/or other emergencies.

¹ WHO (2017): Emergency Medical Teams: World Health organization EMT Initiative

² WHO (2013). Classification and minimum standards for foreign medical teams in sudden onset disaster. Available at: https://extranet.who.int/emt/sites/default/files/fmt_guidelines_september2013.pdf

The WHO EMT initiative aims to support Member States, NGOs and international organizations by identifying minimum standards, best practice, logistics and operational field coordination SOPs. The purpose of the EMT initiative is to improve the timeliness and quality of health services provided by national and international EMTs and enhance the capacity of national health systems in leading the activation and coordination of this response in the immediate aftermath of a disaster, outbreak and/or other emergency. Teams shall also include public health expertise and logistics support either included in the team or as specific public health or logistics rapid response teams.

The EMT initiative aims to support Member States, NGOs and international organizations by providing a platform for collaboration to jointly achieve the following objectives³:

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 of 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 adaptation 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 assurance of EMTs, manage the peer review and classification process of international EMTs and support countries developing their national EMT accreditation systems.

³ EMT global strategy, adopted by the EMT Strategic Advisory Group in its 7th meeting on 6 February 2018. Accessible at:

https://extranet.who.int/emt/sites/default/files/EMT%20SAG%20Meeting%20No%207_Summary%20and%20consolidated%20documents_final.pdf

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

The EMTs are an important part of the global health workforce and the EMT initiative places a strong focus on helping every country in developing its own EMT capacities that can be activated, deployed in the shortest possible time and under coordination by the respective national health authorities. EMTs deploying internationally are expected to comply with globally agreed standards and coordination mechanism in humanitarian response. National health authorities are encouraged to expect compliance of their national teams with national standards which in turn are recommended to be based on the internationally accepted minimum standards.

WHO has developed a global mentorship and classification process where EMTs are being mentored to improve their capacity in line with the international standards, and those willing to deploy internationally are classified through an external peer review process, which confirms the achievement of the international standards for international deployment. The EMTs have been categorized in three types:

- **Type 1:** EMT that provides outpatient initial emergency care of injuries and other significant health care need. Under Type 1 EMT, there are two variants:
 - Mobile EMT: 50 patients/day,
 - Fixed EMT: 100 patients/day
- **Type 2:** Inpatient emergency care including surgery, 24 hours per day (with infrastructure; at least 7 major or 15 minor operations daily with at least 20 inpatient beds per one operating table)
- **Type 3:** Complex inpatient referral surgical care including intensive care capacity (At least 2 operating tables in 2 separate rooms within the theatre are, at least 40 inpatient beds and have the capacity to treat 15 major or 30 minor surgical cases a day.

Specialist care teams without tented structures that plan to deploy inside existing hospitals are now termed “speciality cells” or “specialist care teams”.

WHO provides the secretariat to the EMT Initiative both globally and regionally and receives guidance from Regional Groups as well as a global level Strategic Advisory Group (SAG). WHO has been coordinating the development of standards, the mentorship and classification process for EMTs and guidance for EMT coordination. The host/affected country should have a pre-existing mechanism for EMT training, quality assurance, deployment and coordination. Globally, there are 15 EMTs classified for international deployment through a peer-review process and more than 85 EMTs are currently going through mentorship process.

3. Identified gaps and opportunities

Experience from the Nepal earthquake of 2015 has shown that following a sudden-onset disaster, a large number of EMTs or emergency response teams often arrive in the affected country to provide emergency care to patients with traumatic injuries and other life-threatening conditions. In many situations, the deployment of these teams was not based on assessed needs and there was a wide variation in their capacities, competencies and adherence to professional ethics. Such teams are often unfamiliar with the international emergency response systems and standards, and may find difficult to integrate smoothly into the usual coordination mechanisms.

There is a strong need to adopt standards, implement quality assurance and governance mechanisms for strengthening of national and international EMTs that may work in the South-East Asia region. During diphtheria outbreak in Rohingya camps in Cox’s Bazar, Bangladesh, an international call was made for assistance by the health sector coordination working group to which the United Kingdom- EMT and Samaritan Purse- EMT responded. It has been observed that situations related to security or emergencies linked to hazardous pathogens caused delays or bottlenecks in deployment of the EMTs.

Learning from the recent conflict situations such as that resulting in the Rohingya refugees crisis in Cox's Bazar, Bangladesh, there is also a need to develop a Red Book (standards, practices and quality assurance) for engagement of EMTs in conflict situations. WHO as the lead agency for health cluster/sector coordination is mandated to provide life-saving trauma services. Even if there is no conflict situation, there may be situations where access to health services is not the same for everyone. More training and guidance is needed, for example on International Humanitarian Law, in cases of engagement in conflict, as well as logistics and infection prevention control (IPC) for outbreak response. A dedicated Technical Working Group is needed to focus on guidance and minimum standards for Highly Infectious Diseases.

Considering the prevailing risks, hazards and vulnerabilities in the region, it is important to have this regional consultation on EMTs.

4. Efforts for EMT strengthening in South-East Asia region

The work on implementing the global EMT initiative and strengthening existing national EMTs has recently been up taken in the region. In October 2016, a regional training on EMT coordination was conducted by the South-East Asia Regional Office (SEARO). In 2017, SEARO facilitated national EMT workshops in Bhutan, Indonesia and Thailand. After the national EMT workshop, Bhutan applied for the classification of its national EMT and also developed national guidelines for emergency medical teams: sending of Bhutan EMT and receiving of EMT in January 2018.

A regional consultation was organized in Bangkok, Thailand during 28-29 November 2017 to strengthen operational partnerships for emergency response in which it was strongly recommended by the majority of the delegates from operational partners that EMTs in the region need to be standardized, strengthened and well-coordinated under the regional coordination mechanisms. It was recommended to endorse EMTs as an agenda item for the Regional Committee meeting in September 2018.

In addition to the national EMTs, there are regional networks notably the Association of South-East Asian Nations (ASEAN) and Asia Pacific Emergency and Disaster Nursing Network with different levels of deployable response capacity. ASEAN has an ASEAN-Emergency Response and Assessment Team (ASEAN-ERAT) to respond to a major sudden on-set disaster within the ASEAN region and support the national authorities in assessing the situation and in coordinating the response. Currently, there are more than 90 trained ASEAN-ERAT members and experienced emergency responders. ASEAN has also established the ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre). The Asia Pacific Emergency and Disaster Nursing Network aims to build the capacities of nurses and midwives to fully contribute to coordinated and effective preparedness and response efforts; improved service delivery and building of community resilience during times of emergencies and disasters.

WHO SEARO is organizing this important regional consultation on EMTs to map the existing capacities, to understand the strengths and challenges and to develop a roadmap for strengthening of EMTs in the region. It is important to adopt standards, implement quality assurance and governance mechanisms for strengthening of national and international EMTs that may work in the South-East Asia region. The regional consultation is being organized with the following objectives and expected outcomes:

Objectives

1. To review global and regional developments in the area of EMT
2. To map EMTs in the South East Asia region
3. To develop an EMT strengthening plan
4. To develop regional EMT governance mechanism and EMT coordination arrangements
5. To draft a discussion paper for the Regional Committee as an agenda item on EMTs

Expected outcomes

- Comprehensive mapping of the EMTs in the South-East Asia region

- Draft plan for governance and strengthening coordination mechanisms for EMTs in the region
- Supporting operational partnerships for an effective emergency response through coordinated network of EMTs
- Discussion paper on EMTs for the upcoming Regional Committee meeting in September 2018

5. Mapped current regional capacity of EMTs

Mapping of existing EMTs capacity, coordination structure and mechanisms is very important for the South-East Asia region for a timely, effective and efficient emergency response so as to reach to those affected and in needs of urgent life-saving humanitarian assistance. WHO's 4 Ws (Who is doing What, Where and till When) analysis should be done as part of readiness as well as during the emergency response planning.

The WHO South-East Asia Regional Office has made efforts and intends to gather, analyse, visualize and make available information on EMT country profiles so that it can be accessible by the members of the EMT network and partners. This mapping is suggested to be a collaborative effort with EMT country focal points, EMTs, the WHO Regional and Country Offices as well as the global WHO EMT Secretariat. As of now, there is no clear and comprehensive country-level data available on number and types of EMTs across government (civilians and military both) and non-government sectors in the South-East Asia region.

Bangladesh has reported a total of 5 teams (3 medical teams under MOH, 1 under Ministry of Disaster Management and Relief and 1 with BRAC). Bhutan has officially signed up to the EMT mentorship and classification process (Type 1 Fixed) under the EMT initiative of WHO. Democratic People's Republic of Korea has reported multiple number of rapid response teams at central and provincial levels. India is currently discussing internal process to prepare for EMT classification (Type 1 Fixed). Indonesia is moving forward with quality assurance and further strengthening of its EMTs for international deployment (MOH, military, Hajj Medical team and 1 with Muhammadiyah Disaster Management Centre).

Maldives has 2 response teams at MOH level and 1 with Maldivian Red Crescent. Sri Lanka has 1 team with Army and 1 with a NGO, Humedica. Timor-Leste has one response team with the MOH. Thailand has approximately 70 national EMTs that are expected to undergo a national accreditation programme.

Thus, there is no classified EMT yet in the South-East Asia region. However, the process of setting up national accreditation and mentoring for international classification has started in few Member States (Thailand, Bhutan).

Above information about the EMTs in the SEAR countries will be further updated during the consultation. The regional consultation will capture data on existing EMTs in the region and prepare a country-wise database of EMTs.

6. Strategic interventions for strengthening EMTs in the region

A global level Strategic Advisory Group (SAG) has recently endorsed the WHO's EMT Global Strategy, 2018.⁴ The SAG is composed of representatives from a broad range of stakeholder groups including Member States representing the regions, regional organizations, EMTs, donor states, partner networks, UN OCHA, the Red Cross Red Crescent Movement, the WHO and observers. The following strategic interventions for strengthening EMTs in the South-East Asia region are in line with the WHO's EMT Global Strategy, 2018 and are being put forth for consideration of the Member States and operational partners.

6.1 National guidelines on EMTs

A national policy or guidelines on strengthening EMTs should be in place (See example from Nepal and Bhutan in Box 1). It may be a national guidelines exclusively on EMT or part of a broader national 'Emergency Preparedness and Response Plan'. The mechanisms for EMTs coordination should be in place at the Health-Emergency Operations Centre in the MOH of

⁴ WHO (2018): Global strategy for emergency medical team initiative, Feb 2018. Available at: http://www.searo.who.int/about/administration_structure/hse/emtglobalstrategy2018.pdf

each country. The national guidelines can consider utilizing the already existing EMT coordination platforms and mechanisms as mentioned below:

If the government of an affected country has no such mechanism in place, it will be supported to create a Reception and Departure Centre (RDC) and an EMT Coordination Cell, with the support of WHO and the UN Office for the Coordination of Humanitarian Affairs (OCHA) and operational partners.⁵ An affected country in need of assistance of an EMT can request WHO to amplify the request to the international EMT community and use the virtual On-Site Operations Coordination Centre (virtual OSOCC, <https://vosocc.unocha.org/>) to put out a request, which EMTs are requested answer with offers of assistance, based on a standard template that each Government is encouraged to adapt if required

The Member States through their MOHs may consider developing national mechanisms for the registration of national and international emergency medical teams. Countries in the region can pre-identify potential international teams that should provide support in emergencies, and make the required arrangements for a rapid deployment. EMTs classified by WHO should be processed faster by the MOH of the affected country than those unable to show their adherence to minimum quality standards. The guidelines should be clear on the regulatory processes and exit-plan of EMTs from the assigned areas. A Member State can publicly declare that the MOH will send and receive only EMTs that have reached and adhere to the minimum standards of quality. There can be mutual agreements in place between neighbouring countries in the South-East Asia region for the deployment of classified EMTs in the event of a disasters, outbreak and/or other emergencies.

Box 1: Examples of National Guidelines for regulating Emergency Medical Teams

Example from Nepal: ‘National Guidelines of International Assistance for Disaster Response, 2016’

Government of Nepal, after the Earthquake in 2015; developed and enforced a ‘National

⁵ WHO (2013): Classification and minimum standards for foreign medical teams in sudden onset disasters, Global Health Cluster. Available at: http://www.who.int/hac/global_health_cluster/fmt_guidelines_september2013.pdf?ua=1

Guidelines of International Assistance for Disaster Response, 2016' under Section 21 of Natural Calamity (Relief) Act, 1982 which is a progressive step towards having and implementing coordination and emergency response regulating mechanisms involving international EMTs. As per the guideline, Nepal Red Cross Society, in coordination with the Ministry of Home Affairs, Nepal may request other components of International Red Cross Movement for international assistance for disaster response. International EMTs run by International NGOs, governmental and multi-lateral organizations shall submit their proposal for assistance in disaster response to the Ministry of Foreign Affairs through the Nepalese embassies or diplomatic missions concerned. The Ministry of Foreign Affairs, in consultation with the Ministry of Home Affairs and Ministry of Health and Population, shall take the decision on submitted proposal to inform the agency concerned on the need of presence of the EMTs in the affected area.

Example from Bhutan: 'Guidelines for Emergency Medical Team: Sending of Bhutan Emergency Medical Team and receiving of Emergency Medical Team, January 2018'

The Royal Government of Bhutan has endorsed the national guidelines for Emergency Medical Team in January 2018. It guides Bhutan EMT's different phases of deployment, reception, processing, tasking and accommodation of the foreign EMTs and site allocation and phasing down (exit of foreign EMTs). Bhutan EMTs is screened and selected from the member pool maintained by the Ministry of Health. The composition and number of team and pool member of EMT shall be maintained and updated as per the WHO guideline and standard.

The national guidelines should indicate clear lines of communication for all internationally deployable EMTs on their 'notice to move' required, their deployment protocols, their focal points and the agreements between domestic ministries with the operational EMTs as to how deployment will occur.

WHO has a role to assist Member States in strengthening coordination of EMTs within its existing health-EOC and case management response system.

6.2 National EMT focal point

It is important to ensure a structure for an appropriate information exchange at the right levels and with the right entities and persons. Therefore, Member States in the South-East Asia region should consider designating an EMT Focal Point who can facilitate, oversee and coordinate EMTs during an emergency. Focal points are to be designated by the competent national or organizational authority, i.e., 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 requested to inform the relevant WHO Country Office on the designation of the EMT focal points and at the following email address: emteams@who.int

The EMT focal persons should plan, implement and monitor EMT strengthening strategic interventions in the country as readiness for the effective and timely emergency response. The designated EMT country focal person/s are to act as main information contact points for EMTs at country level as well as the EMT community at regional and global level. Each EMT should have its own team focal point as well.

In other WHO regions especially in high-income countries, there are more than one EMT focal point; designated for specific sub-areas: policy, operational/technical and team lead as per the WHO Global Strategy for EMT Initiative. However, the countries of the South-East Asia region can decide on the number of EMT focal points based on the contextual needs and resources available. Member States in this region potentially may consider having only one focal point to deal with all these matters, or may have two focal points, whereas 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 as the resources allow.

The functions of the three different EMT focal points as per the WHO Global Strategy for EMT Initiative are given below:

EMT national policy focal point

- promotes the adoption and implementation of the EMT standards and coordination methodology at national level
- ensures efficient information sharing with relevant EMT actors at the national level.
- ensures the development of tools, regulations, and policies for sending, receiving, and deploying EMTs in their country.
- serves as the country's main point of contact with the EMT Secretariat for institutional and policy issues related to implementation of the EMT initiative.
- ensures their country's representation at regional and global EMT meetings.
- promotes the design and implementation of a national EMT accreditation process based on the global EMT standards
- ensures that national EMTs deployed internationally comply with the global EMT standards

It is advisable for the national EMT policy focal point to 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.

EMT national operational/technical focal point

- assists the policy focal point with operational/technical issues connected with the EMT response.
- shares 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.
- ensures efficient information sharing and the updating of operating procedures with national EMTs.
- promotes the strengthening of national EMT capacities and serves as main point of contact for operational capacity building by EMTs at national level

- serves 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
- updates the map of available national EMTs in the country.
- manages or supports 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.

EMT team focal point

- takes responsibility for the team's implementation of the EMT guiding principles and minimum standards
- coordinates and collaborates with the national policy and operational focal points
- ensures the participation of its team in national and regional/international EMT trainings, exercises and meetings
- ensures constant readiness of the team for emergency deployments
- shares 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.

Similarly, international organizations and inter-governmental organizations in the South-East Asia region can designate EMT focal points depending on the mandate, capacity and core expertise of the organization.

6.3 National emergency medical teams

Each country in the South-East Asia region is to establish, train and capacitate their own national EMTs because international EMTs are deployed only in case of an emergency of overwhelming proportions. National EMTs are the first to be deployed and can be mobilized quickly from unaffected area to the disaster-hit area of a country. There are distinct advantages of having national EMTs. These are culturally sensitive, know the terrain, health context and work within the national health system, speak the local language and are already licensed to operate in the affected country. Thailand, and Indonesia are the examples that national capacity building of response teams save lives. EMTs from the neighbouring countries in the region bring similar advantages.

Response to an emergency requires strong preparedness and pre-positioning of emergency logistics and skilled teams. It may require careful coordination of different teams. Besides, the skilled clinicians, public health professionals and paraclinical professionals, EMTs also include medical evacuation teams, logisticians able to build hospitals, information managers, mobile laboratories technicians and supplies experts etc.

Emergency medical teams providing clinical care in disasters and outbreaks for highly infectious diseases must be operational and treating patients within 72 hours. The best case of activating the national EMTs in timely and effective manner was evidenced in aftermath of an earthquake in Nepal (Richter scale 7.8) on 25 April 2015 . It was the worst earthquake to strike the region in more than 80 years. WHO had previously supported the Ministry of Health and Population (MoHP) of Nepal to create and earthquake-resistant Health Emergency Operations Centre (H-EOC). This sprang into action after the earthquake and began deploying national EMTs and coordinating trauma care. An EMT-Coordination Cell was also immediately set up underneath the H-EOC and with support from WHO.

6.4 Training and capacity development

EMT Initiative of WHO supports national and international EMTs on training and capacity development of their own rostered personnel and rapid response teams through a

standardized curriculum framework, including for training of trainers and in developing quality benchmarks.

Training of national EMTs should be a priority focus of the Member States in the region under the emergency preparedness and response plan. The designated EMT focal person in the MOH should develop an annual training calendar for strengthening the capacity of national EMTs with support through the EMT mentorship WHO.

All EMT staff must register and obtain license with the national authority before caring for patients. One of the advantages of classified teams through the EMT initiative is that national authorities can proceed with more confidence and faster with the temporary licensing of international teams because they know a team has met minimum international standards.

6.5. Quality assurance: national accreditation and international classification

Countries are encouraged to adopt national EMT standards, using and, if required, adapting the globally agreed minimum standards to the national context. Countries are further encouraged to establish national accreditation mechanisms for the confirmation of these standards for national teams.

EMTs willing to deploy beyond the national borders are expected to comply with globally agreed minimum standards, practices and classification process as specified in the 'Blue Book'.⁴

WHO has developed a global mentorship and classification process where EMTs are included on a Global Directory of internationally deployable teams after having been successfully review through an external peer-review classification process. By complying with the international minimum standards and practices of EMTs for emergency response, EMTs are likely to obtain faster acceptance by the requesting government and more confidence from the donor community. Organizations, governments and individual donors that make contributions can be confident that the EMTs they are supporting have reached

an international minimum standards. It is also to discourage individuals and NGOs from arriving un-announced to an emergency and diluting the quality of much needed emergency response in crisis hours.

The first step for any EMT is to submit an expression of interest to join the WHO EMT mentorship and classification process. The EMT secretariat at WHO then selects and assigns a suitable mentor who will lead and support the organization or government through the capacity strengthening/ mentoring process. Following the mentoring process and upon recommendation from the mentor, the team and WHO will plan for a verification site visit a team of peers. Upon successful verification, the team is considered to be classified as an internationally deployable team and included in the WHO global EMT directory. The entire process may take up to one year or longer, depending on the speed in which the team builds its own capacities to meet the international minimum standards. The initial global classification of an EMT is valid for 5 years. The following diagram illustrates the process of mentorship and classification of EMTs:



The EMT classification has additional benefits to a country's health system besides strengthening EMTs to respond timely, effectively and efficiently in any emergency:

- enhances national capacity for surveillance and response;
- builds national capacity to request, register and coordinate teams ideally within a Health Emergency Operations Centre structure;
- makes EMTs and Public Health Rapid Response Teams (PHRRTs) part of the national surge planning and with an all-hazards approach;
- develops regional mechanisms for deployment;
- leads to cost saving through collaboration between countries; and
- develops teams that are predictable, timely and self-sufficient.

6.6 Regional EMT Governance mechanisms

Promotion, facilitation and strengthening of governance mechanisms in the South-East Asia region is needed to establish and strengthen EMTs. The Member States from the South-East Asia region are encouraged to consider establishing a **Regional EMT Working Group** ensuring membership of each country of the region and organizations that provide EMTs. The working group shall have the potential and capacity to influence and facilitate strengthening of governance mechanisms and potential to call upon EMTs through facilitating coordination mechanisms. In addition, key stakeholders such as representatives from partner networks or organizations are invited to participate as well.

The Regional EMT Working Group in South-East Asia will provide 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. The group shall play a dynamic role in advocating, promoting, facilitating EMT coordination mechanisms and thus strengthening the EMT capacity at national and regional level through its consultative and advisory role.

For a government or an organization to state its interest and confirm its membership in the EMT regional working group, they should designate an EMT focal point and inform the WHO Country and Regional Office and the WHO EMT Secretariat about this designation.

The WHO South-East Asia Regional Office will provide the secretariat support for the functioning of the Regional EMT Working Group and will organize the meetings. Countries in

the South-East Asia region are encouraged to show support and lead the implementation of the EMT initiative with the support of WHO as secretariat.

The Regional EMT Working Group is expected to provide a forum for:

- promoting the implementation of the EMT initiative at the global, regional and country level;
- identifying regional vulnerabilities, hazards, priorities and monitoring the implementation of EMT initiative in the region
- planning for and discussing a mapping of existing EMT capacities in the region;
- sharing of experience and lessons learnt amongst countries and teams on past EMT response operations
- updating on past EMT related activities in the region and globally, including the EMT mentor and classification process as well as national capacity strengthening programmes;
- updating on and providing a forum to contributing to global developments (standard setting, coordination arrangements, etc.); and
- planning for and coordinating regional capacity strengthening projects

6.7 Annual EMT meeting

The Regional EMT Working Group on EMTs should guide and advise on organization of annual meeting of EMTs in collaboration with MOHs with support from the WHO South-East Asia Regional Office. It should be a platform to discuss the identified gaps, challenges and opportunities in strengthening different aspects of EMTs, to share experiences from the fields and also to provide updates on national standards, procedures for requesting, accepting and receiving EMTs.