



Emergency Medical Teams Initiative

Surge capacity in health care during emergencies
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Updates on the WHO EMT Initiative



CLASSIFICATION AND
MINIMUM STANDARDS
FOR
EMERGENCY
TEAMS IN SUDDEN ONSET
DISASTERS

- In clinical care and health response **“good intentions”** are not enough
- Principles, standards and quality count, even in “mega-disasters” and complex emergencies
- Operations support and logistics are as important as technical skill
- National leadership and coordination is key but may need our support
- A global governance system was required



Updates on the WHO EMT Initiative

- In clinical care and health response ***“good intentions”*** are not enough
- Principles, standards and quality in clinical response, **including outbreaks (and conflicts)**
- Operations support and logistics within clinics are as important as technical medical skill, therefore EMT initiative deals with the team/organization not just medical staff/standards
- National medical teams being developed in 120 countries... Not only international approach
- Quality assurance process now firmly established, 22 organizations classified, 75+ in process, including some with outbreak capacity (e.g. ALIMA)
- Coordination: National leadership of case management pillar within Health EOCs supported, multiple workshops and EOC trainings delivered
- Recent deployment for Diphtheria, Ebola, Dengue etc.



EMT's are groups of health professionals providing direct clinical care to populations affected by disasters or outbreaks and emergencies as surge capacity to support the local health system

Not a “brand” or indication of working “under” WHO, but an initiative and an ethos of quality care in emergencies. the term applies to all clinical teams that deliver direct care, including the worlds best known NGOs etc.

Objectives of the EMT Initiative



EMT capacity strengthening, preparedness & training



Efficient and timely activation and coordination of EMT response



Clinical, technical & operational minimum standards & best practices

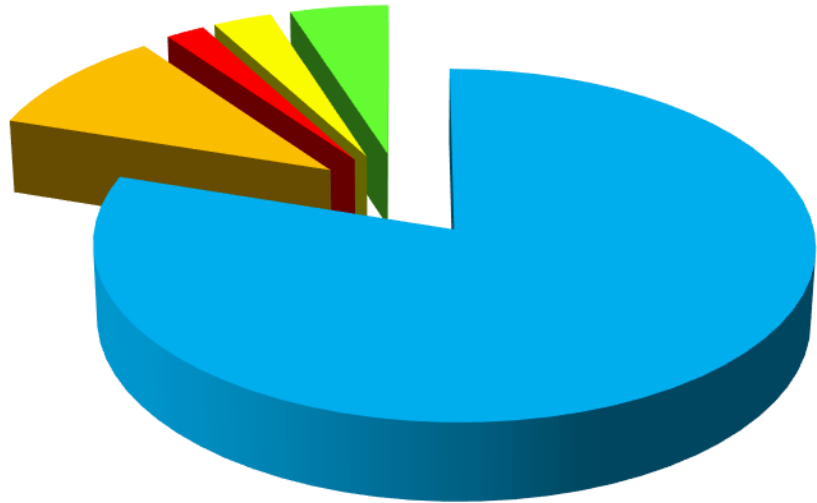


Quality Assurance & Classification



Global/Regional commitment & partnerships

Sources of the Global Health Emergency Corps



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

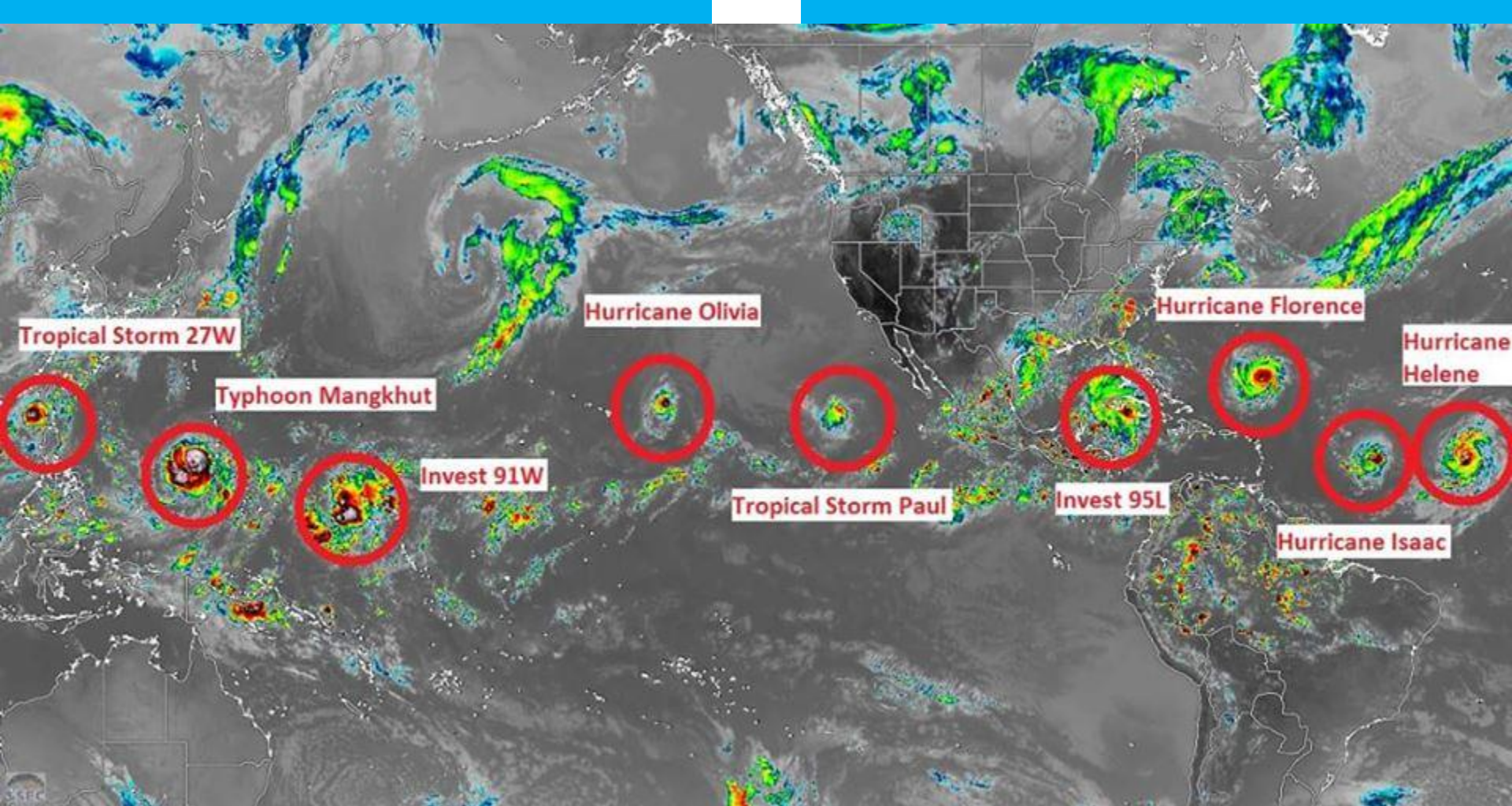
- Most work in national emergency care services/public health systems day to day
- Some volunteer with international teams (Govt, NGO or militaries)
- A small number come from UN/WHO, networks and private sector

The Numbers

- ▣ 130 countries with awareness of EMT initiative
- ▣ 35+ countries directly supported to create their own national EMTs
- ▣ 80 teams in process of quality assurance, 22 classified (total 100+)
- ▣ All 6 WHO regions with active EMT program

National Capacity building

- National capacity of clinical team response for local hazards (trauma/mass casualty, outbreak etc)
- Combined clinical and public health response in national teams
- National ability to deploy national teams and identify gaps, within their national health EOC
- Ability to request, accept/decline, register and task arriving international teams
- *Progression to international (within region) deployment classification if appropriate.*



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

WEST BANK AND GAZA STRIP

- ⚠ Local contingencies
- 🚑 National
- 👥 8 trauma stabilization points (national 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 regional
- 👥 10 national / 6 international EMT

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



EMT Classification

Type	Description	Capacity
1 Mobile 	Mobile outpatient teams Remote	>50 outpatients a day
1 Fixed 		
2 		
3 	Referral level care. inpatient	>100 outpatients and 40 inpatients
Specialist Cell (eg rehab, surgical, paediatric, infectious disease etc)	Teams that can join national	Any direct patient care related service, can

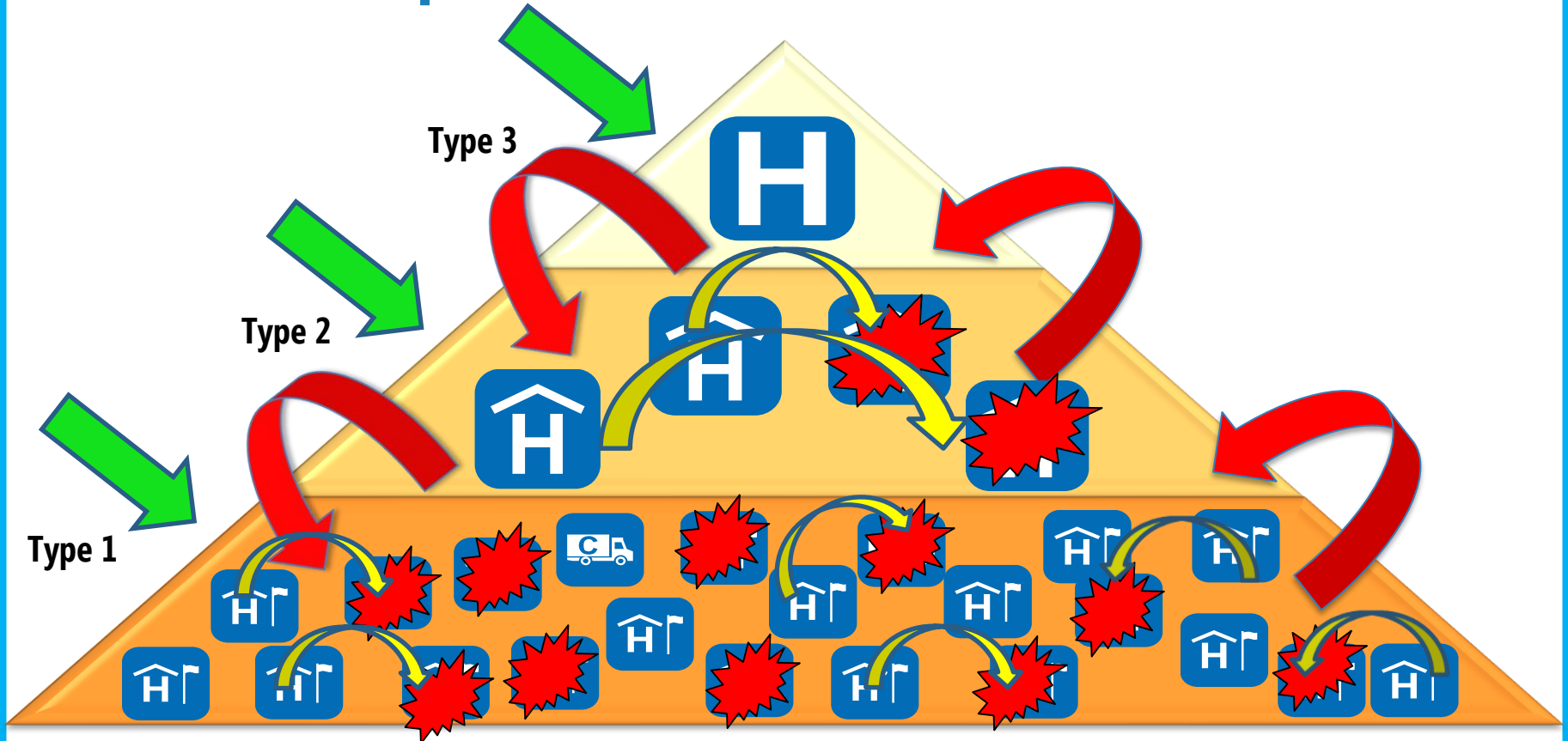
Type 1 Mobile or Fixed- Outpatient Emergency Care

Type 2- Inpatient Surgical Emergency Care

Type 3- Inpatient Referral Care

Additional Specialist Care EMT (e.g. Cholera, Ebola, Rehabilitation etc)

National Impact assessments, National coordination



Next steps to increase clinical care quality and capacity in outbreaks

Advocacy senior leadership to call on EMTs to increase **Outbreak capacity**

Working group on setting agreed standards for outbreak care and logistics support to facilities

Regional Approach
Strengthen the capacity building programme at regional level to develop national teams in key “at risk” countries, and among those with high capacity and willingness to respond to neighbours



National trainings and regional simulation exercises



Lessons from EMTs: Asia-Pacific

- Pacific: Fiji, Vanuatu, Solomon's and Tonga
- Chinese DMAT system
 - 45 national teams: 3 international
- Japanese DMAT/JDR
 - 11,000:1,000
- Australia (AusMAT) (750 volunteers)
- New Zealand (NZMAT) (150 volunteers)
- Thailand MERT
 - 72 national:2 international
- Philippines
 - 17 Type 1 and 2 Type 2 teams



***Combined
clinical and
public health
approach***



Technical working groups

- Logistics
- Training
- Burns care
- Maternal, newborn and child health
- Highly infectious diseases/outbreak clinical care
- EMT national accreditation
- Mental health
- Noncommunicable diseases
- Spinal cord injuries



The Red Book: medical teams in armed conflict and complex emergencies



Steps



Step 1

Mentor Program
Consultative Site
Visit

Step 2

Mentor team
support
d
or
ation & their
eparation of
minimum standards
evidence package

Step 3

peer
team
conduct site visit
and examine
ability of
organization to
meet global
standard

Organization is
declared
"classified" by
WHO and require
reclassification in
5 years as well as
conduct QA and
exercises or
deploy at least 2
yearly

Improved standards and better care for patients

THE AMERICAS

...the world into six regions for the purpose of reporting, analysis and...
...EMT initiative the regions of Europe/Middle East/Africa, ...
...in this map as dark blue, light blue and grey respectively, ...
...response modalities, for example search and rescue ...
...coordination teams(UNDAC).

ASIA-PACIFIC



"It's impressive to see the geographical spread of member states and regional NGOs that have established teams in areas where disasters and emergencies occur. This will speed up response"

Mr. Jesper Lund, Chief of Field Coordination Section (FCSS), OCHA



CROSS MOVEMENT

- IFRC X 30 Teams
- ICRC

16 November 2016

Key benefits of the initiative

People affected by emergencies, disasters and outbreaks

- Can be sure teams that treat them are professional and properly equipped
- They arrive in a timely manner and are well trained, and integrated with the health system that normally treats their families

Governments and Ministries of Health

- National Teams are in far better position to respond quickly
- Can call on teams from neighbours within the region, that often have shared language, shared context and will arrive quickly
- Teams will only come when asked, and will work within the coordination mechanism of the Ministry of Health
- They will report daily their activities and contribute to the overall response

EMTs

- Will be more likely to be requested by an affected country if they have demonstrated their quality and been “classified” by WHO

Summary

- **National EMTs and pre-established national coordination systems are the basis for the WHO EMT system, supplemented by regional quality assured teams**
- **EMTs and rapid public health response teams are a vital part of health security and international health regulations (IHR)**
- **EMT coordination is a sub-function under the health operations section of the national Health EOC and sub-national (State and Territory) EOCs. (Case Management/clinical care pillar of response)**
- **All Governments need to be aware of how to call upon and best use rapid response teams such as EMTs. And should expect them to reach minimum standards**

Thank you!

Any questions?

For more...



<http://extranet.who.int/emt/>



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