IASC
Inter-Agency Standing Committee

Global Health Cluster

Coordination and registration of Providers of foreign medical teams in the humanitarian response to sudden-onset disasters:

A Health Cluster Concept Paper

Background

The earthquake in Haiti in 2010 and earlier disasters such as the South Asian tsunami of 2004 have revealed unacceptable practices in the delivery of international emergency medical assistance. Serious questions have been raised about the clinical competencies and practices of some of the foreign medical teams (FMTs) deployed in recent years. It is now recognized that there needs to be greater accountability, more stringent oversight and better coordination of their work.

Moreover,as the Haitian disaster demonstrated all too well, the speed of deployment of FMTs, particularly specialized surgical and trauma care teams, can be critical. Survivors with extensive crush injuries may suffer acute multi-organ failure or open wounds may become rapidly infected, leading to gangrene. To ensure the best possible patient outcome, a wide range of health services and an efficient referral system are required at all levels of care. This calls for a mechanism to ensure the complementarity of deployed FMTs and coordinate their different services before and on arrival. This will allow medical teams on the ground to concentrate on their own comparative advantage and skill sets in the knowledge that other FMTs will provide complementary health services to which patients can be referred for care and follow-up as necessary.

At a PAHO/WHO meeting in Cuba in December 2010, participants recognized the need for international standards for health care services[1] provided by FMTs in sudden-onset disasters. Mechanisms to match the supply and demand for their services and accelerate their deployment are also needed. Current guidelines on the use of foreign field hospitals and medical units are limited in scope and do not address issues related to coordination, quality control and oversight[2].

This paper explores the development of an international register for FMT provider organizations. A first draft of the paper was prepared by an ad hoc working group drawn from participants at the meeting in Cuba. The draft was extensively discussed at the Global Health Cluster (GHC)'s annual meeting in March 2011, and a second draft was prepared and further discussed at the GHC's Policy and Strategy Group meeting on 18 May 2011. The present document reflects the discussions and consensus reached at that second meeting.

This paper should be viewed in the context of the IASC's overall humanitarian reform, including efforts to strengthen coordination through the implementation of the cluster approach at global and field levels.

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[1] Including health care personnel and medical equipment

[2] WHO/PAHO guidelines on the use of foreign field hospitals (2003).

Scope

This paper addresses the need for an international register of FMT provider organizations to facilitate the deployment of FMTs. The register will have many advantages. It will include detailed information on the composition of FMTs and the types of services they can provide by level of health care, thus allowing national authorities and international agencies supporting the response to match supply and demand. It will help national authorities in disaster-prone countries draw up preparedness and contingency plans that take account of international medical standby capacity in all areas and at all levels of health care (primary, secondary and tertiary). Countries will be encouraged to use FMTs from provider organizations on the register, thus facilitating the overall coordination of humanitarian operations. Including FMT provider organizations on the register will not obviate the need for deployed FMTs to be registered with national authorities. However, the register will help accelerate the registration of individual FMTs with national authorities before or shortly after sudden-onset disasters and facilitate their timely deployment in the field. On the other hand, the register will not solve other problems such as unsolicited medical personnel arriving in the middle of a crisis.

Appendix 1 outlines a possible process for the initial registration of FMT provider organizations. **Initially, given the need to accelerate the response to earthquakes and other events that result in large numbers of casualties, the register will focus on FMT provider organizations that have trauma care and surgical teams**.

This process is intended to complement and link to similar initiatives that contribute to the same overall objective. For example, international NGOs and academic institutions are developing international medical standards and reporting mechanisms for FMTs. Professional networks such as the World Association for Disaster and Emergency Medicine are reviewing the evidence on the deployment and effectiveness of FMTs.

Objectives

1. To create a register of FMT provider organizations[3] to accelerate and coordinate the deployment of FMTs. To be eligible for inclusion in the register, FMT provider organizations must, at a minimum:
    - Provide detailed information on: 1) the health services by level of care that their FMTs can offer from the standardized service checklist in Appendix 2; 2) team composition by speciality and level of experience; and 3) service/bed capacity.
    - Adhere to a minimum set of professional and ethical standards and commit to work in support of the national response (this includes health workers carrying out only those medical procedures for which they are licensed/accredited in their own countries).
    - Ensure that 1) FMTs are comprised primarily of personnel with relevant experience in humanitarian settings and 2) less experienced staff are briefed prior to deployment and supervised during their mission.
    - Commit to being self-sustaining (e.g. in food, shelter and medical supplies) for the duration of their deployments, in order to avoid placing an additional burden on local infrastructures and/or diverting critical local resources.
    - Agree to collaborate with inter-agency emergency response coordination mechanisms at global, national and sub-national levels, as well as with other FMTs and local health systems.

3 Including academic, governmental and nongovernmental bodies. The inclusion criteria for providers of military and/or mixed civilian/military teams will need to be considered in light of recent guidance on civil-military coordination in humanitarian settings.

- Keep full and complete medical records, and collect and share data through agreed health coordination mechanisms.
- Establish an orderly exit strategy with local health providers/authorities.

2. To establish a Foreign Medical Teams Working Group (FMT-WG) to take the above work forward, under the aegis of the GHC's policy and strategy group (see Appendix 3).

Expected outcomes

The availability of a register containing comprehensive information on FMT provider organizations, including the size and composition of their FMTs and the types of health care services they offer, will lead to:

- Faster deployment of FMTs, as crisis-affected countries will be able to rapidly identify and approve FMTs from the register.

- Improved complementarity of medical services, leading to a better outcome for patients and allowing FMTs to focus on delivering health services in their areas of competence instead of expending their energies attempting to cover a wide range of unmet health needs.

- Better matching of supply and demand, leading to reduced duplication and overlap.

- Better coordination of FMTs before and after deployment, resulting in greater transparency and stronger interaction with national authorities.

- Better preparedness at country level, as countries will have access to detailed information on international emergency standby capacity in advance.

Appendix 1. International register of FMT provider organizations

Overview

1. The establishment of an international register of FMT provider organizations is a first step on the road to improving the quality, coordination and oversight of FMTs.
2. The formal registration of FMT provider organizations will promote accountability and ensure that their training, equipment and preparedness levels meet agreed international professional and ethical standards.
3. The registration process for FMT provider organizations will be inclusive and transparent.
4. Donors will be encouraged to fund, support and deploy FMTs from provider organizations that are on the international register. Conversely, crisis-affected countries seeking emergency health assistance will be encouraged to give priority to FMTs from registered provider organizations.

Registration process

1. FMT provider organizations wishing to be included on the international register contact the Register secretariat.
2. Register secretariat provides the relevant forms and information.
3. FMT provider organizations complete the forms (see "Objectives" in the previous section for more details concerning the information to be provided) and return them to the secretariat.
4. Register secretariat enters data/checks completeness/accuracy of forms, keeps records.
5. Register secretariat confirms registrations and maintains contact with FMT provider organizations to ensure information is updated.

Appendix 2. FMT-WG health services checklist, by level of care and sub-sector, DRAFT I

	Area/Sub-sectors			Health Services (RH MISP Services in bold)	
P. Primary Care	P1	General Clinical Services	P11	Outpatient services	
			P12	Basic laboratory	
			P13	Short hospitalization capacity (5-10 beds)	
			P14	Referral capacity: referral procedures, means of communication, transportation	
	P2	Child Health	P21	EPI : routine immunization against all national target diseases and adequate cold chain in place	
			P22	Under 5 clinic conducted by IMCI-trained health staff	
			P23	Screening of under nutrition/malnutrition (growth monitoring or MUAC or W/H, H/A)	
	P3	Nutrition	P31	Management of moderate acute malnutrition	
			P32	Management of severe acute malnutrition	
	P4	Communicable Diseases	P41	Sentinel site of early warning system of epidemic prone diseases, outbreak response (EWARS)	
			P42	Diagnosis and treatment of malaria	
			P43	Diagnosis and treatment of TB	
			P44	Other local relevant communicable diseases (e.g. sleeping sickness)	
	SEXUAL & REPRODUCTIVE HEALTH AREA	P5 STI & HIV/AIDS	P51	Syndromic management of sexually transmitted infections	
			P52	**Standard precautions:** disposable needles & syringes, safety sharp disposal containers, Personal Protective Equipment (PPE), sterilizer, P 91	
			P53	**Availability of free condoms**	
			P54	Prophylaxis and treatment of opportunistic infections	
			P55	HIV counselling and testing	
			P56	Prevention of mother-to-child HIV transmission (PMTCT)	
			P57	Antiretroviral treatment (ART)	
		P6 Maternal & Newborn Health	P61	Family planning	
			P62	Antenatal care: assess pregnancy, birth and emergency plan, respond to problems (observed and/or reported), advise/counsel on nutrition & breastfeeding, self care and family planning, preventive treatment(s) as appropriate	
			P63	Skilled care during childbirth for **clean and safe normal delivery**	
			P64	**Essential newborn care:** basic newborn resuscitation + warmth (recommended method: Kangaroo Mother Care - KMC) + eye prophylaxis + clean cord care + early and exclusive breast feeding	
			P65	**Basic emergency obstetric care (BEmOC):** parenteral antibiotics + oxytocic/anticonvulsivant drugs + manual removal of placenta + removal of retained products with manual vacuum aspiration (MVA) + assisted vaginal delivery **24/24 & 7/7**	
			P66	Post partum care: examination of mother and newborn (up to 6 weeks), respond to observed signs, support breast feeding, promote family planning	
			P67	Comprehensive abortion care: safe induced abortion for all legal indications, uterine evacuation using MVA or medical methods, antibiotic prophylaxis, treatment of abortion complications, counselling for abortion and post-abortion contraception	
		P7 Sexual Violence	P71	**Clinical management of rape survivors** (including psychological support)	
			P72	**Emergency contraception**	
			P73	**Post-exposure prophylaxis (PEP) for STI & HIV infections**	
	P8	Non Communicable Diseases, Injuries and Mental Health	P81	Injury care : treatment of open wounds, fracture stabilization, patient stabilization and proper referral	
			P82	Hypertension treatment	
			P83	Diabetes treatment	
			P84	Mental health care: support of acute distress and anxiety, front line management of severe and common mental disorders	
	P9	Environmental Health	P91	Health facility safe waste disposal and management	
S. Secondary Care	S1	General Clinical Services	S11	OPD with surgical triage + Inpatients services (medical, pediatrics and ob & gyn wards)	
			S12	Emergency and elective surgery: at least 1 operating theatre with or without gas anesthesia	
			S13	Laboratory services	
			S14	Blood bank service	
			S15	X-Ray service	
	S2	Child Health	S21	Management of children classified with severe or very severe diseases (parenteral fluids and drugs, O2)	
	S6	Mat/Newb Health	S61	**Comprehensive emergency obstetric care**: BEOC + caesarean section + **safe blood transfusion**	
	S8	NCD, Injuries and Mental Health	S81	Disabilities and injuries rehabilitation	
			S82	Outpatient psychiatric care and psychological counseling	
			S83	Acute psychiatric inpatient unit	
T. Tertiary Care	T1	General Clinical Services	T11	OPD with surgical triage	
			T12	Laboratory services with NA/K, emogas (including public health laboratory)	
			T13	Specialized inpatients units: ICU, orthopedic/trauma ward for advanced orthopedic and surgical care, large burn patients management, hemodialysis	
			T14	MEDEVAC procedures, transport means & network for referral for highly specialized care	
			T15	X-ray with stratigraphy, ecography, RMG and/or CT scan	
			T16	Elective and emergency surgery through 2 or more operating theatres with gas anesthesia	
	T8	Injuries	T81	Disabilities and injuries rehabilitation, including early follow up at home with mobile team for post operatory care	
			T82	Early discharge of post operatory patients through referral to secondary hospitals, in mass casualty scenarios	

Appendix 3. Draft terms of reference for the Foreign Medical Teams Working Group (FMT-WG)

The FMT-WG will guide and monitor activities related to the development of an international register for FMT provider organizations following a sudden-onset disaster, with the overall aims of 1) improving FMTs' adherence to international core standards and 2) ensuring that they respond to identified needs that cannot be met nationally. The FMT-WG will carry out the following activities:

1. Based on lessons learned from recent major emergencies, expand the checklist attached as Appendix 2 to reflect the full spectrum of trauma care, surgical and related health services that are required in emergencies, by level of care. The checklist will be used as the basis for categorizing the different health services offered by FMT provider organizations.
2. Compile information on FMT provider organizations' efforts to meet the criteria for inclusion in the register (e.g. through additional training courses for their staff).
3. Share information on the capacities and skill sets of individual FMT provider organizations with the FMT community so that each provider can identify gaps and make decisions on where to best focus its activities.
4. Ensure that the register contains an optimal mix/range of FMTs and that it covers all essential health care services.
5. Advise WHO on the mobilization of technical or financial resources to support this initiative. Advise on the decentralization of activities and resources to academic institutions, professional associations and/or NGOs.
6. Advise on modalities and mechanisms for presenting the register to national authorities.
7. In the initial phase of the project, prioritize the registration of FMT provider organizations that have trauma care and surgical capacity, in order to improve the speed of response to earthquakes and other mass casualty events. The second priority will be the registration of FMT provider organizations offering other primary, secondary and tertiary level health care services, as listed in Appendix 2.
8. Ensure that FMT provider organizations submit information on all emergency medical care teams, not just field hospitals.

Membership

The FMT-WG will be comprised of representatives of:

- WHO (as GHC lead agency)
- The GHC (five representatives drawn from UN agencies, NGOs, the Red Cross/Red Crescent Movement and other organizations)
- The main global providers of FMTs
- Bilateral agencies
- Countries that have been recently affected by mass casualty sudden-onset disasters
- Academic institutions
- The World Association on Disaster Emergency Medicine (WADEM)

Individual experts from other organizations may be invited to participate on a case by case basis.

To allow maximum rotation, FMT-WG members will serve for a period of two years, which may be renewed once.

Working methods

Depending on the decision of the GHC's Policy and Strategy Group, the FMT-WG will either:

1. report to WHO as GHC lead agency, which in turn will report to the GHC and ultimately to WHO's Governing Bodies, or
2. work under the aegis of the GHC's Policy and Strategy Group.

Decisions will be made by consensus, whenever possible. If consensus cannot be reached, decisions will be made by a majority vote.

The notes of all working group proceedings will be posted on the Internet. Drafts of technical documents and draft norms and standards will be widely circulated to GHC partners and Member States.