Tent setting in a camp in Mozambique (@WHO / AFRO)

ACTIONING THE EMERGENCY MEDICAL TEAMS' INITIATIVE IN THE WHO AFRICAN REGION:
STRATEGIC PAPER

World Health Organization

African Region

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Actioning the Emergency Medical Teams' initiative in the WHO African Region: strategic paper

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Contents

Foreword

Emergency medical teams (EMTs) are at the heart of crisis response, regardless of the nature of the crisis. As an important part of the global health workforce, an emergency medical team is deployed to enhance the capacity of national health systems to lead the activation and coordination of a response in the immediate aftermath of a disaster, outbreak or other emergency.

EMTs are generally associated with deployment-ready international corps of doctors, nurses and paramedics, who provide health care in emergency settings. However, lessons learnt from several crises have shown us the importance of hosting national emergency health teams, composed of technically qualified personnel, whose added knowledge of local culture, health systems and language can overcome numerous challenges.

To this end, since 2018, as part of a global EMT initiative, WHO in the African Region has worked strategically with countries to enhance national emergency medical team capacities, providing training, standard treatment and response protocols, equipment and supplies, to ensure self-sufficiency and delivery of appropriate and context-specific care.

From our training base in Addis Ababa, we have carried out 22 international EMT deployments in 17 countries on the continent, and have decreased our crisis response timing from 147 to 45 days. To further reduce this timing, this strategic plan seeks to provide the framework for a concerted, interconnected, contemporary emergency response structure for Africa, underpinned by communication between national and international medical teams.

As WHO's Regional Emergency Director for the African Region and a medical doctor with considerable experience in emergency settings, I am confident that our strategy to boost continental and national EMT capacity will serve Africa for years to come.

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Regional Emergency Director, WHO Regional office for Africa

Acknowledgements

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1. Context and background

Emergency medical teams (EMT) are first response health care providers – doctors, nurses, paramedics, and others – during outbreaks and emergencies or disasters, working with governments, charities such as nongovernmental organizations (NGOs), armies, and international organizations such as the International Red Cross/Red Crescent movement. They comply with the classification and minimum standards set by the World Health Organization (WHO) and its partners, and bring to an emergency their training and self-sufficiency so as not to burden the national health system. EMT initiatives strengthen national surge capacities and facilitate the deployment of internationally classified teams of health-care professionals to countries and territories during emergencies, in particular during disease outbreaks and natural disasters, providing immediate assistance when national health systems are overwhelmed [1]. Considering that their aim is to support the provision of quality clinical care services to populations affected by public health emergencies, the expectation is that financial resources and equipment will be available to enable the performance of the requested task.

The WHO EMT initiative was developed in 2015, following the health response to the 2010 earthquake in Haiti, [2] and an expert review of Foreign Field Hospitals in the Aftermath of Sudden-Impact Disasters, convened by the Pan American Health Organization (PAHO) that same year [3]. It was observed that the coordination and responses of medical teams lacked standardized care [2], and concerns were raised regarding lack of accountability and coordination (governance) [4]. These issues laid the groundwork for developing principles, criteria and standards for foreign medical teams. They also propelled the publication of the Classification and minimum standards for Foreign Medical Teams in sudden-onset disasters [5, 6], first applied in 2013 during Typhoon Haiyan in the Philippines. The EMT initiative focuses on timeliness and quality service provision in emergencies, while building capacity and strengthening health systems through coordinating the deployment of qualified medical teams [7].

(@WHO / AFRO)

2.   Progress and achievement of the EMT in Africa

Globally, from 2016, some 32 EMTs have been classified; five from the Region of the Americas (AMR), 16 from the WHO European (EUR) Region, one from the South-East Asia (SEAR) Region, and 10 from the Western Pacific (WPR) Region. So far in Africa, only one EMT is undergoing classification. The reasons for Africa's delay in joining this initiative are beyond the scope of this paper, which aims to bridge this gap as much as possible. Enabling EMT capacity on the continent, whether national or international, is of particular relevance in a Region that faces about 100 health emergencies every year.

More recently, during the SARS-CoV-2 crisis, across the globe, demand grew for international EMT support. This was especially true of countries with precarious health systems, and where the national health system's capacity to cope was called into question at the onset of the pandemic. The demand for EMTs during COVID-19 reflects a change in the world's perception of these first responder teams. While international EMTs (I-EMTs) have traditionally focused on responding to sudden onset disasters (SOD), the 2014 Ebola virus disease (EVD) crisis, which overwhelmed health systems across West Africa, encouraged the presence of I-EMTs to avoid complete service ruptures.[6].

Thus, following the importation of the first COVID-19 case in Africa on 14 February 2020 in Egypt, and on 25 February 2020 in the WHO African Region, the spread of the disease on the continent coincided with the initial implementation of national EMTs (N-EMTs) in some African countries. Following their awareness/knowledge and operationalization in January 2018 and subsequently accelerated by the COVID-19 crisis, 18 I-EMT deployments were carried out in 16 countries on the basis of collaboration between the WHO and the EMT network.

Deployments for I-EMTs have followed specific requests by the Member States for external support. For COVID-19, deployment duration has varied from country to country, based on needs and the country's initial request. As a result of the deployments, 34% (17 out of 47) of WHO African countries[1] received support in the management of severe and critical cases of COVID-19. Below is a summary of the contribution of EMTs in the current phase of the response to the COVID-19 pandemic in the African Region.

- Coordination and follow-up of the activities of N-EMTs and the I-EMT network dispatched to WHO African Region Member States as part of the COVID-19 response.
- Setting up protocols and procedures to guide Ministries of Health (MoH) or equivalent structures in drafting the EMT support request.

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[1]   Algeria, Cameroon, DRC, Zambia, Burkina Faso, Chad, Congo, Eswatini, Ethiopia, Ghana, Madagascar, Nigeria, Sao Tome and Principe, South Africa, South Sudan, Zimbabwe, Senegal.

- Developed guidance related to the use of the concepts, tools and approaches of the EMT initiative to scale up the clinical case management of COVID-19 patients in the African Region.

- Sharing guidance for activation and Coordination of the EMT in the COVID-19 response.

- Monitoring of the overall implementation process of N-EMTs and development of the first draft of the operationalization strategy.

- Scoping mission undertaken in Addis for the establishment of the Regional Training Centre using simulation and follow-up on discussions with WCO Ethiopia and HQ for implementation of this project.

Table 1:   Progress of EMT activities in Africa

Year	Action/ activity/ milestone
2010	Lessons from the Haiti Earthquake
2013	The first use of this classification system was in Typhoon Haiyan in the Philippines
2015	EMT initiatives developed
December 2017	EMT Initiative launched in the African Region in December 2017 in Dakar, Senegal
June 2018	Second regional workshop was organized jointly with the West African Health Organization (WAHO)
April 2018	N-EMT awareness workshop held in Senegal
June 2018	N-EMT awareness workshop held in South Africa
October 2018	N-EMT awareness workshop held in Nigeria
November 2018	N-EMT awareness workshop held in Guinea
November 2018	N-EMT awareness workshop held in Ghana
14 February 2020	The importation of the first COVID-19 case into Africa in Egypt
May 2020	EMT regional training in AFRO
February 2020 to date	EMT deployment in the WHO African Region: Ghana (19 Feb 2020); South Africa (26 Feb 2020); Senegal (17 March 2020); Nigeria (8 Apr 2020); Zambia (13 April 2020); Ethiopia and Burkina Faso (16 April 2020); Burkina Faso (27 April 2020); Algeria (10 May 2020); Zimbabwe (11 May 2020); DRC (12 May 2020); São Tome and Principe (15 May 2020); Congo (23 May 2020); Cameroon (25 June 2020); Chad (4 August 2020); Madagascar (24 August 2020); Ethiopia (21 September 2020); South Sudan (10 October 2020); Eswatini (30 January 2021); Lesotho (27 February 2021)
July 2020	Scoping mission in Addis for the establishment of the Regional Training Centre by Simulation and follow-up on discussion with WCO in Ethiopia and HQ for implementation of this project
Nov 2020	National EMT implementation process
March 2021	Scale-up guidance for activation and Coordination of the EMT in the COVID-19 response
April 2021	Launch of the Regional EMT-TC in Addis
Nov 2021	Publication: "The role of EMT in Eswatini during the COVID-19 pandemic"
Nov 2021	Team member induction and National TOT
25-29 February 2022	EMT retreat
March to May 2022	Establishing protocols and procedures to guide MoHs in the EMT initiative
March to May 2022	Developed guidance related to the use of the concepts, tools and approaches of the EMT initiative to scale up the clinical case management of COVID-19 patients in the African Region
Ongoing since the retreat	Monitoring of the overall implementation process of N-EMTs and development of the first draft of the operationalization strategy
June 2022	Completion of the Regional Training Centre in Addis Ababa

WHO Training centre in Ethiopia - @WHO/AFRO

3.   Methodology for actioning the strategy

Given the ongoing dynamic of reinforcing the EMT at the regional and national levels, a group of experts – those who have worked on EMT deployment and other initiatives such as research, management, and classification –, at an EMT retreat held in Brazzaville, Congo from 23 to 29 February 2022, reviewed the current evidence, steps and processes for establishing an N-EMT. Accordingly, corresponding strategic orientations were provided, as shown in *Figure 1*.

Figure 1:   Proposed EMT strategic orientations for the African Region in 2022

- **National EMTs to address both outbreaks** (including COVID-19), natural disasters, Humanitarian crisis
- **Follow up of the 10 steps process**

Building National EMTs in 10 priority countries in 2022

Establishment of EMT Regional governance structure

- **Engagement of 5 countries from all sub-regions** as part of the regional governance
- **Engagement of regional partners** such as WAHO, Africa CDC, SADC

Reinforce the partnerships with other International EMTs, donors

Building a regional EMT training Centre

- **Engage other international EMTs, donors and partners**

- **Finalization of the 1st regional EMT training and operation centre**

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4. Strategic directions for EMTs in Africa, 2022 and beyond

(a) Building a regional EMT training centre

(i) *Progress on the establishment of the regional EMT training centre*

Inaugurated in 2021, a Regional Training Centre for N-EMTs in Addis Ababa *(Figure 2)*, aims to enhance the technical skills of Regional EMT members (all N-EMTs and other EMTs in the Region), and other clinical care management personnel, in the management of severely sick and critical patients, initiating health-care workers to building operational hands-on skills and innovation.

To this end, a training curriculum and follow-up exercises leveraged by the EMT-network and the associated WHO collaborating centres, academia, and other WHO-technical units supplies specialized human resources to develop and introduce specific training modules, and training of trainers across the Region. As part of its brief, the EMT-network also establishes project implementation evaluation criteria and methodologies. A road map of activities is being developed, as shown in *Figure 2* (and is being done in phases).

Phase 1: A scoping mission jointly conducted on 6–8 July 2020 by headquarters, the Regional Office for Africa, WCO Ethiopia and the Ethiopian Ministry of Health clarified the scope and the role of all stakeholders involved in the N-EMT Regional Training Centre for Africa, specifying its role, in addition to that of the Addis-based project coordinator. *Phase 2: Design and Development of Training Portfolio* involved proposals for potential training products to be delivered onsite, including short-focused products, one-day options for specific thematic areas, and multi-day options as flagship events. The training portfolio was further fine-tuned following discussions with the Ethiopian Ministry of Health. *Phase 3: Procurement* started immediately after phase 2 (in August 2020) and is ongoing. *Phase 4: Site set-up* was based on an existing structure pr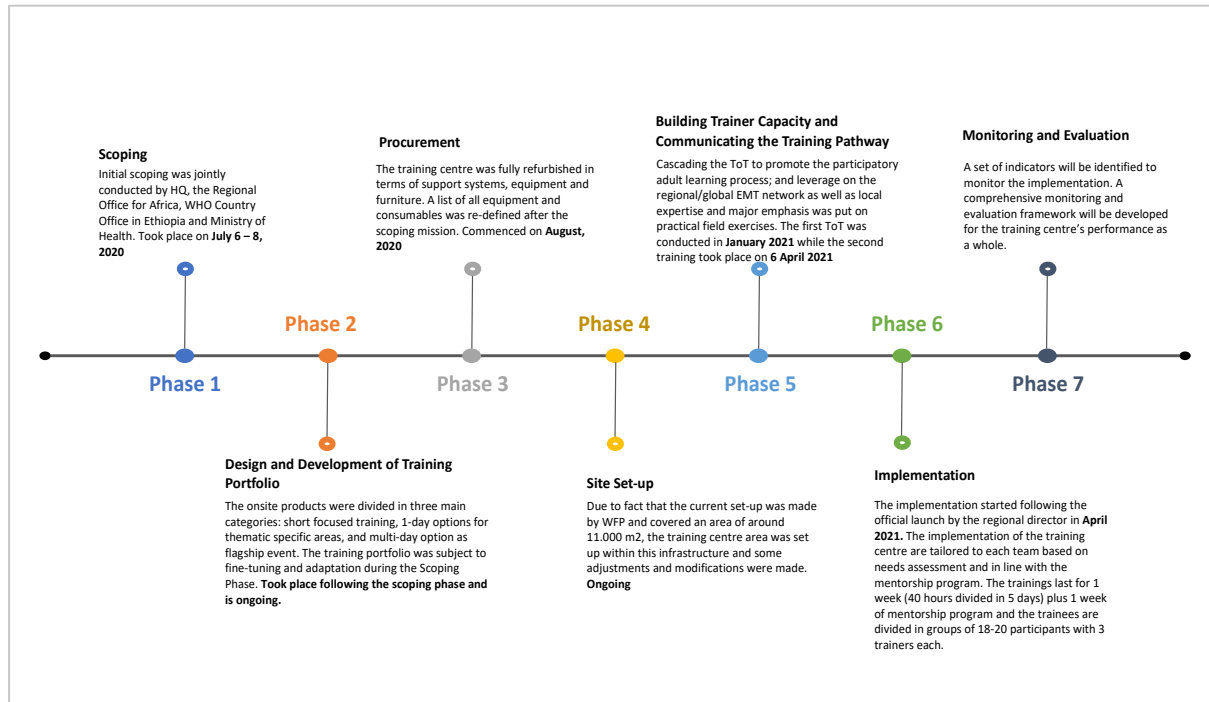ovided by the World Food Programme. The current structure covers an area of around 11 000 m^2 and some adjustments and modifications were conducted to fit the training portfolio, as was envisaged during the scoping phase. In *phase 5: Building Trainer Capacity and Communicating the Training Pathway,* the cascading Training of Trainers (ToT) approach is proposed with the intent to promote participatory adult learning, where a core group of trainers manages the implementation of training and leverages the experience of regional/global EMT networks, as well as local expertise. In addition to classroom-based presentations and discussion, emphasis is placed on practical field exercises. The first training was conducted in January 2021, and the second on 6 April 2021. Training is envisaged to be extended to 10 volunteer pilot countries. The official *phase 6: Implementation,* started on 13 April 2021, following the official launch by the WHO Regional Director for Africa. Establishment of the training centre is scheduled for completion at the end of

June 2022, and will be functional in July 2022. Finally, in *Phase 7: Monitoring and Evaluation,* it is envisaged that the set of indicators to monitor implementation identified during the scoping phase will be used to evaluate progress. Additionally, a comprehensive monitoring and evaluation framework will be developed to measure the training centre's performance.

Figure 2: Activity road map in the development of the Regional training centre

Scoping
Initial scoping was jointly conducted by HQ, the Regional Office for Africa, WHO Country Office in Ethiopia and Ministry of Health. Took place on **July 6 – 8, 2020**

Procurement
The training centre was fully refurbished in terms of support systems, equipment and furniture. A list of all equipment and consumables was re-defined after the scoping mission. Commenced on **August, 2020**

Building Trainer Capacity and Communicating the Training Pathway
Cascading the ToT to promote the participatory adult learning process; and leverage on the regional/global EMT network as well as local expertise and major emphasis was put on practical field exercises. The first ToT was conducted in **January 2021** while the second training took place on **6 April 2021**

Monitoring and Evaluation
A set of indicators will be identified to monitor the implementation. A comprehensive monitoring and evaluation framework will be developed for the training centre's performance as a whole.

Design and Development of Training Portfolio
The onsite products were divided in three main categories: short focused training, 1-day options for thematic specific areas, and multi-day option as flagship event. The training portfolio was subject to fine-tuning and adaptation during the Scoping Phase. **Took place following the scoping phase and is ongoing.**

Site Set-up
Due to fact that the current set-up was made by WFP and covered an area of around 11.000 m2, the training centre area was set up within this infrastructure and some adjustments and modifications were made. **Ongoing**

Implementation
The implementation started following the official launch by the regional director in **April 2021.** The implementation of the training centre are tailored to each team based on needs assessment and in line with the mentorship program. The trainings last for 1 week (40 hours divided in 5 days) plus 1 week of mentorship program and the trainees are divided in groups of 18-20 participants with 3 trainers each.

Phase 1 · Phase 2 · Phase 3 · Phase 4 · Phase 5 · Phase 6 · Phase 7

(ii) *Proposed trainings under the Regional training centre*

Based on awareness raising, training, I-EMT deployments and experience gathered from the responses to all the major public health emergencies (PHEs) that have affected the African Region over the past five years, including the COVID-19 pandemic, it is clear that setting up an N-EMT requires at least three training/workshops: *EMT induction training; 10-step training for building N-EMTs; and EMT field deployment training.* These three mandatory trainings can be complemented by additional training in the areas of basic emergency and critical care, IPC, security, logistics, and communications based on N-EMT needs. Accordingly, trainings will be organized with the support of WHO AFRO, the EMT secretariat and potentially other I-EMTs. In addition to the training, it will be necessary to draft the functional chart of the EMT, coupled with a set of standard operating procedures (SOPs) for the functioning of the N-EMT before and during deployments.

(b) Establishment of the EMT regional governance structure

A global meeting in December 2015 in Panama reflected on the growth and increased participation worldwide in the global EMT initiative. The meeting discussed and recommended strengthening the overall EMT governance structure by creating an EMT Strategic Advisory Group and regional groups. Reflecting the global structure, the EMT regional governance structure for Africa is composed of representatives from Member

States and partners supported by the WHO Regional Office for Africa, which will volunteer to assume the role on an annual rotational basis

The designated leadership will comprise a public health expert with experience in overseeing public health emergencies and international cooperation to support countries' development and implementation of the EMT initiative. The leadership will ensure that the right information reaches the right people in the Member State or organizational structures. In this sense, the leadership will act as the main information contact point for EMTs at the regional level. Five countries – Senegal, DRC, Ethiopia, Botswana, Mauritania – have volunteered to form the initial governance body. These countries are at an advanced stage of developing the EMT process. Representatives in the EMT regional groups are policy and technical focal points, and team leaders of EMTs in both Member States and organizations.

The EMT Regional Group for Africa is designed to facilitate active participation of the Member States, EMTs and relevant stakeholders of the Region in shaping and driving the implementation of the EMT initiative. It is the forum that will develop and agree on the regional workplan, adapting the global objectives of the EMT initiative to regional and country-specific contexts. As a key part of the global EMT governance structure, it is also expected to contribute to and influence the initiative's strategic orientation.

The Regional Group is a forum for:
- Promoting the implementation of the EMT initiative at the regional and country-levels;
- Identifying priorities and monitoring the implementation of a regional EMT workplan;
- Planning for EMT capacity mapping and discussing existing ones in the Region;
- Sharing of experiences and lessons learnt among countries and teams on past EMT response operations;
- Updating past EMT related activities in the Region and globally, including the EMT mentor and classification process as well as national capacity strengthening programmes;
- Updating and providing a forum to contribute to global developments (standard setting, coordination arrangements, etc.);
- Planning for and coordinating regional capacity strengthening projects.

Five technical working groups are proposed:
- Training,
- Outbreaks,
- Humanitarian and fragile settings,
- Natural disasters and mass casualties,
- Documentation/research.

The training component subgroup will focus on aligning the curriculum for the regional team. In contrast, the Outbreak, Humanitarian and fragile settings, Natural disasters and mass casualties subgroup will focus on taking responsibility for the team's implementation of the EMT guiding principles and minimum standards, as per their expertise. The research

and documentation component will record, document and share experiences acquired throughout the process.

Each of the five working groups will nominate a focal point, who will assist with operational/technical issues connected with the EMT response. They will also be part of the team promoting the strengthening of N-EMT capacities and serve as the main point of contact for operational capacity building by EMTs at the national level. Additionally, they will serve as countries' main point of contact with the secretariat for operational and technical issues related to the implementation of the EMT initiative in preparedness and response work. They will promote the development and implementation of subpillar-specific tools, regulations, and policies for sending, receiving, and deploying EMTs, according to the methodology developed. In particular, they will promote the design and implementation by countries in their Region of an N-EMT accreditation process based on the global EMT standards.

Figure 3:   Proposed governance structure of the WHO AFRO EMT Initiative Technical Working Group
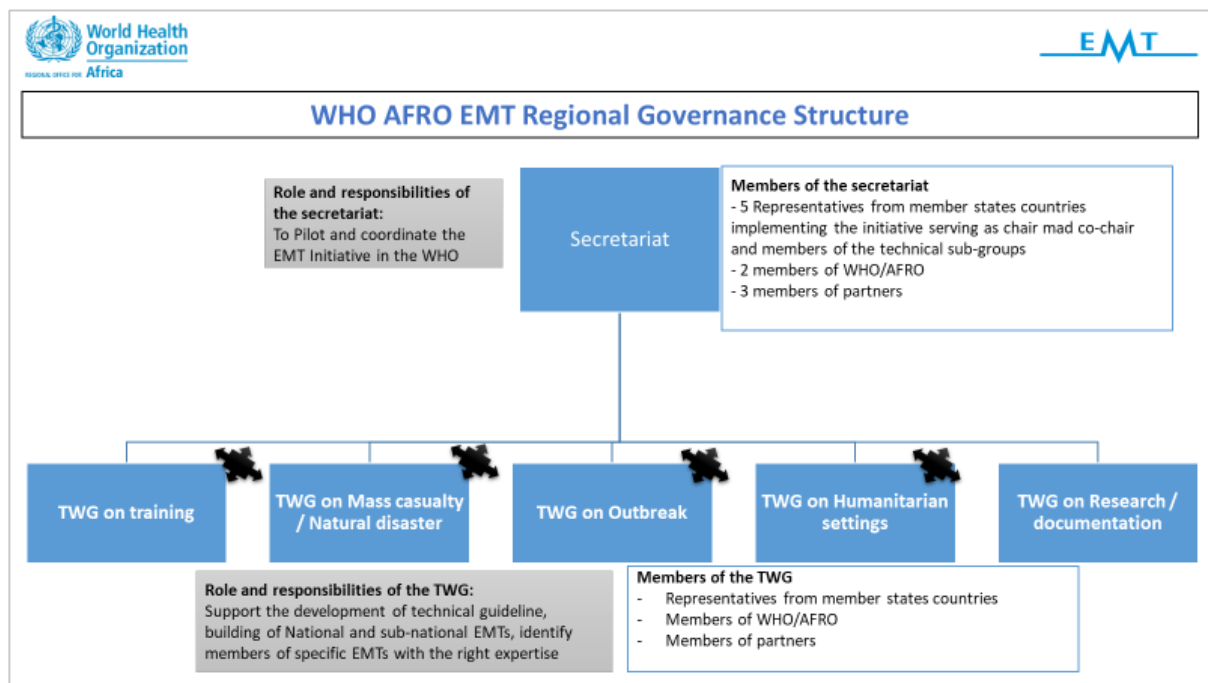
Partners have been proposed for the key working groups. Some of the proposed partners are PCPM, MSF, ALIMA, IFRC, CADMEF, and WAHO (Figure 3). Additional partners will be identified based on expertise and those whose presence/ expertise is needed will be invited to attend. Partner representatives will enhance the link between the proposed regional groups and the partners to learn from their expertise and experiences.
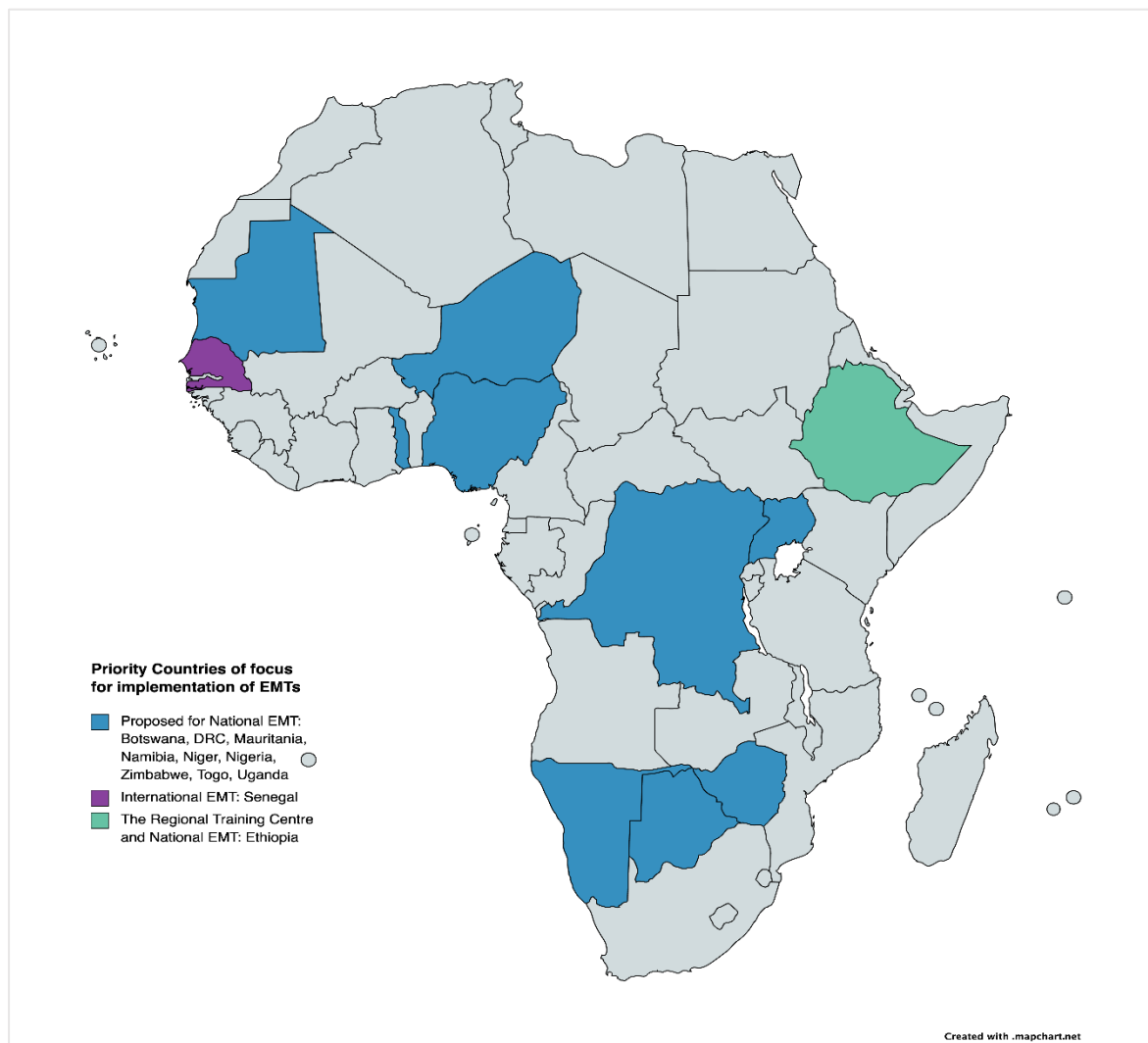
(c)   Building national EMTs in 10 priority countries in 2022

(i)   *Initial implementation and functionality of the N-EMT in 10 priority countries*

As shown in *Figure 4*, ten countries have volunteered for priority N-EMT roll-out. The countries were identified and prioritized because they are at an advanced

stage of developing the EMT process, and some are in the SURGE capacity project. The proposed countries are spread across the continent: four in west Africa (Mauritania, Niger, Nigeria, Togo), one in central Africa (DRC), two in East Africa (Uganda, Ethiopia), and three in Southern Africa (Namibia, Botswana, Zimbabwe). Senegal has been prioritized as a country to implement the I-EMT, while Ethiopia has ongoing development of the regional training centre.

Figure 4:   Priority countries for N-EMTs in Africa in 2022

Priority Countries of focus
for implementation of EMTs

■ Proposed for National EMT:
Botswana, DRC, Mauritania,
Namibia, Niger, Nigeria,
Zimbabwe, Togo, Uganda
■ International EMT: Senegal
■ The Regional Training Centre
and National EMT: Ethiopia

Created with .mapchart.net

(d)   Developing a road map for N-EMT establishment in priority countries
       (10 steps for building N-EMTs in Africa)

In the face of increasing potential health emergencies in different regions, ranging from virus-related outbreaks to man-made environmental accidents, natural disasters, and mass casualties, emergency preparedness (EPR) and associated EMT structures are imperative for African countries. The WHO Regional Office for Africa (AFRO) seeks to support its Member States in developing N-EMTs. This has also been based on the lessons learnt from the deployment of I-EMTs in the Democratic Republic of Congo (DRC) and Mozambique (focusing on Ebola and other PHEs such as cholera and cyclones) in addition to the deployment of 22 I-EMTs in the Region for the response to

coronavirus disease 2019 (COVID-19). Delays in the deployment of I-EMTs to countries, logistical challenges within the Region's/countries' specific contexts and the cultural complexities in each country highlighted the need for countries to establish domestic N-EMTs to help bypass some of these challenges.

This strategic proposal followed a two-step process of a literature review [8] and expert consensus. Ten tasks/steps were considered essential to setting up or enhancing N-EMT capacity. These tasks consist of various activities and timelines, including human resource composition and training, knowledge management, logistics, and – not the least – demobilization *(Figure 5)*. Although activities may be undertaken within proposed timelines, these may vary by country based on the context, the types of emergency, and the governance system in place to prepare and respond to PHEs. The following steps are proposed to Member States to guide the N-EMT set-up process; countries are encouraged to adapt this guidance to specific institutional settings, implementation priorities, and priority types of emergencies.

Figure 5:   Ten steps for building N-EMTs in Africa
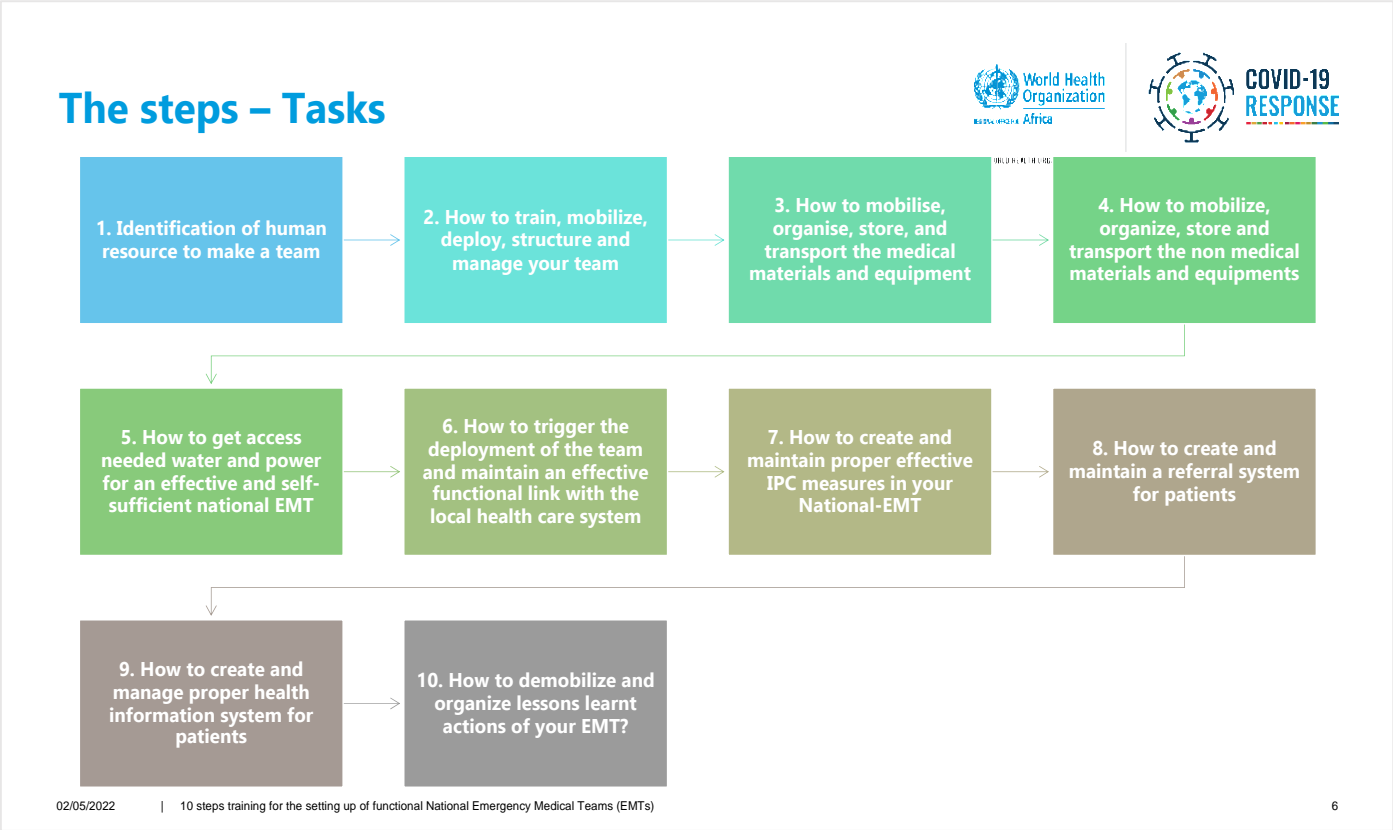
(e)   Reinforcing partnerships with other international EMTs and donors

(i)   *Integrating regional EMT actions in the SURGE project roll-out*

The strategic implementation of EMTs in Africa aligns with WHO's SURGE project, a component of the Organization's triple flagship initiative on emergency preparedness, response and resilience for Africa. This initiative consists of [9]:

- **Prepare** *(Promoting Resilience of Systems for Emergencies (PROSE)) with five pillars (namely the International Healthy Regulations (IHR); Operations support and logistics (OSL), Human resources (HR); Risk communication and community engagement (RCCE), and Finance)*
- **Detect** *(Transforming African Surveillance Systems (TASS)) with four pillars (namely Integrated Disease Surveillance and Response strategy (IDSR), Data management, HR, Finance)*
- **Response** *(Strengthening and Utilizing Response Groups for Emergencies (SURGE)) with four pillars (namely HR, readiness and coordination, OSL, RCCE).*

Actioning the priority processes of the EMT on the continent has been developed in complementarity with the SURGE project. For instance, cooperation is envisaged in terms of enhancing capacity building for both components, and strategic actions for actualizing the N-EMTs are being performed in some priority countries undergoing SURGE implementation.

(ii) *Establishing a framework for collaboration with I-EMTs*

While I-EMTs have traditionally focused on responding to sudden onset disasters, more recently, they have been mobilized in response to disease outbreaks, such as the 2014 Ebola virus disease crisis [6]. While the classification of the EMT in the African Region is ongoing, the demand for international support from EMTs surged across all regions during the COVID-19 pandemic. In solidarity with countries facing situations where COVID-19 exposed the fragility of their health systems, WHO facilitated EMT transfer of knowledge and practices. EMT interventions during the pandemic highlighted the need to deploy and collaborate with I-EMTs, while accelerating N-EMT implementation. I-EMTs represent the WHO country office's surge capacity, with dedicated EMT expertise, but also identifies available mentors to support countries in the process of implementing N-EMTs. With this in mind, collaboration supports the implementation and management of the EMT Regional and Subregional Training Centre. The strategic orientation seeks to enhance modalities of collaboration and documenting how to engage I-EMTs in terms of deployment and procurement. It starts by analysing what already exists, intending to build on it, and evaluating expectations.

(iii) *Complementarity between EMTs, Rapid Response Teams (RRTs) and Emergency Operations Centres (EOCs) in response to public health emergencies in the African context*

Rapid response teams (RRTs) and EMTs are dependent on operating procedures in different countries. In some countries, the RRT operates at the field level, and the operations unit of IMS in the public health emergency operations centre (PHEOC) oversees its activities. The framework of emergency operations centres (EOC) is currently under revision. EMT deals with the case management component of the response, which falls under the operations section. While EMT is part of RRT, the RRT focuses on early investigation and early treatment, while EMT handles case management.

5. Conclusion

Given the lessons learnt during the deployment of international EMTs during different emergencies such as COVID-19, this strategic document is designed to guide the implementation of national EMTs. Additionally, it provides the direction of implementation of the activities of N-EMTs and the I-EMT network dispatched to countries in the African Region during the COVID-19 pandemic and other emergencies. It provides a monitoring baseline for overall N-EMT implementation. Finally, the document provides protocols and procedures to guide countries in using the EMT initiative's concepts, tools and approaches to scale up emergency response in the African Region.

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