Emergency Medical Teams
2030 strategy

World Health Organization

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Contents

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As we build a stronger global architecture for health emergency preparedness and response, a rapidly deployable global health emergency corps will be vital.

I see the Emergency Medical Teams as critical to this envisioned future.

They are already saving lives around the world with their effective response mechanisms and highly trained workforce of over 20,000 professionals from pre-qualified teams.

Dr Tedros Adhanom Ghebreyesus
WHO Director-General

Foreword

Recent events have reminded us that disasters, conflicts, disease outbreaks and other health emergencies pose a constant threat and can have devastating impacts. These events are expected to become increasingly frequent, severe, and intertwined in the coming decades. Now, more than ever, is there urgent need to strengthen the capacities of our health systems around the world, so that we are better able to protect and serve the health needs of people and communities when any disaster or emergency strikes.

The Emergency Medical Teams (EMT) initiative plays a vital role in building this stronger and more resilient global health emergency architecture, both by driving its formation and by contributing to a rapidly deployable global health emergency corps. The Initiative and EMTs bring something unique to health emergency preparedness and response – they bring standards, professionalism, reliability, scalability, coordination, and the ability and willingness to rapidly deploy wherever and whenever they are most needed. Most importantly, EMTs save lives. But all this cannot be done without planning, capacity development and investment. This is why I am heartened and proud to introduce this EMT 2030 Strategy.

The EMT 2030 Strategy establishes a critical and ambitious agenda, envisioning a world in which every country has the capacity to respond rapidly, effectively, and flexibly to national emergencies. It calls on countries and organizations to take a proactive approach to building their EMTs and other rapid response capacities and systems, utilizing the EMT methodology. This will not only better protect national populations and communities, but also enable assistance to be extended to near neighbours and beyond. Added together, this will strengthen regional and global resilience and response against health emergencies, creating a safer and healthier world for all.

To support this, EMT 2030 sets directions for greater regional and national focus, strong partnerships, extended technical guidance, adapted approaches for quality assurance, training and coordination, and enhanced research and knowledge sharing. This strategy has been developed through a highly participatory and consultative process, and I thank everyone from Member States, the EMT Initiative, Network, partners and stakeholders for their respective contributions. The same collaborative efforts will be needed to bring the vision and goals of EMT 2030 to fruition.

Finally, I take this opportunity to once again thank all EMTs, their organizations and dedicated professionals, for their incredible work and tireless efforts in serving and delivering care to those impacted by crises around the world.

Dr Michael J. Ryan
Executive Director
WHO Health Emergencies Programme

Acknowledgements

WHO extends its sincere gratitude to the many individuals, organizations and professional bodies who contributed to the development of this EMT 2030 Strategy. The Strategy is the result of a highly consultative and participatory process involving Member States, international and national non-governmental organizations, related global health networks, partners, stakeholders and the entire EMT community, including plenary and regional discussions during the 5th EMT Global Meeting hosted by Armenia. We are extremely grateful to all for their valuable feedback and contributions throughout. In particular, we would like to thank all members and observers of the EMT Strategic Advisory Group under the chairmanship of Australia for their strategic direction, review, feedback and endorsement of this document, and for their ongoing support and work for the EMT Initiative. Appreciation also goes to the members of each of the EMT Regional Groups for the contributions and the work in taking this Strategy forward in their respective regions. Finally, we thank all the WHO staff and consultants of the EMT Secretariats at HQ and WHO Regional Office for Africa, WHO Regional Office for the Americas, WHO Regional Office for South-East Asia, WHO Regional Office for Europe, WHO Regional Office for the Eastern Mediterranean, and WHO Regional Office for the Western Pacific, who have valuably contributed to producing this document.

Abbreviations

DRR	Disaster risk reduction
EMT	Emergency Medical Team
EMTCC	Emergency Medical Teams Coordination Cell (also known as EMT and surge response coordination cell)
GHC	Global Health Cluster
GHPI	Global Health for Peace Initiative
GOARN	Global Outbreak Alert and Response Network
GPW	General Programme of Work
HEPR	Health Emergency Preparedness, Response and Resilience
IFRC	International Federation of Red Cross and Red Crescent Societies
IHR	International Health Regulations
IM	Information management
INSARAG	International Search and Rescue Advisory Group
JEE	Joint External Evaluation tool
LMIC	Low- and middle-income countries
MoH	Ministry of Health
RRC	Rapid response capacities
RRT	Rapid Response Team
SAG	Strategic Advisory Group
SCT	Specialized Care Team
SDG	Sustainable Development Goals
SOP	Standard operating procedure
SPAR	State Party Self-assessment Annual Reporting tool
TWG	Technical Working Group
UHC	Universal Health Coverage
UN-CMCoord	United Nations Humanitarian Civil-Military Coordination
UNDAC	United Nations Disaster Assessment and Coordination
WHO	World Health Organization

Imagine a world where

quality, life-saving care is readily available

to all affected people and communities

no matter where or what the disaster or emergency.

For this, we need to

strengthen health system resilience

to respond rapidly and effectively to any crisis.

Recent disasters, disease outbreaks and conflicts have demonstrated the vital importance of shifting from reactive responses to a proactive approach, using advanced surge planning with an emphasis on “all-hazard” capacity with a national and regional focus.

Join us in creating a healthier, safer world for all.

→ CALL TO ACTION

The EMT 2030 Strategy calls on countries and organizations to take a proactive approach, and to build and strengthen their EMT and rapid response capacities by implementing four critical steps:

1. **Adopt** the EMT guiding principles and standards (the EMT Methodology) and adapt to local context;
2. **Establish** a surge system at country level to facilitate rapid mobilization and requests for assistance if/when needed;
3. **Strengthen** technical and operational skills of the health workforce; and
4. **Document** to inform evidence-based strategies and share best practices.

EMT

About the EMT initiative

What are Emergency Medical Teams (EMTs)?

- Organized groups of health professionals, such as doctors, nurses and paramedics, that help to **provide essential and life-saving health care to individuals and communities affected by natural disasters, armed conflicts, disease outbreaks, and other health emergencies.**
- May be deployed by governments, militaries, non-governmental organizations, or international organizations, such as the Red Cross/Red Crescent Movement. They may have different names, such as Disaster Medical Assistance Teams or Health Emergency Response Units.
- Purposed to respond to emergencies in their own countries (national or subnational response), in other countries (regional or international response), or both.
- Form a critical part of the rapid response and surge capacities of health systems, and contribute to the national and global health emergency workforce. EMTs are an essential element for strengthening preparedness, response and resilience in health emergencies, and ultimately, for saving lives and alleviating the suffering of affected people and communities.

What is the EMT Initiative?

- A global programme led by WHO in collaboration with the EMT Network – a wide and diverse network encompassing EMTs, national and international organizations, academic institutions, stakeholders, and partners from across the humanitarian and global health emergency sectors.
- Works to:
  - **Improve the quality and timeliness** of health services provided by EMTs in response to a disaster, outbreak, conflict, or other health emergency; and
  - **Strengthen national systems and capacities** for rapid mobilization, interoperable surge deployment and effective coordination.

The EMT Initiative works to achieve this through three main lines of action:

Capacity Building

Providing training, technical expertise and guidance resources to support countries and organizations in building their EMTs as well as their surge systems and capacities.

Standard Setting and Quality Assurance

Developing standards and guidance documents for clinical areas and operational contexts for EMTs, and providing processes for quality assurance, such as Global Classification.

Emergency Response

Responding to health emergencies and providing countries with technical, operational and coordination support, leveraging built capacities from across the region, the world, and EMT Network.

What benefits does the EMT Initiative provide?

For crisis-affected people and communities:

- Improved access to timely, safe, and necessary health care during and after a disaster or other health emergency;
- Assurance that the EMTs providing care are well-trained, well-equipped, and meet required national or international standards;
- Better continuity of care due to coordination and integration of the EMT response with the national health system.

For countries and national systems:

- Improved ability to respond rapidly to national emergencies with their own EMTs, who are best placed to provide immediate and appropriate assistance;
- Ability to quickly request assistance from quality-assured, international EMTs;
- Expanded national health emergency workforce;
- Enhanced surge planning and established systems to mobilize and coordinate EMTs and other rapid response capacities;
- Ability to assist near neighbours and support regional and international responses;
- Contributions to the global health emergency corps.

EMT Initiative

For EMT organizations:

- Standards, guidelines, mentorship, and training opportunities to strengthen quality of clinical services and operational response;
- Recognition as an EMT with a certain level of quality and capabilities (through Global Classification);
- Higher likelihood of assistance requests;
- Easier integration with EMT coordination and national systems due to common approach;
- Opportunities to contribute to capacity building, training, technical guidance, and research.

For regional and global health emergency preparedness and response:

- Systematic strengthening of national systems as building blocks for a stronger global health emergency preparedness, response and resilience architecture;
- Expanded global health emergency corps;
- Localization of capacities allowing for faster and more context-adapted responses;
- Common standards and approaches facilitating interoperable surge deployments;
- Established methodologies for quality assurance and coordination that may benefit other rapid response capacities

For more information

https://extranet.who.int/emt/
https://www.who.int/emergencies/partners/emergency-medical-teams
EMTeams@who.int

EMT 2030 at a glance

Vision

A world in which every country has the capacity to respond rapidly, effectively and flexibly to national emergencies, leveraging regional and subregional capacities to support vulnerable communities and the people most in need.

Goal

Populations affected by health emergencies have access to quality, life-saving and essential health services through effective, scalable, interoperable, and rapidly deployable EMTs and other emergency capacities fully integrated into resilient, national health systems.

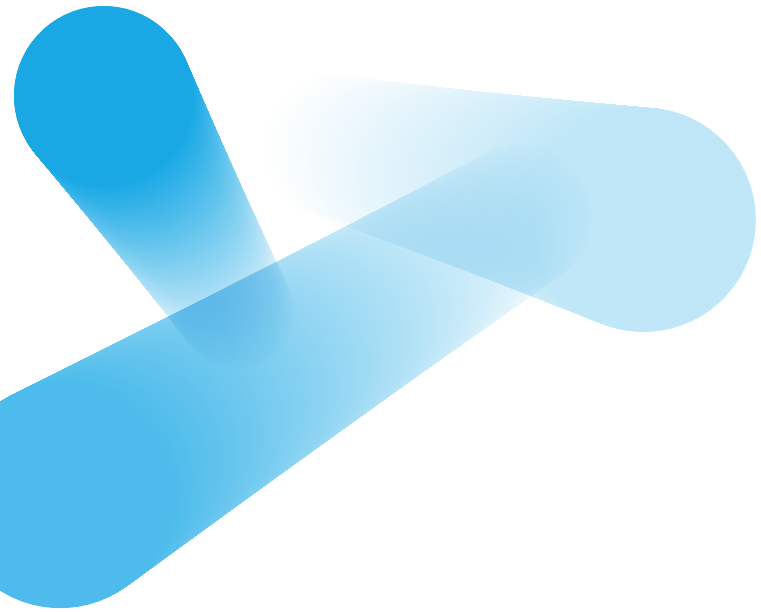
Strategic Objectives

1. Strengthen effective partnerships, leadership and operational governance	2. Provide comprehensive, accessible and quality health services	3. Implement and scale up strategies for standardization and quality assurance	4. Strengthen information systems, evidence and research
• Promote the role of the EMT Initiative in strengthening resilient health systems; • Foster partnerships and knowledge sharing; • Strengthen regional governance; • Strengthen cross-regional collaborations.	• Expand coverage of EMT capacities at the national, regional and global levels; • Improve EMT coordination and interoperability.	• Establish regional and national mechanism(s) for EMT standardization and quality assurance; • Implement minimum technical standards across all key areas of work; • Develop comprehensive training programmes.	• Implement information and knowledge management systems and tools; • Establish learning systems across the main areas of EMT work; • Strengthen operational research.

Values

Community and people-centred approach	Context and needs-based response	Strengthening surge capacity	Interoperability	Regionalization
Health needs and expectations of the affected people and communities are central.	Actions are responsive and adaptable to local- and context-specific needs.	Focus on building the ability of health systems to meet surge needs due to any health emergency.	Implemented systems, capacities and tools work well together within and between organizations, disciplines and sectors.	Greater localization of actions and solutions at regional and subregional levels.

Introduction



The EMT 2030 Strategy (EMT 2030) was officially announced at the conclusion of the 5th EMT Global Meeting, which took place in Yerevan, Armenia in October 2022. The EMT 2030 launch and the Global Meeting both represented important milestones in the advancement of the EMT Initiative. Many of the Initiative's achievements and impacts since its inception in 2015 were reflected: a strong, worldwide network of teams and partners; EMTs responding to an increasing number and diversity of health emergencies; delivery of an ever-wider range of clinical services and expertise to meet context-specific needs; development and deployment of national EMTs; and ongoing research and innovation. Strategic discussions highlighted the unprecedented number of health emergencies facing the world today and reaffirmed the critical importance of EMTs and the EMT Initiative in addressing these challenges now and into the future, both as part of the global health emergency corps and through contributions to strengthening emergency preparedness and response systems at the national, regional and global levels. The conference boldly envisioned a world in which every country has the capacity to respond rapidly and effectively to national emergencies, leveraging regional and subregional capacities to support vulnerable communities and those most in need. EMT 2030 gives concrete shape to the plan for achieving this vision.

SCOPE AND PURPOSE

This document, EMT 2030, sets out the longer-term (2023-2030) strategic directions and priorities of the EMT Initiative. It provides the overarching framework upon which programmes of work and activities at the global, regional and national levels may be built and aligned. It will serve to develop comprehensive action plans for each of the WHO regions, and to help programme planners and decision-makers at all levels to design and implement contributory activities. It may also be used to guide policy dialogue and investment decisions, helping to frame the significance of an activity at national or regional level in terms of broader global objectives. Finally, this document provides a basis for monitoring and evaluating the progress of the EMT Initiative.

The framework, including the recommended actions, provided by this Strategy needs to be

Response operations in Islahyia, Türkiye following a devastating earthquake
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adapted at the regional and national levels to take account of their respective contexts, such as: stage of development for EMT and other rapid response capacities; hazard profiles; and existing strategic priorities and resources.

The Strategy considers the EMT concept to be broadly inclusive of all emergency medical teams and capacities at the global, regional, national and subnational levels, regardless of designation. It seeks to serve all countries and organizations that want to build and strengthen their rapid response and surge capacities, both for their own national systems and to provide international assistance if or when they are capable of doing so.

PROGRAMMATIC CONTEXT

Populations around the world face increasing threats from health emergencies. Extreme weather and climate-driven natural disasters are growing in frequency and intensity. Over the past 50 years, the number of natural disasters has increased fivefold (1). In the last decade, a further 1.7 billion people have been affected by weather and climate-related disasters (2). Such events cause injury, illness and loss of life, as well as disruptions to health infrastructure and services. New and protracted conflicts and humanitarian crises continue to have both direct and indirect health impacts, such as loss of health care due to destruction or forcible displacement. There are now 89.3 million forcibly displaced persons worldwide, who represent a particularly vulnerable population in terms of health and healthcare access (3). The risk of outbreaks from emerging and re-emerging infectious diseases remains unabated. The COVID-19 pandemic has resulted in more than 6 million deaths to date, and has demonstrated the vulnerabilities of health systems around the world in responding to such an unprecedented emergency, including in coping with surge demand. Given the anticipated challenges from health emergencies, the preparedness, response and resilience of health systems around the world need to be strengthened with adequate mechanisms and capacities to meet surge demand and to replace life-saving and essential health services lost due to damage or displacement.

The purpose of the EMT Initiative is to improve the timeliness and quality of health services provided by national and international EMTs in response to disasters, outbreaks and other health emergencies, and to enhance the capacity of national health systems in leading the activation and coordination of EMTs and other surge capacities for such a response. Fundamental to this purpose is the EMT methodology, an agreed set of guiding principles, core and technical standards, and the EMT classification and quality assurance process. This approach has provided a clear and needed structure for international health emergency responses, affording predictability, reliability and quality assurance to recipient national systems.

Over the years, the EMT Initiative has continued to expand and evolve, in a process marked by a number of strategic shifts. One early and important shift extended the focus on internationally deployed teams to encompass the strengthening of national capacities. This additional emphasis on the national component was promoted by countries at the 2015 Global Meeting in Panama, and was expressly recognized by an official change in terminology from “Foreign Medical Teams” to “Emergency Medical Teams”. Country interest and efforts to strengthen their national capacities have continued to gain momentum across all WHO regions. Support for the building of national and subnational EMTs and other capacities for rapid response, coordination and surge planning is now inherent in the purpose of the EMT Initiative. This reflects the recognition that national EMTs and systems are best placed to provide timely and locally-appropriate responses in any health emergency. This country-oriented approach also helps to strengthen the resilience of the national health system, surge capacity and workforce, and supports their sustainability. Coupled with this national focus is a move towards greater regionalization, which is designed to enhance the proximity and contextualization of support for EMT training, development, coordination and response.

EMTs have been increasingly mobilized in response to different health emergencies around the world, ranging from natural disasters to disease outbreaks and conflicts. This expansion of response experiences and lessons has led to and informed an updating of the foundational

Classification and Minimum Standards for Emergency Medical Teams. Deployment experiences and requests have also shed light on a wide range of healthcare service needs, which has necessitated the development of standards in additional care areas and further advancements in specialized care teams (SCTs). In addition to the core standards, the Initiative has developed minimum technical standards for specific services, such as for rehabilitation and for reproductive, maternal, newborn and child health care, and further additions are under development. Guidance documents such as that for EMTs responding to health emergencies in armed conflicts and other insecure environments have also been produced. Recent years have also seen a widening in the functions of deployed EMTs beyond clinical service provision to also include training, surge planning and coordination. Opportunities have also arisen to extend EMT standardization and quality assurance to additional thematic areas, such as mass displacements and forced migrations, mass gatherings and major incident planning, and mental health and psychosocial support. There is also potential to adapt and apply the EMT methodology more broadly across other rapid response capacities.

The approaches to EMT coordination and operational responses have also evolved, catalysed in part by recent emergencies. The COVID-19 pandemic saw EMTs deploy in a variety of configurations beyond the traditional replacement services and facilities. This came partly in response to the widening range of EMT tasks and functions requested by national authorities. This required flexibility in deployment configuration and design, which was afforded by smaller teams that integrated with and filled specific gaps in the national health systems. Such arrangements do not require accompanying stores of equipment or field facilities. These experiences have demonstrated the feasibility of maintaining quality, reliability and predictability while also providing flexibility. Further, the concept of modularization has been introduced, involving deployment of partial teams or components of EMTs that tailor the EMT response to the specific context and the national health system. In addition, interoperability is needed within and between EMTs and their component parts, and with other rapid response capacities.

These evolving shifts in the focus, scope and approaches of the EMT Initiative, as well as the anticipated opportunities and challenges posed by health emergencies across different hazards and settings over the coming decade, constitute the context in and for which this Strategy has been developed.

STRATEGIC ALIGNMENTS WITH OTHER GLOBAL AGENDAS

The EMT 2030 Strategy critically aligns with and contributes to key programmes of work within WHO as well as other major global agendas.

- **Triple Billion target** (WHO Thirteenth General Programme of Work (GPW-13)) (4): With its goal of ensuring access to quality, life-saving and essential health services through effective and rapidly deployable EMTs and other emergency capacities, EMT 2030 directly contributes to better protecting 1 billion more people from health emergencies. The Strategy's focus on national capacities also helps to strengthen the health system and workforce, and thereby contributes to the other two targets of achieving universal health coverage (UHC) and promoting healthier populations.
- **Sustainable Development Goals (SDGs)** (5): The achievement of a number of SDGs is supported by EMT 2030, specifically: SDG 3.8 on achieving access to quality, essential healthcare services, which this Strategy aims to ensure for populations affected by health emergencies; and SDG 3.d on strengthening the capacity of all countries for early warning, risk reduction and management of national and global health risks. The Strategy is also relevant to SDG 9.1 by building resilient infrastructure for health; 10.b by encouraging development assistance and investment to build national EMT capacities, particularly where the need is greatest; 11.5 by reducing the number of deaths and the number of people affected by disasters, with a focus on protecting the poor and people in vulnerable situations; and 13.1 by strengthening resilience to climate-related hazards and natural disasters.
- **Sendai Framework for Disaster Risk Reduction (DRR)** (6): The development of EMTs and other surge response capacities within national health systems aligns with the Sendai Framework's goal of reducing risks and

consequences of hazardous events. Rapidly deployable, quality-assured EMTs are expected to contribute to reductions in disaster-related mortality (Target A), disaster-related injury and illness (Target B), and disruption of basic health services (Target D-7).

- **Paris Agreement** (7): Strengthening the resilience of health systems against climate-driven disasters through surge planning, coordination, EMTs and other rapid response capacities is vital and necessary, in order to meet the commitments to climate change adaptation and impact mitigation, as articulated in this Agreement.
- **WHO Global Health for Peace Initiative (GHPI)** (8): EMT 2030 includes priorities to strengthen EMT capacities for providing care to conflict-affected and vulnerable populations. This contributes to the GHPI as a Health for Peace intervention, part of reinforcing equitable access to health services. There is also key alignment through the implementation of standards, including conflict sensitivity in health interventions, for EMTs working in conflict settings.
- **International Health Regulations (IHR)**: EMT 2030 shares the goal of building the required national capacities to respond promptly and effectively to public health risks and public health emergencies of international concern (Article 13) (9). EMTs and other rapid response capacities, surge planning and associated coordination mechanisms directly contribute to many of the core capacities indicated by the State Party Self-assessment Annual Reporting (SPAR) and Joint External Evaluation (JEE) tools (10,11), specifically: IHR coordination (C2); human resources (C7), including multisectoral health workforce strategy, training and surge (JEE D3.1-3.4); national health emergency framework (C8), including activation and coordination of health personnel and teams (JEE R1.4); and health service provision (C9).
- **WHA75/20 Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience (HEPR)** (12): EMT 2030 is strategically aligned with the HEPR. It reflects its emphasis on the centrality of building strong national health systems and the need for more coordinated, collective action. EMT 2030's focus on developing national EMT response and coordination capacities aims to directly contribute to operational readiness for health emergency response (Proposal 3), particularly in the areas of clinical care and emergency coordination; establishment of global health emergency alert and response teams (Proposal 4); and mechanisms for emergency coordination (Proposal 5). The Strategy not only produces outputs that contribute to the Global Health Emergency Corps and to emergency coordination capacities, but also provides a methodology that can be adapted and applied to strengthen other rapid response capacities. Additionally, EMT 2030's objectives of fostering multidisciplinary partnerships, and of developing minimum technical standards (that is, international norms), promoting and conducting research, providing data and information and implementing evidence-based policy also serve to expand multidisciplinary and whole-of-government partnerships (Proposal 6) and strengthen the role of WHO at the core of the global HEPR (Proposal 10).

Emergency Field Hospital in New York
for COVID-19 response
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Strategy development

THEORY OF CHANGE

The EMT 2030 Strategy (and the work of the EMT Initiative) seeks to address the problem that populations affected by health emergencies suffer from excess or unnecessary illness, disability and death due to inadequate access to timely, effective, and quality life-saving and essential healthcare services, which may be unable to meet surge demands and/or may be absent due to damage or population displacement. This problem is not just a simple mismatch between service availability and demand; inadequate or inequitable care (and resultant excess disability and death) may also result from responses that are delayed (for example, due to distance or inefficient activation), of poor quality (for example, not meeting technical standards), inappropriate to context-specific needs, or uncoordinated, which can lead to inefficient or ineffective deployments. The concept of "right care in the right place at the right time" remains pertinent for health emergency response.

The expected impact of EMT 2030 is underpinned by a Theory of Change that sees the widespread establishment of national-level, quality-assured EMT capacities – supported by effective coordination and surge planning at the national and regional levels – as key to ensuring that populations affected by health emergencies have access to quality, life-saving and essential health services. National EMTs are best positioned to provide immediate assistance in an emergency. Applying the EMT methodology of guiding principles, core and technical standards, and coordination improves predictability and reliability, including in respect to quality of care. However, regional and global capacities, including internationally classified EMTs, remain important to support and supplement national systems where and when required. The development of EMT capacities, through adoption and adaptation of the EMT methodology, is predicated on commitments with corresponding integration into national plans, legislation, financial and resource allocations. Global and regional agreements and partnerships help to facilitate the adoption and realization of these commitments. Cross-disciplinary, cross-regional and other types of partnership, involving knowledge exchange and joint work, also contribute to expanding and improving the tools, such as the minimum standards, training approaches and quality

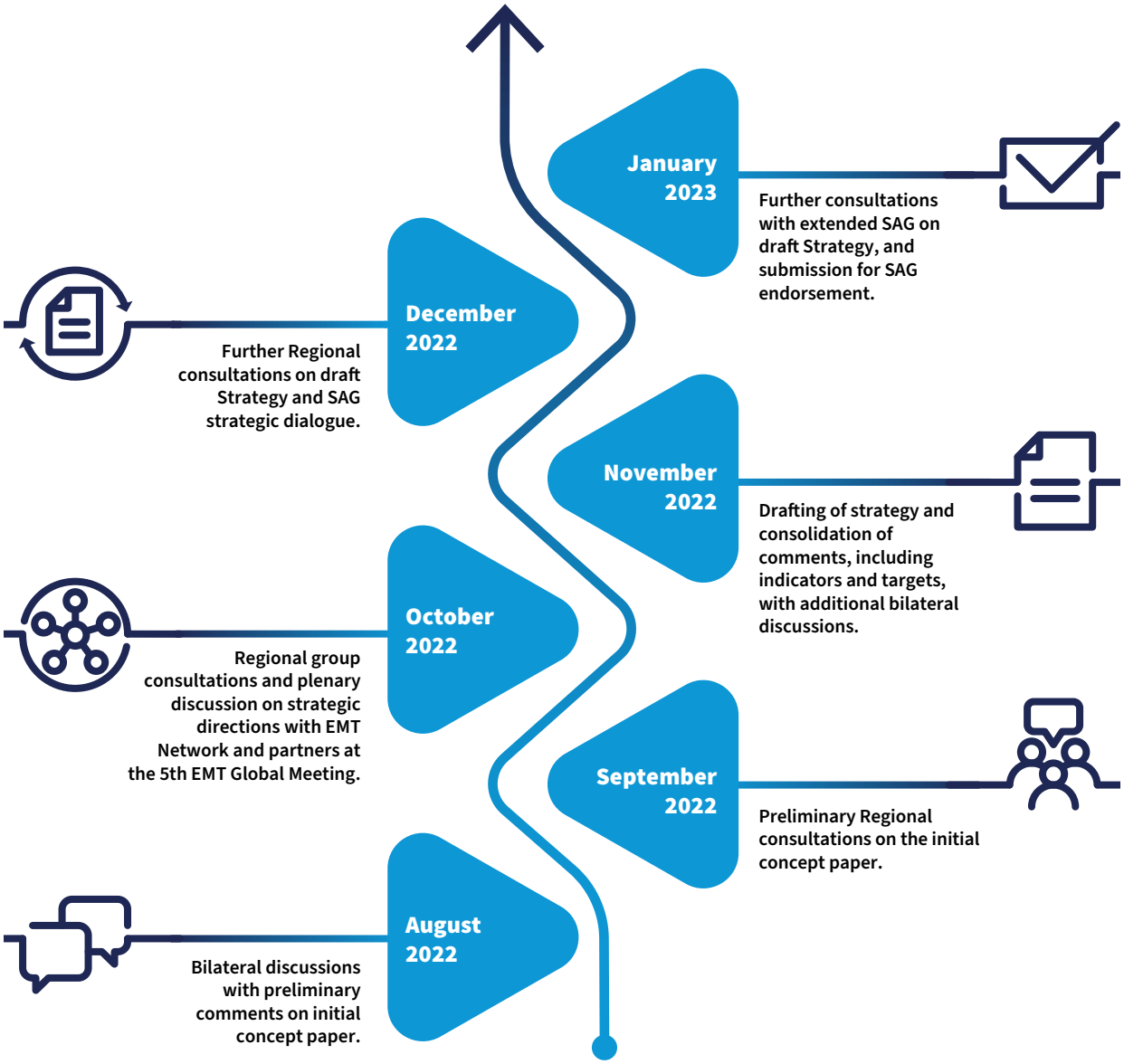
assurance mechanisms, for implementing the EMT methodology. Improvements to the tools and approaches are also informed by evidence and learning generated through strengthened operational research, monitoring, evaluation and learning systems, and information management (IM) systems.

The applicability of this Theory of Change is dependent on a number of assumptions:

- Commitments to implementing the EMT methodology are accompanied by the requisite human, material and financial resources;
- Adopting and adapting the EMT methodology for integration into national health systems retains the inherent, expected quality of care and operations for the established EMT and other rapid response capacities;
- There are adequate resources at the global, regional and national levels to implement and sustain the EMT methodology across expanded areas of intervention; for example, inadequate global resources for mentorship and verification visits may create an impediment to Global Classification;
- EMTs that meet quality standards during evaluation (that is, classification for international EMTs and validation for national EMTs) maintain the same quality of care during their actual response to a health emergency;
- National EMTs that meet quality standards retain access to the same enabling resources (skilled staff, supplies and safe spaces) to deliver the same quality of care during a health emergency; adaptation of standards to national health systems may be predicated on sustainability and support from other parts of the national health system, which may or may not remain available during or in the aftermath of a health emergency;
- Localization of surge capacities (that is, at the national and regional levels) allows for more timely, effective and integrated care to the benefit of affected populations;
- Coordinated and quality-assured EMTs provide greater overall benefits to affected populations, through quality and cost-effective care, that outweigh the costs and burdens of implementing coordination and quality assurance mechanisms.

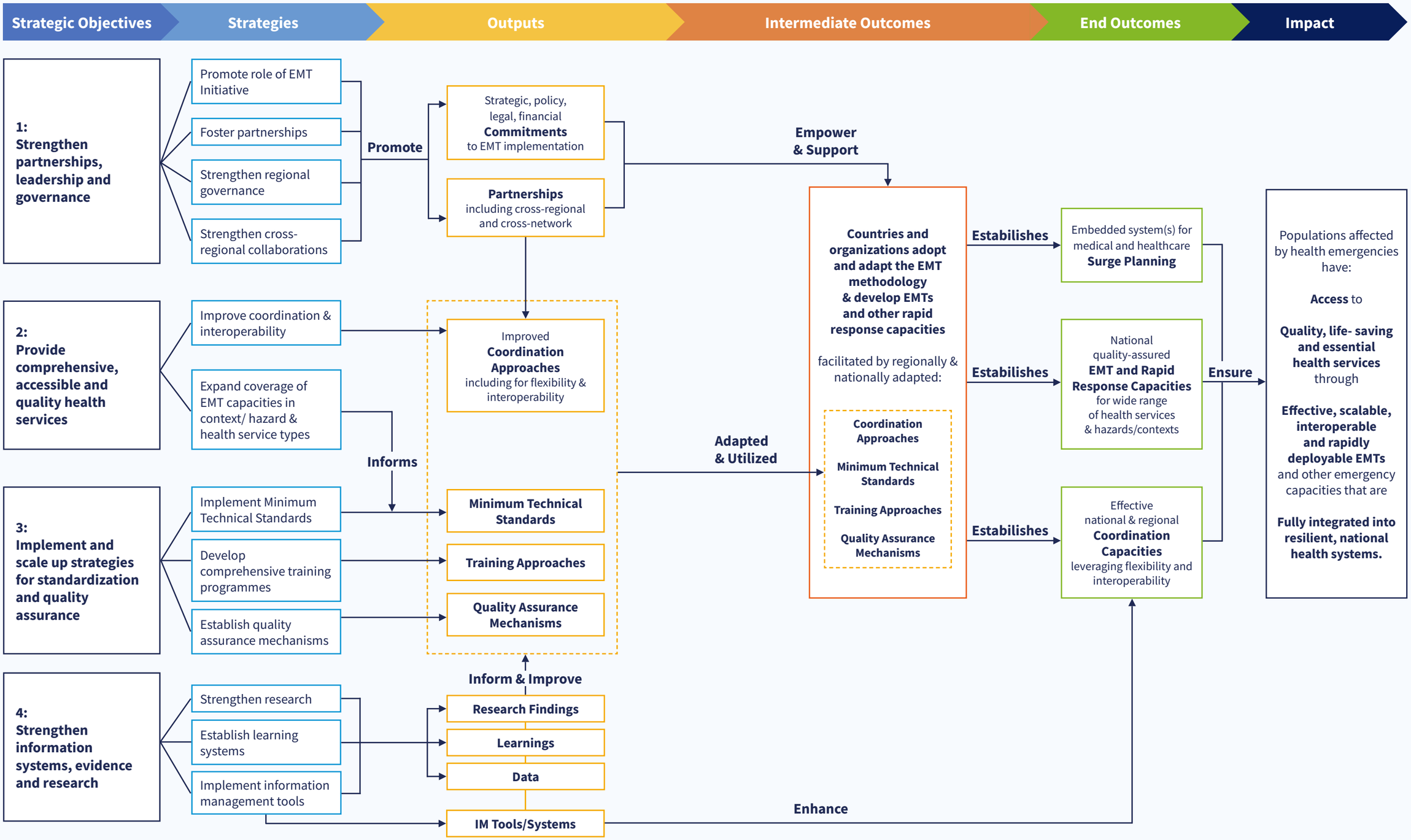
DEVELOPMENT PROCESS

The EMT 2030 Strategy was developed through a highly consultative and participatory process. A concept paper, “Towards 2030”, was used to obtain initial feedback from key stakeholder and regional consultations. The Strategy was further discussed at the 5th EMT Global Meeting via high-level strategic dialogue as well as engagements with all participants from the EMT network in a dedicated plenary session. Subsequent rounds of consultations at the regional and global levels produced this final document, which was endorsed by the EMT Strategic Advisory Group (SAG) in which Member States, regional and subregional institutions, international organizations and other partner networks and organizations drive the direction of the EMT Initiative.


August 2022
Bilateral discussions with preliminary comments on initial concept paper.
September 2022
Preliminary Regional consultations on the initial concept paper.
October 2022
Regional group consultations and plenary discussion on strategic directions with EMT Network and partners at the 5th EMT Global Meeting.
November 2022
Drafting of strategy and consolidation of comments, including indicators and targets, with additional bilateral discussions.
December 2022
Further Regional consultations on draft Strategy and SAG strategic dialogue.
January 2023
Further consultations with extended SAG on draft Strategy, and submission for SAG endorsement.

EMT 2030 strategy: theory of change

Problem Statement: Populations affected by health emergencies suffer from excess or unnecessary disability and death due to inadequate access to timely, effective and quality life-saving and essential healthcare services.



* This is a simplified Theory of Change diagram that is intended to highlight major elements and key causal pathways linking the identified strategies to the desired impact. There are numerous other inter-relationships as well as specific inputs, activities and strategic implementation processes that have not been depicted.

EMT 2030 strategy

STRATEGIC VISION

A world in which every country has the capacity to respond rapidly, effectively and flexibly to national emergencies, leveraging regional and subregional capacities to support vulnerable communities and the people most in need.

STRATEGIC GOAL

Populations affected by health emergencies have access to quality, life-saving and essential health services through effective, scalable, interoperable, and rapidly deployable EMTs and other emergency capacities fully integrated into resilient, national health systems.

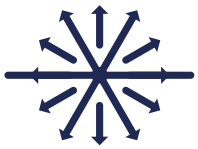
VALUES

The EMT 2030 Strategy is guided by the following cross-cutting values:

- **Community and people-centred approach.** Strategies and actions are organized around the health needs and expectations of the affected people and communities, and take account of their crucial roles in shaping health services and policy.
- **Context and needs-based response.** Strategies and actions for responding to health emergencies, including preparedness and capacity building for response, are flexible and adaptable to local and context-specific needs.
- **Strengthening surge capacity.** Strategies and actions are focused on building the ability of health systems to meet sudden health service demands and health needs due to a health emergency.
- **Interoperability.** Implemented systems, capacities and tools, both new and existing, are able to work well together both within and between organizations, disciplines and sectors.
- **Regionalization.** Actions and activities at regional and subregional levels, including adaptations to meet region-specific needs and contexts, are central to this Strategy.

STRATEGIC OBJECTIVES

The Strategy consists of four core objectives:

1.  Strengthen effective partnerships, leadership and operational governance;

2.  Provide comprehensive, accessible and quality health services;

3.  Implement and scale up strategies for standardization and quality assurance;

4.  Strengthen information systems, evidence and research.

Strengthen effective partnerships, leadership and operational governance

Strong regional leadership, increased country involvement, and expanded, multilateral partnerships will help ensure that the necessary commitments and investments in EMT capacities occur widely across countries and regions for a world better prepared and better able to respond to health emergencies.

→ Strategies

1. Promote the role of the EMT Initiative in strengthening resilient health systems;
2. Foster partnerships and knowledge sharing with other networks and partners;
3. Strengthen regional governance for the EMT Initiative;
4. Strengthen cross-regional collaborations.

→ Key Outcomes

- **EMT National Focal Points** in every country and region to actively promote EMT development, lead the health emergency workforce and coordinate responses.
- **Regionalization** of the EMT Initiative to bring leadership, training, operational support and context-adapted approaches closer to countries and regions for fast and efficient responses.
- **Expanded partnerships** with organizations and agencies across different disciplines and regions to build a stronger network, increase knowledge exchange, and improve coordination.

Meeting of the World Health Assembly
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CURRENT STATUS: The EMT Initiative is guided by the SAG, which is composed of Member States, regional and subregional institutions, international organizations and other partner networks and organizations. WHO manages training, capacity building, standard setting and quality assurance processes for the Initiative and supports countries and regions in coordinating response operations. There are differences across regions in terms of capacities, governance, extent of country engagement and stage of EMT development. The EMT Initiative is promoted to countries through Awareness Workshops among other engagement activities, but commitment to developing EMT capacities remains dependent on individual countries and entities expressing interest. The Initiative is supported by an expansive and growing EMT Network, which comprises teams, partners and stakeholders from all levels and regions. The Network benefits from partnerships, predominantly centred around knowledge exchange, with other networks such as the Global Outbreak Alert and Response Network (GOARN), Global Health Cluster (GHC), International Search and Rescue Advisory Group (INSARAG), Humanitarian Civil-Military Coordination (UN-CMCoord), the United Nations Disaster Assessment and Coordination (UNDAC), and the International Federation of Red Cross and Red Crescent Societies (IFRC).

STATUS ENVISIONED FOR 2030: A formal global commitment to implement the EMT methodology for strengthening health emergency preparedness and response is envisioned, where every country commits to and is actively adopting and adapting (or has adopted and adapted) the EMT methodology within their national health system, supported by established governance and funding mechanisms, including regional/subregional partnerships. Each region (based on the configuration of WHO regional offices) would have an effective and well-established regional leadership group and governance mechanism to implement the regional strategic action plan. Joint projects, active working partnerships and cross-disciplinary linkages are fostered with entities in sectors such as health systems strengthening, global health security, migration and health, conflict and health, military, global health for peace, climate change and health, disaster risk reduction, and academia.

Strategy 1.1: Promote the role of the EMT initiative in strengthening resilient health systems

The EMT Initiative is now well established. However, awareness and understanding of its role in enhancing national surge capacity and health system resilience through surge planning, development of quality assured EMTs and other rapid response capacities, and rapid mobilization and efficient coordination of national and international EMTs are not yet universal. Stronger promotion of the EMT Initiative by WHO, the EMT Network and partners, and regional and national focal points is required, including clear articulation of the benefits of utilizing quality-assured EMTs and applicability of the EMT methodology for national health systems.

EMT National Focal Points hold an important role in the engagement of countries. Their role should be further strengthened and utilized, including in advocating for the development of national EMT capacities, exercising leadership in surge planning and EMT development, facilitating operational responses, and enhancing surge capacity coordination through the EMT Coordination Cell (EMTCC).

From a global perspective, the systematic enhancement of national surge capacities through the development of national EMTs and other rapid response capacities across all countries strengthens the global health emergency architecture and expands the health emergency workforce.

Promotion in the context of this strategy does not end at achieving awareness but rather securing tangible commitments to implementing EMTs and the EMT methodology.

SHORT-TERM OUTCOMES

1.1.1 Countries are engaged with the EMT Initiative. All countries should understand the applicability and benefits of the EMT methodology for their national health systems and have some form of ongoing and active engagement with the EMT Initiative.
This may range from conducting workshops and trainings to formal commitments and steps to raise awareness and develop their national EMT capacities.

1.1.2 Countries and organizations contribute to advocacy for the EMT Initiative at the regional and global levels, in both formal and informal forums, particularly those addressing technical and policy issues.

LONG-TERM OUTCOMES

1.1.3 Countries and regional/subregional entities commit to adopting and adapting the EMT methodology for their health systems.

1.1.4 Formal global commitments to implementing the EMT methodology are established.

→ RECOMMENDED ACTIONS

Global level

- Strengthen the role of the Strategic Advisory Group and EMT Network in advocating for and promoting the EMT Initiative;
- Map key stakeholders and champions;
- Lead ongoing analysis and prioritization exercises to define future investment opportunities;
- Establish and implement a roadmap for a formal global commitment to strengthening EMT capacities;
- Identify opportunities to further safeguard the role of the EMT Initiative in the strategic and operational agenda of WHO.

Regional level

- Establish means of outreach and engagement with all countries and relevant national or subnational entities, prioritizing countries yet to be engaged;
- Strengthen the role of EMT National Focal Points through increased engagement, responsibility, functions, visibility etc., at the regional and national levels;
- Expand and strengthen commitments from countries.

National level

- Advocate for, establish, and implement a process for adoption and adaptation of the EMT Methodology;
- Raise awareness and promote utilization and strengthening of quality-assured EMTs, inter alia by establishing mechanisms for activation, managing assistance and coordination;
- Countries to establish and designate EMT National Focal Points;
- Integrate the EMT methodology and minimum standards, including the development of EMT and rapid response capacities, into national health and/or disaster preparedness plans, strategies, policy and/or legislation.

Strategy 1.2: Foster partnerships and knowledge sharing with other networks and partners

Broadening partnerships and fostering stronger engagements with organizations and networks in related areas and disciplines will confer a number of strategic benefits: expanded awareness and avenues of support and advocacy; opportunities for application of the EMT methodology to a wider range of health services and areas, such as mass-gathering medical support and planning, or mental health and psychosocial support; facilitation of joint or complementary operations, such as with Rapid Response Teams in public health emergencies (see **Figure 1**); joint development of coordination approaches or shared systems for improved interoperability; and exchange of knowledge, operational models and experience. These engagements can range from knowledge exchange to active joint work or operations and cooperative agreements. Formal agreement with global entities, regional and subregional institutions, international organizations and other technical networks can contribute to increased visibility of the work of the EMT Initiative, and foster partnership and collaboration for the development and mobilization of EMTs under the technical supervision of WHO and national authorities. As other global networks make similar shifts towards greater regionalization, the same collaborative partnerships should also be replicated and ensured at the regional and national levels.

Examples of potential areas for further partnership development include public health rapid response, civil-military collaboration, and leveraging of public-private partnerships. Civil-military collaboration has emerged as one of the most reliable partnerships in the context of disaster and public health emergency management. Improving such interaction can significantly assist in addressing all necessary elements of surge capacity through practical partnership and operative engagement, clinical standards, research, and development efforts. These partnerships also provide opportunities for mutual dialogue and co-developed guidance on roles and norms, including the safeguarding of humanitarian principles in civilian-military interactions and EMT responses in conflict and complex humanitarian settings.

SHORT-TERM OUTCOMES

1.2.1 Mutual awareness and exchange of knowledge, experience and operational models with relevant networks and partners.

1.2.2 Opportunities where the EMT methodology may be adapted and applied are identified for a wider range of hazards or health service needs.

LONG-TERM OUTCOMES

1.2.3 EMT surge response capacities are established for a wider range of health services and types of health emergencies.

1.2.4 EMT methodology is utilized and integrated in an expanded range of global and regional health agendas and strategies.
Examples include the agendas for Global Health Emergency Preparedness, Response and Resilience; Health Emergency and Disaster Risk Management; global health security; health systems strengthening and universal health coverage; and Global Health for Peace.

→ RECOMMENDED ACTIONS

Global level

- Conduct comprehensive mapping of relevant internal and external cross-disciplinary networks, partners and stakeholders at global level;
- Ensure mutual invitation and representation at meetings, workshops, trainings and other global events;
- Identify and establish cooperative agreements or undertake joint work with related departments and networks across WHO;
- Harmonize coordination mechanisms across operational partnership networks;
- Identify and establish cooperative agreements or undertake joint work with related global, regional and subregional entities.

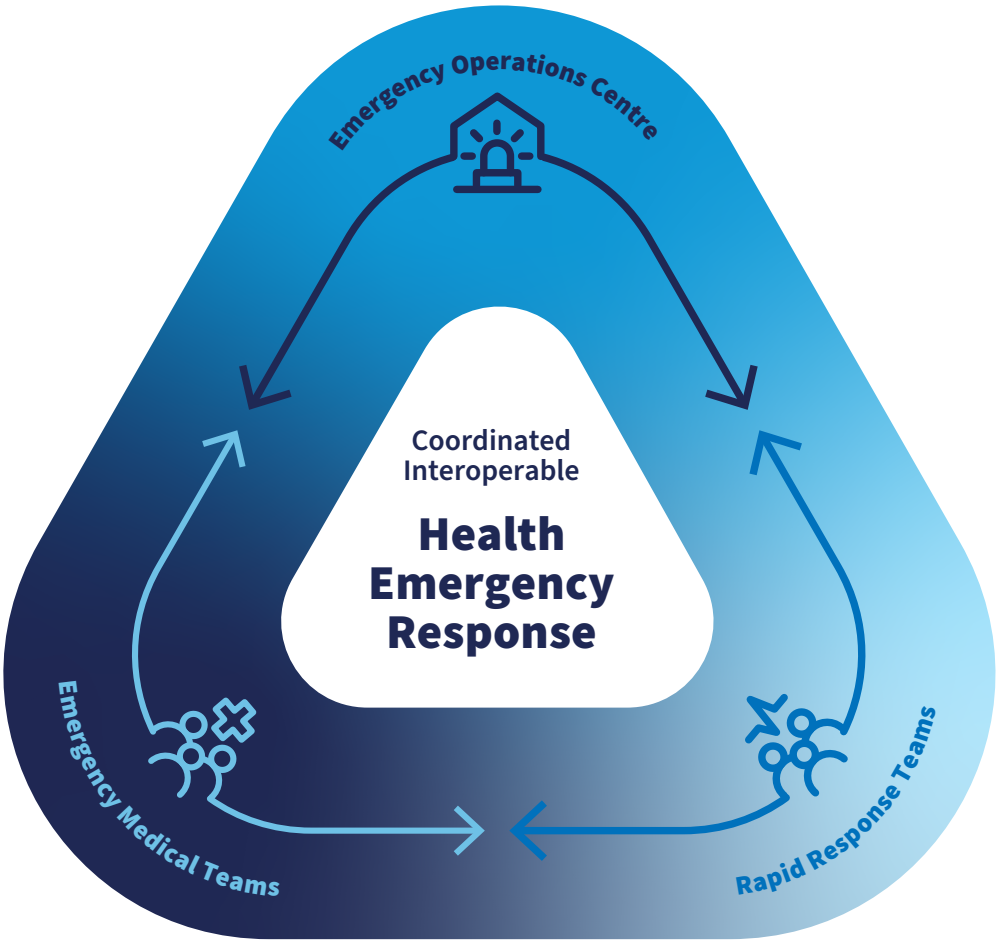
Regional level

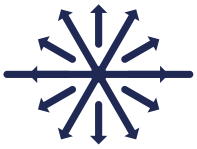
- Conduct comprehensive mapping of relevant internal and external cross-disciplinary networks, partners and stakeholders at regional level;
- Ensure mutual invitation and representation at meetings, workshops, trainings and other regional events;
- Identify and establish cooperative agreements or undertake joint work with related regional and subregional entities.

National level

- Identify and establish partnerships with relevant stakeholders across the health sector, government, and other national entities such as nongovernmental organizations and academic institutions involved in emergency response.

Figure 1. Coordinated, joint EMT-Rapid Response Team (RRT) response for health emergencies.





Strategy 1.3: Strengthen regional governance for the EMT Initiative

Effective regional leadership and governance are a necessary means to enhance engagement with subregional and national entities, to secure regional commitments, and to develop and implement action plans according to regional needs and contexts. This will also serve to bolster support for EMT development through regional training approaches and adapted guidelines and partnerships, while enhancing timely and effective operational response through regional coordination and pooled resources, such as stockpiles. Strengthening the roles of EMT national focal points will also be important. The regionalization of EMT implementation and operational response is a key principle underpinning EMT 2030.

SHORT-TERM OUTCOMES

1.3.1 Strengthened EMT leadership and governance mechanism(s) in all six WHO regions. Each WHO region should have a defined, endorsed, resourced and sustainable governance mechanism.

LONG-TERM OUTCOMES

1.3.2 All six WHO regions are implementing their own regionally defined action plans and regionally adapted approaches to EMT development, capacity building, quality assurance, deployment support and coordination. This should translate to benefits in meeting regional and context-specific needs and delivering more timely responses.

→ RECOMMENDED ACTIONS

Global level

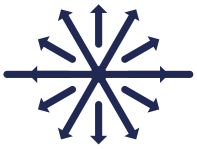
- Integrate regionalization as a key priority in all facets of the EMT Initiative;
- Identify (in collaboration with each region) key roles for the EMT Secretariat in each region to facilitate development or strengthening of regional governance mechanisms, especially given the current heterogeneity between regions.

Regional level

- Conduct review of current governance structure/mechanism;
- Propose improvements or changes to governance structure/mechanism;
- Seek endorsement of improved governance structure from Member States, stakeholder entities and EMT Secretariat/SAG.

National level

- Ensure National Focal Points are actively engaged at the regional level;
- Contribute to the development and implementation of the regional governance structure.



Strategy 1.4: Strengthen cross-regional collaborations

Cross-regional collaborations, such as in knowledge exchange, training, and mentorship, contribute to the even development and distribution of EMT capacities across regions. Regions and subregional entities in early stages of EMT development may benefit from technical, material and experiential support of more established entities from other regions. Mutual benefit may also be derived from cross-regional collaborations based on shared hazards, such as in the case of hurricane- or earthquake-prone countries, or contexts, such as small island countries and areas or low- and middle-income countries (LMICs). Such collaboration between regions also reinforces regionalization of the EMT Initiative.

LONG-TERM OUTCOMES

1.4.1 Sustained cooperative activities and/or agreements between entities of different regions are in place, highlighting synergies.

→ RECOMMENDED ACTIONS

Global level
- Establish opportunities for cross-regional interaction and exchange;
- Identify and facilitate linkages and interactions between regional and subregional entities.

Regional level
- Establish opportunities for interaction and exchange with entities in other regions;
- Identify and facilitate linkages and interactions with entities in other regions;
- Identify and establish cross-regional training, education and knowledge exchange partnerships (or consortiums) based on, for example, shared hazards or contexts (for example, small island/area EMTs, LMICs, high altitude/extreme cold response etc.)

National level
- Identify existing and potential bilateral partnerships with entities in other regions;
- Collaborate at regional level in fostering and expanding such partnerships (for example, by inclusion of other countries from the region)

Provide comprehensive, accessible and quality health services

Trained and equipped EMTs that deliver safe, timely, appropriate, and effective health care are critical to saving lives, reducing suffering and aiding recovery of people and communities impacted by health emergencies. Their effective coordination ensures care is readily and equitably delivered to all those in need.

→ Strategies

1. Expand coverage of EMT capacities at the national, regional, and global levels;
2. Improve EMT coordination and interoperability.

→ Key Outcomes

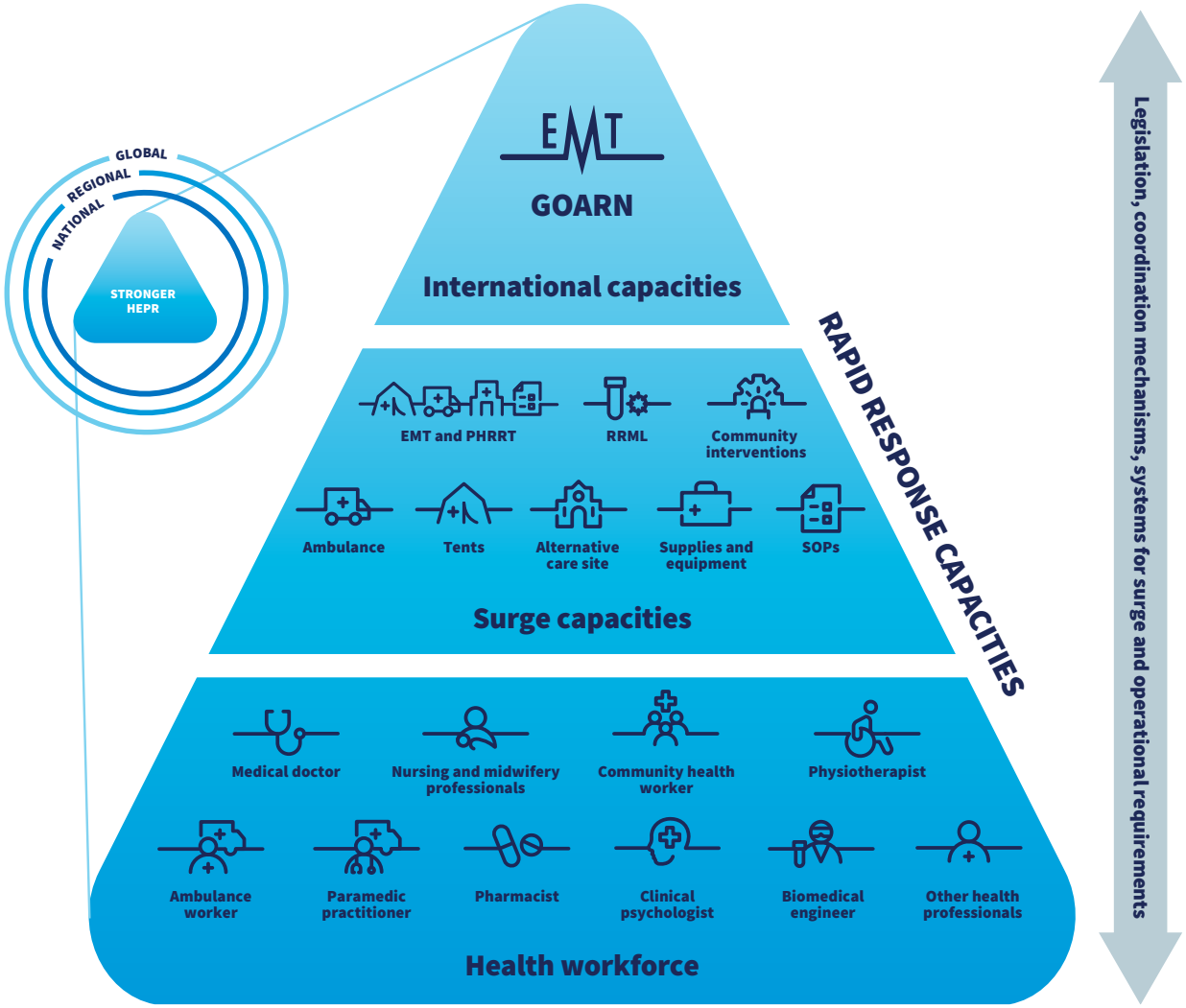
- **EMTs available in all countries and regions**, with the ability to respond to any health emergency and to provide the full range of necessary clinical services.
- **Surge systems** established in all countries and regions, supported by a workforce of trained surge coordinators, interconnected through shared approaches, standards and training.
- **Effective coordination** that tailors EMT responses to country- and context-specific needs.

Samoa EMT during a simulation exercise
© WHO Erin Noste

CURRENT STATUS: There is a cohort of international EMTs that have completed the quality assurance process to achieve Global Classification. Another 100 EMTs are currently in the process of classification. However, the global distribution of these teams is uneven. Numerous countries have expressed interest or are developing their own national EMT capacities with support from the EMT Secretariat at the global and regional levels. Both international and national EMTs have been deployed in response to a range of health emergencies, including natural disasters, conflict and outbreaks. The EMT coordination mechanism has similarly been utilized in a range of contexts and responses. However, there is recognition of the need for some changes in approach. Over the past few years, requests for assistance have moved beyond the currently defined EMT types and facilities intended to replace damaged clinics and hospitals. Requests have increasingly sought greater flexibility to address other more specific requirements or other types of health emergencies beyond sudden onset disasters. For example, during the COVID-19 pandemic, assistance requests were not only for entire EMTs or facilities, but also for specialized facilities, specific expertise, training, and coordination management.

STATUS ENVISIONED FOR 2030: Sufficient worldwide coverage of quality-assured EMTs and surge response capacities is envisaged, in order to provide comprehensive, timely and quality health services to populations affected by any type of health emergency. Surge responses will ideally be primarily provided by national EMTs and rapid response capacities (see **Figure 2**), and supplemented by regional and global capacities as needed. EMT responses will be efficiently coordinated and led at the national level. EMTs and their coordination mechanisms will have the flexibility to tailor response elements to context- and country-specific needs, and the necessary interoperability to integrate with the national health system and other surge response capacities.

Figure 2. An integrated system for developing rapid response capacities.



Strategy 2.1: Expand coverage of EMT capacities at the national, regional and global levels

The provision of comprehensive, accessible and quality health services in response to a health emergency requires the availability of pre-established, rapidly deployable and quality-assured EMT and surge response capacities. There are three dimensions to this availability or coverage: (1) Geographical coverage to ensure timely deployment and access to affected populations, therefore prioritizing national teams. (2) Range of health services deliverable by EMTs, depending on need, to ensure comprehensive care. This requires prioritizing the development of SCTs as well as broadening the range of care disciplines. (3) Coverage of different contexts and hazard types where EMTs deploy and operate. This requires not only strengthening of EMT capacities in responding to natural disasters, conflicts and complex humanitarian crises, and outbreaks, but also extending coverage to all crisis contexts and major/mass casualty incidents with surge response requirements for health. Further considerations include expanding patient-care capacities, the need for specialized expertise and supplies, and application of standards of care appropriate to the context. Current examples of novel areas of application include mass gathering planning and medical support, and response to migration and refugee crises. Mass gathering events pose health risks and hazards with potential to cause a mass casualty incident that overwhelms and disrupts the functioning of the local health system. Planning for these events is a complex endeavour requiring a multidisciplinary approach to ensure health security. There are gaps in the establishment and validation of a system for surge response at mass gathering events. The application of the EMT methodology can contribute to strengthening event-specific and major incident planning as well as overall national preparedness and readiness plans.

SHORT-TERM OUTCOMES

2.1.1 An increasing number of countries possess established, quality-assured national EMT and surge response capacities.

LONG-TERM OUTCOMES

2.1.2 Every WHO region has sufficient subregional and national EMT capacities to serve as the primary response to most health emergencies within their own region.

2.1.3 Regional and subregional capacities for EMT response for all hazards and for the full range of applicable health needs are established and utilized.

→ RECOMMENDED ACTIONS

Global level

- Identify the types of medical rapid response capacities and service compositions that need to be anticipated for the future;
- Develop operational framework (including a training curriculum) for EMTs working in conflict settings, that is, non- and semi-permissive environments;
- Continue to promote, review and update guidance and capacity-building activities for existing contexts;
- Identify and implement additional areas for SCT development;
- Identify and implement additional types of health surge response capacities for EMT model application (for example, Mental Health and Psychosocial Support, EMT-RRT);
- Identify priority regions and countries (needs- or risk-based) for improved distribution of EMT surge response capacities between and within each WHO region.

Regional level

- Facilitate access to requisite training and simulation;
- Provide technical assistance and resources for building capacity;
- Promote development of both internationally classified and nationally quality-assured EMTs;
- Identify priority countries (needs- or risk-based) for improved distribution of EMT surge response capacities within the region.

National level

- Invest, develop, and implement additional capacities to ensure equitable response across contexts, especially for conflict-affected settings and vulnerable populations;
- Adopt and adapt the EMT methodology for national health systems.

Strategy 2.2: Improve EMT coordination and interoperability

Effective coordination is a critical enabling factor for the provision of comprehensive, accessible and quality health care. At its core, coordination matches response to need, to ensure the right care is given to the right population at the right time. Capacity for efficient and timely activation and coordination of an EMT response should exist at national level, and EMT surge coordination structures should integrate with existing national systems. There also needs to be greater interoperability, not only between EMTs and other operational response capacities (see **Figure 3**), but also with EMT modules or components, allowing for flexible, modularized responses tailored to national needs.

SHORT-TERM OUTCOMES

2.2.1 Efficient and timely activation and coordination of EMT response occurs at national and regional level.

2.2.2 EMTs are interoperable with each other and with other rapid response capacities at regional and national level.

LONG-TERM OUTCOMES

2.2.3 EMT responses are flexible and fully modularized to tailor to context- and national system-specific needs, leveraging interoperability between modules, other response elements and national and regional systems.

→ RECOMMENDED ACTIONS

Global level

- Review, update and consolidate guidance on EMT response activation and coordination mechanisms at global level, promoting approaches to flexibility and interoperability;
- Expand pool of trained EMT coordinators, with prioritization for distribution according to national and regional needs;
- Capture lessons learned through real-time evaluations;
- Establish joint training/exercises with other EMT surge response capacities and operational partners.

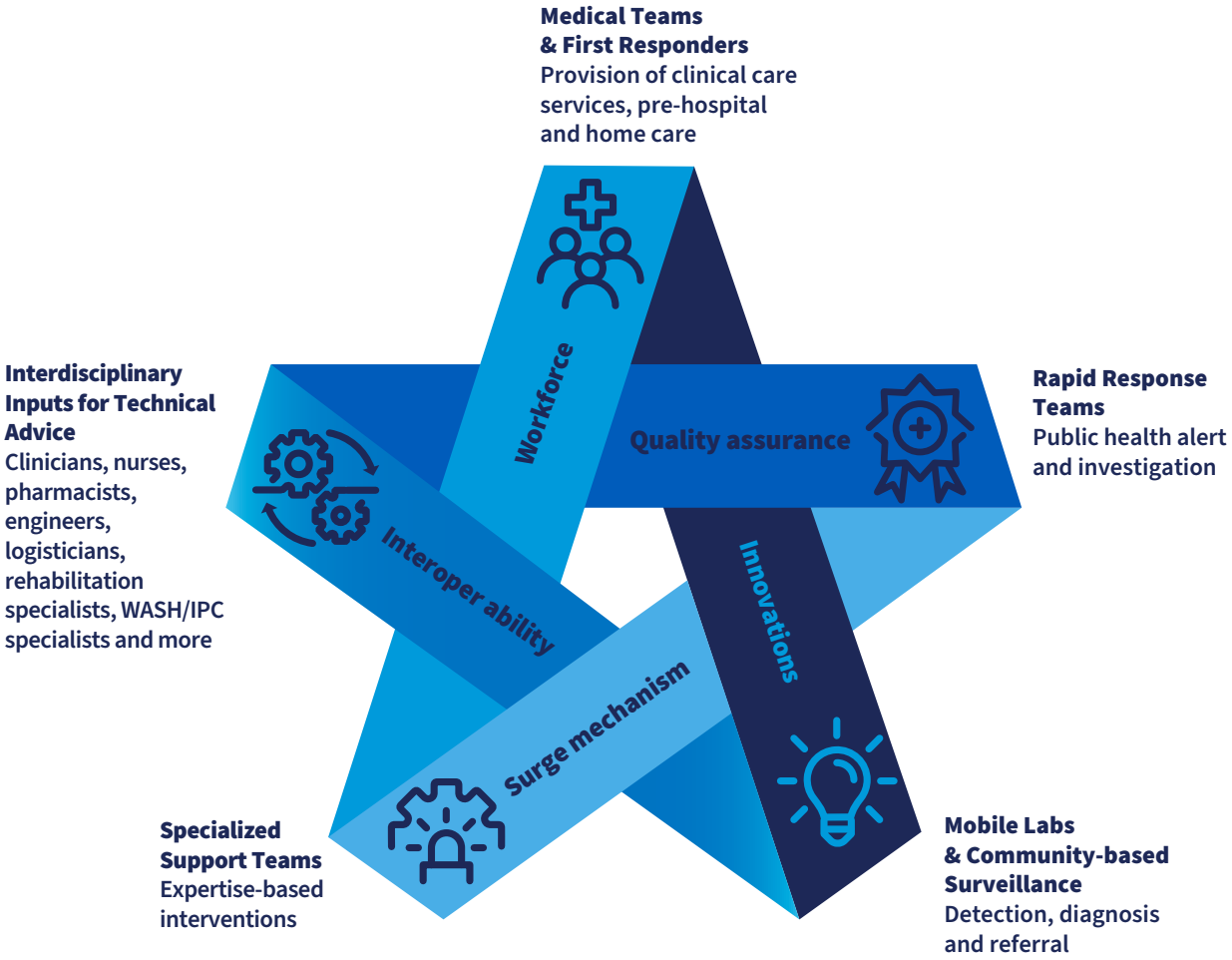
Regional level

- Support countries in developing their own activation protocols and coordination capacities;
- Establish regional coordination and support capacities (for subregional and national team deployments), such as pre-positioned regional stockpiles, provision of onsite and remote coordination and/or operational support (consider coordination/operational, technical, logistical, financial, and training supports);
- Establish joint training/exercises with other EMT surge response capacities.

National level

- Adapt and integrate EMT coordination approaches within national systems;
- Establish pool of trained EMT coordinators.

Figure 3. Rapid response capacities and solutions framework, including interoperability.



Namibia EMT during a training workshop
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Implement and scale up strategies for standardization and quality assurance

Common standards, guiding principles, quality assurance mechanisms, and training are the key tools for establishing and maintaining EMTs and other rapid response capacities. By expanding the availability and applicability of these tools, more countries and organizations can build the capacities and surge systems needed to better protect their communities.

→ Strategies

1. Establish regional and national mechanism(s) for EMT standardization and quality assurance;
2. Implement minimum technical standards across all key areas of work;
3. Develop and implement comprehensive training programmes.

→ Key Outcomes

- **Effective ways for countries to validate the quality of their own EMTs.**
- **Full range of minimum technical standards and guidance documents** covering all relevant clinical services and operational contexts for EMTs and other rapid response capacities.
- **Regional EMT training hubs** providing training opportunities to countries and strengthening regional response capacities.

Verification visit for Global Classification of the Ecuador EMT
© WHO

CURRENT STATUS: There is a set of core and minimum technical standards for EMTs. Additional minimum technical standards for specific areas of clinical care have been and are being developed. There is a well-established classification and quality assurance process for EMTs for international deployment. Mechanisms for quality assurance of national EMTs as well as guidance for adaptation of minimum standards for integration into national health systems are under development.

STATUS ENVISIONED FOR 2030: There is a comprehensive set of minimum technical standards to guide all key aspects of work for EMTs, including applicable rapid response capacities. This includes having these minimum standards adapted and embedded into national health systems to strengthen their clinical response capacities. Well-established processes for the quality assurance of national and international EMTs are in use. Quality will be seen as a routine and integral part of all EMT processes, including in the development of teams, adaptation of standards, and verification of teams.

Figure 4. The EMT Methodology (guiding principles, core and technical standards, and systematic application of the eight domains of quality assurance) guides the development of quality-assured teams, while the EMT Mechanisms (legislation, coordination mechanisms, system for surge and operational requirements) are the enabling functions for EMT implementation and deployment.

Strategy 3.1: Establish regional and national mechanism(s) for EMT standardization and quality assurance

Quality assurance is a central tenet of the EMT methodology, which consists of the guiding principles, core and technical standards, and the eight domains of a quality assurance system (see **Figure 4**). However, while there is a well-established system for classification of EMTs for international deployment, adapted mechanisms are required for the validation of national EMTs (see **Figure 5**). This does not imply a lowering of clinical standards, but rather acknowledges operational differences between international and national/subnational deployments. For example, national EMTs may not need to achieve the same level of self-sufficiency due to their integration into the national health system and resource framework. Establishing an appropriate and adaptable mechanism of national validation usefully facilitates the development of quality-assured national EMT capacities. These approaches could also serve as a tool to assess IHR capacities and operational readiness status, ensuring longer-term sustainability by building up expertise within a country, while reaping the benefits of the validation itself. The leadership role and primary responsibility for applying these approaches remain with the national authority.

SHORT-TERM OUTCOMES

3.1.1 Standardized processes for validation of national EMTs that can be adapted and adopted by all countries and regions are developed and implemented.

3.1.2 Standardized processes for the classification and reclassification of EMTs for international deployments are maintained, while adapting to different ways of working according to each of the WHO regions.

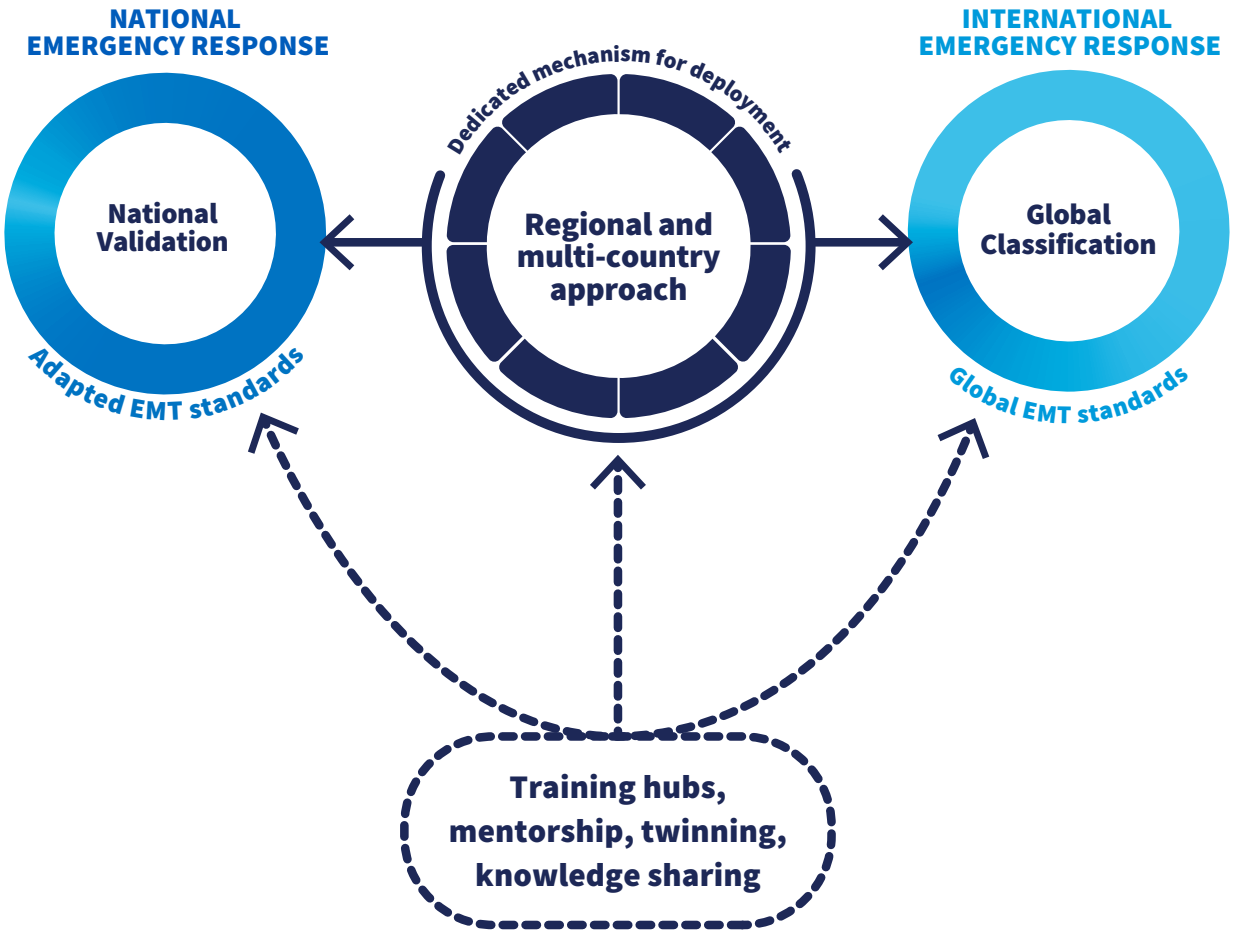
LONG-TERM OUTCOMES

3.1.3 Quality-assured national EMT capacities are widely available to respond to domestic and potentially regional emergencies.

3.1.4 Wider scope of EMT national validation mechanisms within national health emergency preparedness and response mechanisms (such as standardization and quality assurance of IHR capacities, or assessments of national system operational readiness).

3.1.5 Classified EMTs available for international deployments.

Figure 5. Options for strengthening surge and rapid response capacities at the national and international levels



→ RECOMMENDED ACTIONS

Global level

- Develop guidance for process(es) of validation of national EMTs;
- Implement the Classification Handbook for EMTs and mentors;
- Continue to implement mentorship, classification and reclassification for EMTs
- Expand resourcing and capacity for classification and reclassification as required;
- Expand pool of qualified and motivated mentors.

Regional level

- Provide input on development of process and mechanisms for validation of national teams;
- Develop adapted processes for implementation of quality assurance mechanisms in their region;
- Disseminate and foster uptake of processes at country level;
- Provide mentorship and classify EMTs in a timely manner;
- Reclassify EMTs in a timely manner;
- Expand pool of qualified and motivated mentors.

National level

- Establish a systematic, structured approach to developing national teams;
- Develop and implement a national mechanism to validate own EMTs;
- Contribute to the identification of qualified and motivated mentors.

Strategy 3.2: Implement minimum technical standards across all key areas of work

Minimum technical standards are a key standardization and quality assurance tool in the development of EMT capacities. As the scope of work of the EMT Initiative expands, additional sets of minimum technical standards will need to be developed. Potential areas of work range from clinical, such as different health service types and contexts (mental health and psychosocial support, mass gatherings, migration crises), to operational (for coordination and information management), and cross-cutting areas for incorporation, such as interoperability, environmental sustainability, health impacts of climate change, conflict sensitivity, gender equality, and research. Further promotion of developed minimum technical standards, including resources and approaches for their implementation, is required, as is a process and agenda for determining key areas for the development of minimum technical standards.

Application of the minimum standards and development of specific surge capacities can contribute to strengthening the availability and quality of the respective standard-care health services. For example, implementation of EMT minimum technical standards for burns or rehabilitation may also help to strengthen existing national burns and rehabilitation services. There may also be a need and opportunities for joint development of standards with relevant entities and/or other rapid response capacities to ensure alignment. Simultaneously, adaptation of standards for integration into national health systems will be required, supported by respective guidance documents and technical advice from the regional and global levels.

SHORT-TERM OUTCOMES

3.2.1 Minimum technical standards are developed and implemented across all existing identified key areas of work for EMTs. Application of technical standards requires adoption and adaptation by national and regional entities.

LONG-TERM OUTCOMES

3.2.2 Minimum technical standards are developed and implemented across a wider area of work related to EMTs and rapid response capacities.

→ RECOMMENDED ACTIONS

Global level

- Further promote published minimum technical standards and guidance documents;
- Develop list of areas for minimum technical standard development (including specialized care, operational, cross-cutting and research) and define priority areas;
- Develop and implement a process for identifying and prioritizing key areas for minimum technical standard development based on existing available evidence;
- Continue to identify, develop and disseminate global minimum technical standards for existing and emerging key areas of EMT work;
- Identify and establish joint areas of work with cross-disciplinary partners and networks (for example, EMT-RRT).

Regional level

- Identify potential areas for minimum technical standard development based on regional needs;
- Support countries in adapting minimum technical standards to local contexts, leveraging understanding of regional contexts.

National level

- Adapt and integrate minimum standards into national systems and responses.

Strategy 3.3: Develop and implement comprehensive training programmes

Capacity building is more than training workshops; it may also involve simulation exercises, mentorship, and training partnerships with other EMTs, also known as twinning. Simulation-based training has been shown to have significant advantages to lecture-based training for learning overall situational awareness and complex skills, and for more durable skills acquisition and retention. Training approaches should be developed and implemented at the regional level according to specific needs and context. This may include the establishment of dedicated, multi-country or regional training and simulation centres where healthcare workers can benefit from exposure to training, simulation exercises, and testing of new innovations. This may also make training and development more accessible and relevant to countries and organizations. It will also be necessary to improve the accessibility of training through different approaches, such as digitalization.

SHORT-TERM OUTCOMES

3.3.1 Key areas for the development of relevant and applicable training programmes are identified.

3.3.2 Regional approaches to training EMTs are developed and implemented by institutional partners.

LONG-TERM OUTCOMES

3.3.3 Rapidly deployable and interoperable staff are ready at the international and national levels for EMTs and other rapid response and coordination capacities.

→ RECOMMENDED ACTIONS

Global level

- Support development of regional/multi-country training centres;
- Develop training courses relevant to EMTs in collaboration with network partners;
- Provide technical assistance and resources for capacity building.

Regional level

- Adapt, customize and implement global training courses, according to the needs of the region;
- Develop regional/multi-country training approaches;
- Support operationalization of training approaches by countries and/or institutional partners.

National level

- Establish roster of staff to attend relevant available training programmes.

Field Hospital Operation Centre in Thailand
for national COVID-19 response
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Strengthen information systems, evidence and research

Research, evidence and applied learnings must drive continuous improvement in all areas of EMT work. Digital innovations and tools will facilitate through improved data, better insights, and accelerated information and knowledge exchange.

→ Strategies

1. Develop and implement information and knowledge management systems and tools;
2. Establish learning systems across the main areas of EMT work;
3. Strengthen operational research and evidence translation.

→ Key Outcomes

- **Research and evidence** to guide planning and development of global EMT capacities.
- **Standardized practices in data collection, monitoring and evaluation, and research for EMTs.**
- **An integrated system for knowledge and information management** to facilitate EMT operations, coordination, and monitoring and evaluation.

Exhibition hall with research poster presentations at the 5th EMT Global Meeting
© WHO

CURRENT STATUS: There is ongoing development and piloting of the use of the EMT minimum data set as well as an innovative tool for digitalizing different areas of work of the EMT Initiative, including governance, standards development, capacity building, quality assurance, mentorship, classification and coordination. Further advances in information management tools and systems for EMTs are needed. Likewise, a standardized system for monitoring, evaluation and learning from EMT deployments across entities to collate, synthesize and disseminate collective learning is also necessary. Operational research and publications on EMT capacity building and deployments are growing, although a cohesive research agenda and systematic approach to evidence generation and implementation to inform EMT activities are lacking.

STATUS ENVISIONED FOR 2030: A suite of interoperable and interconnected information management tools in all key domains of EMT work, ranging from EMT classification to monitoring and evaluation, is envisaged. A research agenda would be implemented, and the evidence thus generated would be utilized to inform standards and best practices, improve coordination, preparedness and response, and drive policy discussions and advocacy. Research would also be integrated into overall EMT operations, with routine synthesis and dissemination of outcomes and lessons occurring after every activation.

Strategy 4.1: Develop and implement information and knowledge management systems and tools

Information management tools and systems are of value in facilitating standardized data collection and information dissemination across the EMT Network. Such tools can be applied across multiple facets of EMT work, such as quality assurance and classification, operational planning and coordination, monitoring and evaluation, and sharing of knowledge and best practices. However, consideration must be given to interoperability with existing systems, such as other global response networks and/or national health information systems, as well as field usability and integration into an EMT information management system.

SHORT-TERM OUTCOMES

4.1.1 Standardized collection and reporting of operational and patient-level data by EMTs are implemented.

4.1.2 Standardized collection and reporting of operational activities (including of EMTs and EMTCC activations/deployments) at global and regional level are implemented.

4.1.3 Information management tools, integrated and interoperable with existing systems, are developed and implemented.

LONG-TERM OUTCOMES

4.1.4 Integrated and interoperable information management system for EMTs, EMTCCs, and coordination at the national, regional and global levels, are in use during all emergencies.

→ RECOMMENDED ACTIONS

Global level

- Map existing information management tools that are being used or developed;
- Establish a technical working group for information management;
- Develop globally applicable information management platforms.

Regional level

- Identify regional needs or specifications for information management tools

National level

- Adapt and integrate EMT minimum data set and information management systems into national health systems, if amendable

Strategy 4.2: Establish learning systems across the main areas of EMT work

Routine processes for monitoring, evaluation and learning within EMTs and across the EMT Network are necessary to inform quality improvements in operational approaches. Standardized monitoring and evaluation activities, reinforced by corresponding minimum standards, should occur for all EMT deployments. Collation, synthesis, and dissemination of collective learnings from all actors, including the national system, should occur for every response. This will form part of the evidence base for promoting the EMT Initiative and for advancing best practices and minimum standards.

SHORT-TERM OUTCOMES

4.2.1 Standardized processes for monitoring, evaluation and reporting, integrated and interoperable with existing systems, are developed and implemented.

LONG-TERM OUTCOMES

4.2.2 Standardized collation, synthesis, and dissemination of collective learning outcomes following each activation are routine in EMT operations at all levels (subnational, national, regional and global).

→ RECOMMENDED ACTIONS

Global level

- Establish standardized processes for monitoring, evaluation and reporting of EMT activities, including impact evaluations.
- Establish avenues for collation, synthesis, and dissemination of learnings at global level, including from deployment or training experiences.

Regional level

- Establish avenues for collation and synthesis of learnings from regional experiences, and for dissemination and exchange at regional level.

National level

- Establish protocols for evaluating and sharing learnings from responses and simulation and training exercises involving EMTs at national and subnational levels.
- Identify methods to cascade learning opportunities in such a way as to maximize health workforce participation and contribution to EMT and other rapid response capacities and activities.

Strategy 4.3: Strengthen operational research and evidence translation

Evidence generation through operational research is important for informing best practices as well as facilitating planning, anticipatory actions and predictability of responses. Generated evidence on the impact of EMT activities, ranging from training to deployments to coordination, will also assist in promotion and advocacy of the EMT Initiative. Beyond EMTs, operational research can also contribute to better predictive modelling and evidence for the health emergency workforce. For example, projection of deployment needs based on historical and current trends may inform quantity, types and distribution of capacities that need to be developed and maintained. However, there needs to be a cohesive EMT research agenda and framework to guide researchers; motivation and capacity within EMTs to conduct such research; collaborative partnerships with research institutions; mechanisms for collating and disseminating research findings, such as through publications, journal collections, and global meetings; and dedicated investment and resources to support operational research in health emergencies.

SHORT-TERM OUTCOMES

4.3.1 A research priorities framework is developed and implemented.

4.3.2 Research is conducted as part of every EMT's operations.

4.3.3 A model for predicting surge requirements and mobilization of health emergency workforce is developed.

LONG-TERM OUTCOMES

4.3.4 A robust evidence base on the impact of the EMT model and coordination mechanisms becomes available.

4.3.5 Systems, resources, and culture for conducting research, disseminating findings and translating evidence into practice are an integral part of all EMT operations.

4.3.6 New evidence is continuously generated and applied in all aspects of EMT work, including development and revision of minimum standards, best practices, coordination, etc.

→ RECOMMENDED ACTIONS

Global level

- Establish a technical working group on research in emergencies;
- Develop a global research agenda and priorities framework;
- Develop a roadmap for building EMT research capacity;
- Invest in the development of a model to predict the clinical surge capacities needed in the aftermath of health emergencies from all hazards, and explore new concepts to be activated;
- Identify and establish research partnerships with institutions and organizations.

Regional level

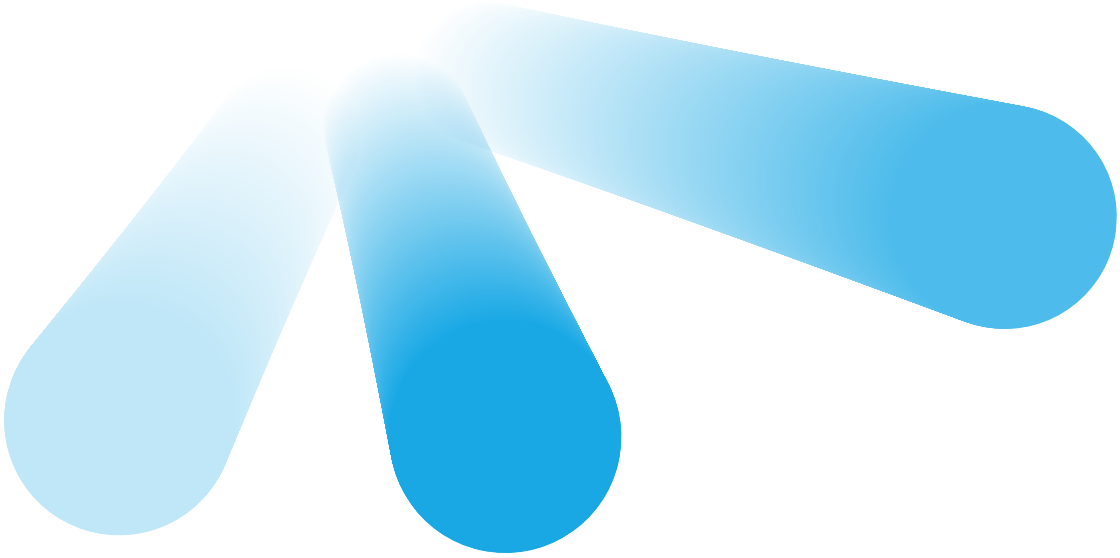
- Develop regional research priorities, and identify any region-specific research needs;
- Identify institutions and organizations at regional and subregional level for potential research partnerships.

National level

- Facilitate conduct of research to evaluate EMT activities, such as following a response to a nationally-declared emergency or deployment of a national or international EMT;
- Contribute to and share research findings with the EMT Network, and through avenues established at the regional and global levels.

11 Global targets

towards a world able to respond rapidly, effectively and flexibly to all emergencies



1. 70% of countries are using the EMT methodology;
2. 50% of all health emergencies are responded to by quality-assured EMTs;
3. 50% of countries have quality-assured EMT capacities;
4. 100 EMTs with Global Classification status pre-qualifying them for international deployments;
5. 80% of countries have active EMT National Focal Points;
6. 40% expansion in partnerships; across regions, across networks, across disciplines;
7. 40% of all health emergencies have nationally-led EMT coordination;
8. 100% of standards and guidance for modular and specialized care EMT deployments are developed;
9. 40% increase in coverage of EMT training and capacity building;
10. All areas of EMT work are improved with standardized and integrated information management tools;
11. Double the available research and scientific evidence to improve EMT activities.

Monitoring and reporting

Progress towards achieving the goal and objectives of EMT 2030 will be monitored and reported through a set of core indicators. These are aligned with the overall strategy and the four strategic objectives. Preliminary 2030 targets have been defined for each indicator. These refer to global totals. Some targets include additional stratification to reflect important considerations such as regional distribution. For some indicators, the baseline and the procedures for data collection will need to be defined as the first step. Indicator data will be collected and reported annually, even though milestones will be set on a biennial basis. The global indicators for the Strategy have been kept to the necessary minimum in recognition of the fact that regions and countries may add their own indicators and targets for their specific contexts and priorities.

OVERALL INDICATORS

Indicator 1	**Percentage of countries that have adopted and adapted the EMT Methodology** Countries that have committed to applying the EMT methodology for EMT capacities.
Target(s) for 2030	70% of countries (representing all six WHO regions)
Baseline	To be established
Definitions, Rationale and Comments	Adoption and adaptation of the EMT methodology is defined as countries having taken actions that commit or oblige them to apply the EMT methodology, or that implement the EMT methodology. This may include, for example, incorporation into published national plans, procedures or policies. Mere awareness or expressions of interest or intent are not sufficient to meet the definition of adopted and adapted. Progress by region will also be monitored and reported, although region-specific targets will be set by each region. An optional level of detail for data collection may be provided by indicating each country's stage of adoption and adaptation. This indicator provides a gauge of progress in promoting the EMT Initiative and securing tangible commitments from countries.

Indicator 2	**Percentage of health emergencies and events with quality-assured EMT response** Activation and utilization of quality-assured national and international EMTs in health emergencies. This should become the norm.
Target(s) for 2030	50%*
Baseline	To be established, as from 2023
Definitions, Rationale and Comments	Denominator: Health emergencies or events that are (1) tracked by WHO, (2) the subject of requests for EMTs, and/or (3) reported by countries. Events tracked by WHO are typically determined and reported at regional level. These include WHO graded and ungraded events. Public health events for surveillance only (that is, signals) are excluded from this definition. Requests for EMTs are received and reported through the established EMT system. Additional events may be reported by or sought from countries. Numerator: Health emergency or event for which a quality- assured EMT was activated and deployed as part of the response. Quality-assured EMT is defined as an EMT that applies the EMT methodology, as evidenced by one or more of the following: (1) internationally classified EMT, (2) nationally validated EMT, and/or (3) EMT developed with technical guidance from WHO using the EMT methodology. Response may be from national and/or international EMT(s). This indicator provides a proxy measure of the coverage of quality-assured EMT capacities around the world in responding to emergencies. The indicator will also be disaggregated by region to track regional capacity to respond to emergencies. An optional secondary indicator may be the proportion of health emergencies and events deemed to require an EMT response that receive a quality-assured EMT response. This would be more specific to the purpose of this indicator, but requires some judgement on the need for EMTs for each event. *Target and milestones may be adjusted depending on the baseline, which is to be established in 2023.

Indicator 3	**Percentage of countries with EMTs that apply the EMT methodology** Countries that have established EMT capacities that were developed or aligned with the EMT methodology
Target(s) for 2030	50%
Baseline	To be established
Definitions, Rationale and Comments	Countries with EMT(s) that apply the EMT methodology as evidenced by one or more of the following: (1) internationally classified EMT, (2) nationally validated EMT, and/or (3) EMT developed with technical guidance from WHO, using the EMT methodology. These may be governmental and/or military EMTs as well as national NGOs that are recognized or supported by the national authority. The indicator will also be disaggregated by region to track regional capacities to respond to emergencies. Additional data on EMT organization type, that is, governmental, NGO etc. may be considered. This indicator reflects the geographical coverage of quality-assured EMTs at country level, which are best placed to provide timely and appropriate care during and after a health emergency.

Indicator 4	**Number of internationally classified EMTs across all regions** EMTs that have been classified for international deployment in accordance with the WHO Global Classification System, including reclassification
Target(s) for 2030	100 internationally classified EMTs Subtarget: At least one internationally classified EMT per WHO region
Baseline	37
Definitions, Rationale and Comments	Recording of internationally classified EMTs already exists. This measure should only account for EMTs that are classified at time of reporting. That is, previously classified teams that have lapsed and are still awaiting reclassification should not be counted. Stratified data on regional distribution and on types of classified teams, including number and types of SCTs, should also be collected and reported. Data on the roster or staffing capacities of each EMT should also be collected to allow estimates of global and regional EMT workforce capacities. This indicator reflects the global capacity of internationally classified EMTs and their distribution; it reflects not only capacities to be built but also the efficiency of the mechanism to classify and reclassify EMTs.

SPECIFIC INDICATORS

Indicator 5	**Percentage of countries with National Focal Points** Countries with designated EMT National Focal Points.
Target(s) for 2030	80% of countries (representing all six WHO regions)
Baseline	To be established
Definitions, Rationale and Comments	Countries with a designated point of contact within the respective national governing authority, typically within the Ministry of Health, that serves (at minimum) as a national liaison and advocate for the EMT Initiative. Designation of National Focal Points represents commitment to the EMT Initiative by countries as well as reflecting strength of regional governance and engagement.

Indicator 6	**Percentage increase in the number of different entities with which the EMT Initiative has an established partnership** Established, active partnerships between the EMT Secretariat (at global or regional level) and another department, organization, institution or network.
Target(s) for 2030	+40%*
Baseline	To be established, as from 2023
Definitions, Rationale and Comments	Partnership is demonstrated by representative participation in EMT events, collaborative agreements, or joint technical, operational or research work. Engagements with different disciplines or areas of work are counted as separate entities, even within the same organization, in order to capture the breadth of cross-disciplinary partnerships.

Indicator 7	**Percentage of health emergencies and events with nationally-led EMTCC** Health emergencies and events where an EMTCC or equivalent coordination mechanism has been independently activated and operationalized by the national system.
Target(s) for 2030	40%*
Baseline	To be established, as from 2023
Definitions, Rationale and Comments	Denominator: Health emergencies or events that are (1) tracked by WHO, (2) the subject of requests for EMTs, and/or (3) reported by countries. Events tracked by WHO are typically determined and reported at regional level. Public health events for surveillance only (that is, signals) are excluded from this definition. Requests for EMTs are received and reported through the established EMT system. Additional events may be reported by or sought from national authorities. Numerator: Health emergency or event for which an EMTCC (or equivalent) has been independently activated, operationalized, and led by the national system. The indicator will also be disaggregated by region to track regional capacity for national coordination in emergencies. An optional secondary indicator may be the proportion of health emergencies and events deemed to require an EMT response that have a nationally-led EMTCC. This would be more specific to the purpose of this indicator, but requires some judgement on the need for EMTs for each event. *Target and milestones may need to be adjusted depending on the baseline, which is to be established in 2023.

Indicator 8	**Percentage completion of standards and guidance for modularized and specialized care EMT deployments**
Target(s) for 2030	100%
Baseline	Agenda and priority areas for development of guidance documents and standards for SCTs and modularized deployments to be established in 2023.
Definitions, Rationale and Comments	Based on experience, there has been an increase in requests for assistance with specific EMT components and/or SCTs. It is therefore important to invest in the ability to deploy SCTs and EMT modules. These represent more flexible, scalable, and tailored responses to population needs, that is, context-/need-specific response and a community-/people-centred approach, which are guiding values of the EMT 2030 Strategy. The deployment of EMT components (that is, modularization) is a new approach that requires further development and standardization. Similarly, there is a broad range of SCTs for which minimum technical standards may be required. These are important tools to define and develop in order to guide modular EMT and SCT development and deployments. The identification of priorities and agenda setting for the development of needed standards and guidance in these aspects will be established as the first step. Progress on this agenda will then form the measure for this indicator.

Indicator 9	**Percentage increase in the number of countries and organizations participating in EMT training or capacity-building activities** Different entities represented across all EMT training and capacity-building activities in past year.
Target(s) for 2030	+40% Subtargets: Region-specific targets to be defined by each region
Baseline	To be established
Definitions, Rationale and Comments	Enumeration of different organizations and countries (national authorities) with representatives participating in EMT trainings and capacity-building activities. These are defined as trainings and capacity-building activities, such as mentor visits and simulation exercises, based on the EMT methodology, that are provided by, supported by or in collaboration with the EMT Secretariat at HQ or regional level, EMT training hubs and/or EMT network training partners. This provides an indicator of both access and engagement in training and capacity-building opportunities. Disaggregated data on regional representation, in terms of both relative proportions by region and proportion of countries represented in each region, will also be reported.

Indicator 10	**Proportion of EMT areas of work with a standardized IM tool, with integration into an overall EMT IM System** Identified areas of work of the EMT Initiative where a standardized IM tool is available and utilized. The IM tool needs to be integrated into a broader EMT IM system.
Target(s) for 2030	100%
Baseline	To be established with map and agenda for IM development
Definitions, Rationale and Comments	As a first milestone, an agenda for areas of work requiring development and implementation of standardized IM tools and systems is to be established. This may include areas such as training, classification, operational response, coordination, monitoring and evaluation, and knowledge sharing. This measure tracks the completion, based on launched IM tools/systems, of this agenda. Additional secondary indicators based on utilization of specific IM tools, such as the Minimum Data Set (MDS), may also be considered.

Indicator 11	**Percentage increase in number of published research articles on EMTs** Expansion in available scientific literature and evidence base for/on EMTs
Target(s) for 2030	+200%
Baseline	To be established with baseline systematic review
Definitions, Rationale and Comments	Percentage increase from baseline of number of published research articles in both peer-reviewed and grey literature on EMTs based on a defined systematic review search protocol. An additional secondary indicator for consideration may be percentage increase in number of conference presentations (including at the EMT Global Meeting)

Conclusion and next steps

The EMT 2030 Strategy provides the directions for advancing the scope, scale and impact of the EMT Initiative at the global, regional and national levels. The Strategy takes into account present trajectories in the evolution of the Initiative, including strategic shifts towards regionalization and building national capacities, as well as anticipated challenges that will be posed by health emergencies. EMT 2030 also aligns with major global agendas, including for stronger resilience against health emergencies, global health security and IHR implementation, disaster risk reduction, climate change adaptation, health systems strengthening, and sustainable development.

The next step is for entities at the regional and national levels to utilize this document to delineate and link their regional, national and organizational priorities, and to develop their strategic action plans based on adapted, context-specific actions and indicators. Achieving the objectives and goal of EMT 2030 will require support and collaborative contributions from across the EMT network, partners and stakeholders. The result will be a global commitment for and a worldwide network of quality-assured EMTs and rapid response (surge) capacities, which will constitute the global health emergency corps, strengthen the resilience of health systems, and protect populations from health emergencies even as they become more frequent, intense or complex in the coming decade and beyond.

Glossary

Emergency medical teams (EMTs) (also, disaster medical assistance teams, health emergency response units etc.). Groups of health professionals (doctors, nurses, paramedics, etc.) that provide direct clinical care to patients and communities affected by natural disasters, conflict, disease outbreaks or other health emergencies. EMTs form part of the rapid response and surge capacities of national health systems. They also form part of the global health emergency workforce. EMTs may be deployed by governments, militaries, non-governmental organizations or international organizations, such as the International Red Cross and Red Crescent Movement. To ensure quality of care and services, EMTs should work to comply with the guiding principles and the core and minimum technical standards established by WHO and its partners.

National EMTs are EMTs that primarily deploy domestically. They are rapid response and surge capacities typically developed by and/or for national health systems utilizing the EMT methodology (see definition below), but adapted to local context and aligned with national policies, legislation and systems. However, the defining characteristics of a quality-assured EMT, that is, adoption of the guiding principles, core and technical standards, and systematic application of the eight domains of the quality assurance system (see **Figure 4**), should remain identifiable.

International EMTs deploy to other countries at the invitation of the national authorities. They augment local rapid response and surge capacities. Accordingly, they need to follow local coordination systems and procedures, and ensure self-sustainability to avoid burdening the recipient country. There is a fixed and non-flexible system, implemented by WHO, for the classification of international EMTs. Through this classification system, international EMTs declare the skills and services that they provide and verify that they comply with the guiding principles and core and minimum technical standards. This ensures predictability and reliability for recipient countries.

EMT Methodology. A structured approach to developing and implementing quality-assured EMT capacities characterized by the adoption and adaptation of the EMT guiding principles, core and technical standards, and systematic application of the eight domains of the quality assurance system (see **Figure 4**), with defined benchmarks. This methodology can be adapted and applied to implement a broad range of rapid response and surge capacities.

EMT Mechanism. The enabling functions that allow the implementation and deployment of EMT capacities as part of a wider system. These are: legislation, coordination mechanisms, system for surge response, and operational requirements (see **Figure 4**).

EMT Network. Global, cooperative structure composed of EMTs, organizations, stakeholders and partners that have shared purpose and operational, technical and strategic interests in the work of EMTs and the EMT Initiative.

EMT Initiative. The programme led by the WHO Secretariat in collaboration with the EMT Network and partners to improve the timeliness and quality of health services provided by national and international EMTs in response to disasters, outbreaks and other health emergencies, and to enhance the capacity of national health systems in leading the activation and coordination of EMTs for such a response. The Initiative encompasses the Strategic Advisory Group (SAG), which provides policy and strategic oversight, WHO Secretariats at HQ and regional level, Regional Groups, Technical Working Groups (TWG) and other technical and operational supports, and the EMT Network and partners.

Adopt and adapt. Adopt means to formally accept and put into use or effect. Adapt means to make changes to suit purpose and/or context. In the EMT 2030 Strategy, this phrase is used in reference to the uptake and utilization of the EMT methodology by national authorities to develop quality-assured EMT capacities. This includes actions that form commitments and obligations to apply the EMT methodology, such as incorporation in national policies, legislation or budget allocations, or tangible steps in developing EMTs and EMT coordination capacities. National authorities will likely need to make adjustments to suit their system and context. However, the guiding principles, use of core and technical standards, and application of the eight domains remain.

Capability. The collective skills, expertise and resources of a team to deliver its deployment mandate according to a specified objective.

Capacity building. Any activity designed to support a team to effectively absorb and sustain change in their structures/space, staff, supplies and systems. This includes both the development of team capability and the strengthening of team coordination.

Emergency. A type of event or imminent threat that produces or has the potential to produce a range of consequences, and which requires coordinated action, usually urgent and often non-routine.

Health emergency. A type of event or imminent threat that produces or has the potential to produce a range of health consequences, and which requires coordinated action, usually urgent and often non-routine. A health emergency may pose a substantial risk of significant illness, injury or death in a community (13).

Interoperability. Ability of diverse systems and organizations to work together (13). This includes the human, technical, procedural and managerial domains, and interactions between capacities.

Mobile Health Team. A group of trained individuals that deliver community health services in a manner that is light, portable and adaptable. During or after a health emergency, they extend the range of community interventions, and provide basic health (basic treatment and medications) and referral services, particularly to hard-to-reach or vulnerable populations, such as those that are cut off from health services or displaced. These services are usually provided by community health workers, paramedics and nurses. They may operate from existing structures, temporary structures, such as tents, or specially equipped vehicles.

Modularization. A new EMT deployment approach that requires further development and standardization. It refers to the deployment of one or more components of a quality-assured EMT for which the application of guiding principles, core and technical standards, and coordination remains unchanged. These deployments are in response to and in fulfilment of assistance requests for the specific component(s).

National validation. Formal external evaluation undertaken by a nationally recognized, normative entity to assess a national EMT's compliance with the minimum structure and process requirements for prompt deployment and provision of quality care to populations affected by health emergencies in their country.

People-centred care. Care that is focused and organized around the health needs and expectations of people and communities rather than on diseases. People-centred care encompasses clinical encounters and also includes attention to the health of people in their communities and their crucial role in shaping health policy and health services (13).

Preparedness (emergency). The knowledge and capacities developed by governments, response and recovery organizations, communities and individuals to effectively anticipate, respond to and recover from the impacts of likely, imminent or current disasters (14).

Rapid response capacities (RRC). Medical and healthcare services and functions that can be deployed at short notice and on a non-routine basis in order to address health needs during and/or after a health emergency. This encompasses a wide range of capacities, including EMTs, specialized care teams (SCTs), public health rapid response teams, mobile laboratories, and community-based interventions and resources.

Rapid response team (RRT). Multidisciplinary team of trained individuals and experts that can be deployed at short notice by a health authority to locations of public health events to augment surveillance, risk assessment and response activities already being implemented. This helps to control disease outbreaks and strengthen global public health security (13).

Readiness (also, Operational readiness). The ability to quickly and appropriately respond when required (13).

Response (also, Emergency response; Disaster response). Actions taken directly before, during or immediately after a disaster or other health emergency in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected (14).

Surge. Sudden or incremental demand for health services due to a health emergency, where additional capacities (in terms of staff, supplies and space) and/or capabilities (in terms of specialized expertise) are required (13).

Surge capacity. The measurable ability of the health system (or component part) to manage a sudden influx of patients due to a health emergency. There are four main components to this ability: staff, supplies, space, and systems (such as systems for incident command, coordination, and surge planning and activation). Improving surge capacity is an important part of strengthening the preparedness and resilience of health systems.

WHO Graded Emergency. An acute public health event or emergency that requires an operational response by WHO. There are three grades, representing the levels of operational response required: Grade 1 (limited response), Grade 2 (moderate response), Grade 3 (major/maximal response). If a graded emergency persists for more than six months, it may transition to a protracted emergency (15).

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Annex

Summary of programmatic and technical priorities

Below is an overview of the foreseeable programmatic and technical priorities based on initial (2022) analysis. These represent initial areas of focus. Additional priorities will develop and be added over the course of this seven-year strategy.

Programmatic and Technical Priorities

Strengthening National Capacities for Emergency Response

- National EMT development
- National surge planning and coordination
- Joint training and partnerships with international EMTs (known as twinning)

Strengthening Regional Leadership and Capacities

- Regional coordination and operational support
- Regional and multi-country training hubs and approaches

Partnerships

- Civil-Military collaboration
- Joint public health rapid response
- Health for peace
- Public-private collaborations

Technical Standards for EMTs

- Highly infectious disease management
- Burns management in mass casualty incidents
- Medical evacuation and pre-hospital care
- Specialized surgical care teams
- Mass gathering medical planning and support
- Chemical, biological, radiological, nuclear and explosive incidents
- Mental health and psychosocial support
- Digital health, remote and telemedicine support in emergencies

Operational Guidance

- EMTs working in conflict and other insecure environments
- Civil-military interaction for health emergency response
- Simulation-based trainings and exercises

Quality Assurance of EMTs

- Classification system for EMTs deploying internationally
- Validation process for national EMTs

Information Management

- Standards for EMT information management
- Information and knowledge management tools and systems

Operational Research and Evidence

- Predictive models of EMT surge capacity requirements
- Evaluations of EMT impact and cost effectiveness
- Structured operational research support and training for building research capacity

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