

EMT response in COVID-19 pandemic

Best practices from deployment of UK-Med and PCPM EMTs

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Calls for EMT assistance

Year	Calls for assistance	Natural disaster	Man-made	Outbreaks / pandemics
2017	3	1	1	1 (Bangladesh)
2018	2		1	1 (DRC Ebola)
2019	2	1		1 (Samoa)
2020	13		3	10
2021	21	1 (Haiti)	2	18

UK-Med / UK EMT	25 missions in 2020-21: Afghanistan, Armenia, Bangladesh, Botswana, Burkina Faso, Cambodia, Chad, Eswatini (x2), Ghana, Lebanon, Lesotho, Malawi, Mauritania, Myanmar, Namibia, Nepal, Papua New Guinea, Solomon Islands, South Africa, Tunisia, UK (domestic response), Yemen, Zambia
Poland PCPM	7 missions in 2020-21: Ethiopia, Italy, Kyrgyzstan, Lebanon, Madagascar, Tajikistan, Uganda + domestic response in Poland

Main challenges in COVID missions

Staff not available due to number of missions + need for medical staff in the home country + staff rotation

Managing recipient country's expectations: size & composition of the team, duration of mission, tasks performed, equipment

EMTs expected to deliver capacity-building and training

Funding – lack of funding for multiple or long deployments

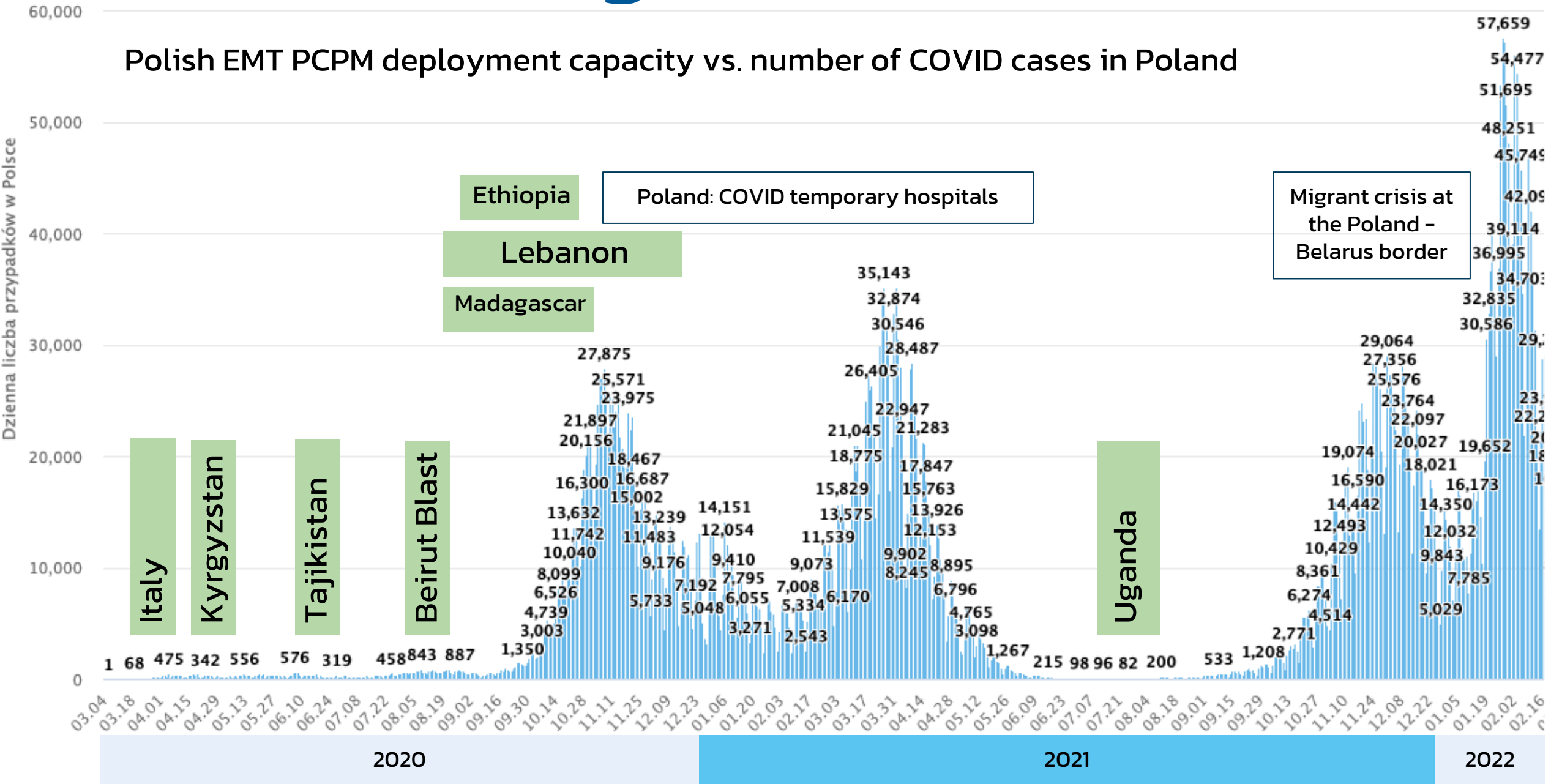
Delays or non-issuance of the license to practice by MOHs

Teams deployed as small, specialized teams

Lack of uniform TORs for specialized teams

Main challenges in COVID missions

Polish EMT PCPM deployment capacity vs. number of COVID cases in Poland



Best practices – UK-Med and PL PCPM

Large rosters

Specialists drawn in from various countries



Additional recruitment of COVID specialists during the pandemic



Discussions with WHO CO prior to deployment to manage host country's expectations & deploy proper team



Flexibility

Lebanon: shift from sudden-onset disaster to months-long COVID response



Travelling light – standard staffing and equipment guidelines not useful in COVID response



Incorporation of sustainable interventions during deployment helps to ensure longer term impact after EMT withdrawal (ex. ToT)



Recommendations to EMT Secretariat & MOHs

Courses & training for EMTs how to conduct capacity building in foreign settings
+ standardized training packages

Standardization of COVID deployments, incl. team composition, TOR, length of stay

Scoping missions prior to deployment to **manage** host country's expectations

Funding mechanism for multiple EMT deployments, particularly non-NGO teams in pandemic setting

Non-issuance of a license to practice – EMT can terminate the mission early

Ensure changes or re-purposing of EMT missions can be done effectively based on the teams recommendations once deployed



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Thank you for your attention



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