Background

The international response to the earthquake in Haiti and earlier responses including that to the Asian Tsunami have highlighted unacceptable practices in the delivery of emergency medical humanitarian assistance contrasting with a wider move in recent years to improve humanitarian standards. The general concerns involve accountability, quality control, coordination and reporting. Specific concerns centre around clinical competency, record keeping and follow up.

A recent expert meeting in Cuba identified the need for an international initiative (which includes UN agencies, NGOs, International organisations including the Red Cross Movement, Governments and others) to engage in a process to identify the best approach to ensure that Foreign Medical Teams (FMTs) deployed in a health response following a Sudden Onset Disaster meet internationally agreed standards.

To take this forwards, an Ad Hoc working group was drawn from those attending the meeting, that produced this concept paper.

Scope

This concept paper is focused on improving the international response to the medical problems encountered during the first three weeks after a sudden onset disaster (although this may be extended at a later date), and in response to identified needs that cannot be met nationally. Approval is sought for

The establishment of a Foreign Medical Teams Advisory Group (FoMeTAG)

Draft Terms of Reference for FoMeTAG

That FoMeTAG overseas international registration of foreign medical teams.

Aims

To expand, revise and update the 2003 WHO/PAHO guidelines for the use of foreign field hospitals to include all medical teams, not just field hospitals, to reflect the range of settings, including field hospitals, in which foreign medical teams provide emergency, urgent and life saving medical care after large scale sudden onset disasters. Hence reference to Foreign Medical Teams (FMTs) instead of FFHs.

To improve the quality of foreign medical teams by the establishment of a formal international Foreign Medical Teams Advisory Group (FoMeTAG). The first duty of the FoMeTAG will be to establish a classification system for foreign medical teams and their registration. Inclusion in the register will require the following commitments
from foreign medical teams deployed into, and accepted by, host countries in the immediate aftermath of a sudden onset disaster

- Adherence to a minimal set of professional and ethical standards and work in support of the national response.
- Fostering onsite coordination with, and accountability to, local health service framework.
- Operational coordination, cooperation and record keeping, data collection, data sharing and appropriate reporting.
- Working only to the competencies for which they are recognised in their own country.
- Supporting the development of a uniform reporting system to facilitate later analysis.
- Securing an organised exit strategy agreed with local health providers.

Registration

International registration of providers of FMTs will be inclusive and transparent and the Advisory Group when established will work through international agencies and associations, including WHO, IFRC/ICRC and major NGO’s, INGO’s, civil defence organisations and others. (see appendix 1)

Registration of FMTs is to seen as the first step on the road to quality assurance.(see appendix 2)

Providers of teams are formally registered internationally to promote accountability and a level of training, equipment and preparedness that meets an agreed international professional and ethical standard.

To maintain quality, all countries will be encouraged to fund, support and deploy only those teams that are registered and therefore met internationally agreed standards.

FoMeTAG and registration will each require funding and a secretariat. These can be housed together or separately and hosted by the same or separate agencies.
Appendix 1

Draft TORs for FoMeTAG

Purpose

The advisory group will guide and monitor activities aiming to ensure that foreign medical teams deployed into affected countries in the immediate aftermath of a Sudden Onset Disaster are meeting internationally agreed upon core standards and respond to identified needs that cannot be met nationally.

In an initial phase, the initiative will focus particularly on earthquakes and other events producing large number of casualties in a very short time.

Foreign Medical Teams include all emergency medical care teams, not just field hospitals.

The goal is to contribute to a shift from an offer-driven assistance of mixed effectiveness to a demand-driven assistance of guaranteed quality.

Membership

The FoMETAG will be constituted of representatives of:

- WHO Health Action in Crisis (as the host Agency)
- Representatives of the Global Health Cluster
- Representatives of selected main global providers of FMT
- Representatives of two NGOs to be designated, possibly on a rotation basis, for example by ICVA, SCHR and/or InterAction
- Representatives of bilateral agencies supporting actively this initiative
- Representatives of two countries having been affected by the most recent mass casualty sudden onset disasters
- Representatives of academic institutions engaged in this field
- The World Association on Disaster Emergency Medicine (WADEM)

Individual experts from other organisations or institutions may be invited on a case by case basis

Duration of membership in the FoMETAG will be two years renewable to allow maximum rotation.

Modus Operandi

The Advisory Group will be reporting to WHO as Cluster Lead Agency, which in turn will be accountable to the Global Health Cluster and ultimately to WHO Governing Bodies.
Decisions will be taken on a consensus basis, whenever possible.

All proceedings will be publicly available (posted on Web) and draft technical documents / norms / standards will be widely circulated to partners in the Health Cluster and Member States.

The FOMETAG will compile information on arrangements concluded or to be concluded by its Members to meet the goals of registering providers of medical teams and improving the quality of those teams.

The FOMETAG will advise WHO on mobilisation of technical or financial resources to support this initiative. In the extent possible, activities and resources will be decentralized to academic institutions, professional associations or non-governmental organizations.

**Proposed structure**

*Time-bound Technical Working Groups (TWG) will be convened by the FOMETAG on an as needed basis, with specific deliverables for review and endorsement by the FOMETAG. TWGs will consist of relevant experts from the FOMETAG, GHC as well as external experts as needed. TWGs could be convened to elaborate the classification system, FMT registration quality criteria, as well as other key issues such as training, reporting standards, M&E, etc.*
Appendix 2

Possible process for registration of FMTs

Entity interested in being part of register (FMT) contacts Register secretariat

Register secretariat provides relevant form and information to the FMT and opens a "file."

The form requests information on basic contact information, list of services (for purpose of classification- based on FOMETAG endorsed classification scheme), staffing (by cadre/speciality at least), equipment and facilities.

Information on key "quality" criteria to which FMT must commit to in order to be on register (official letter with executive signature on letterhead agreeing to abide by criteria). These criteria will include staff deployed to perform only those functions for which they are licensed/accredited in their own country, that staff are up to date on inoculations, passports etc, and commit to coordinate/ register at country level and perform to basic ethical standards.

FMT completes and returns relevant forms

Register secretariat enters data/ checks for completeness of forms, keeps records.

Register secretariat confirms registration, informs on "classification" and maintains relevant contact with FMTs on register.