



**World Health
Organization**



EUROPEAN COMMISSION
DIRECTORATE-GENERAL HUMANITARIAN AID
AND CIVIL PROTECTION OPERATIONS - ECHO
ECHO.A – Emergency Management

A.1. Emergency Response Coordination Centre

Standard Operating Procedures (SOPs) between DG ECHO/ERCC and the World Health Organisation (WHO) in case of health-related emergency response

Draft 07/03/2023

Background

Since 2013, it has been possible for the World Health Organization (WHO) to request assistance through the Union Civil Protection Mechanism (UCPM) for disasters outside the Union¹. For this purpose the Union means the territory of the EU Member States and UCPM Participating States² (EU MS/UCPM PS). On this basis, WHO and DG ECHO's Emergency Response Coordination Centre (ERCC) have worked together in response to several health-related emergencies involving deployment of teams of health experts (e.g., epidemiologists, clinicians) and capacities (e.g. mobile laboratories) through the UCPM. Lessons identified after these deployments point to the need to develop Standard Operating Procedures (SOPs) to clarify operational modalities for future collaboration between the two organisations in health-related emergencies.

Purpose and scope

This document establishes SOPs between DG ECHO/ERCC and WHO to enable a coordinated action, that is both timely and effective, when responding to emergencies outside of EU MS/UCPM PS territory. Such coordinated actions may include cross cutting issues on health emergencies from all-hazards ensuring a seamless division of responsibilities and accountabilities among the two organizations.

The SOPs are intended to provide direct operational guidance to follow before, during and after a health-related emergency. They also apply to requests for participation in advisory missions.

The UCPM is usually not activated in armed conflicts, protracted crises or complex emergencies with high security concerns outside of EU MS/ UCPM PS territory. In such cases, should WHO wish the UCPM to be activated, WHO shall present a comprehensive security assessment of the situation with possible intervention scenarios. An in-depth discussion between DG ECHO/ERCC and WHO shall take place to assess the exceptionality of a UCPM activation in conflict contexts and/or complex emergencies.

¹ In accordance with Article 16(1) of the Decision of the European Parliament and the Council on the Union Civil Protection Mechanism no 1313/2013/EU of 17 December 2013, OJ L 347, p 924-947.

² 8 UCPM Participating States: Iceland, Norway, Serbia, North Macedonia, Montenegro, Türkiye, Bosnia and Herzegovina and Albania.

The common work towards achieving the objectives is described in this document. It is envisaged that each organization will contribute with different types of support and initiatives aiming at strengthening preparedness and readiness of EMTs and rapid response capacities. Coordinated actions include:

- Provide opportunities for MS and Emergency Medical Team (henceforth EMT) providers to join relevant WHO EMT Trainings, EU trainings and simulation exercises (e.g., MODEX).
- Official invitations to contribute to EMT related activities at EU and global level should be mutually extended between WHO EMT Secretariat and DG ECHO.
- Ensure presence to relevant EMT activities and technical assistance provided through the WHO EMT Secretariat.
- Leverage on existing pools of experts to contribute to joint activities and to facilitate timely support to emergency response as well.
- Joint efforts to increase awareness and understanding of the EMT Initiative and the UCPM regionally and globally.

This document will be regularly reviewed every six months and should the development require so, updated. This may entail the inclusion of additional annexes. Each party will inform the other about updates through an e-mail. If none of the parties has comments, the document will be automatically considered as renewed.

Legal and compliance considerations

This document, including the attached SOPs, is intended to set forth optimal / standard ways or working, only, and act as a practical guide for collaboration between the two organisations. Neither this document nor any activities pursuant to it create any legal commitment, obligation, or undertaking by either organisation (unless expressly agreed to in writing by both organisations through separate documentation). In that regard, for any collaboration between the two organisations per these arrangements (including per the SOPs set forth herein):

- Such collaboration does not create a legal relationship or arrangement between the two organisations, nor any authority for either organisation to speak on behalf of, or legally bind, the other;
- Each organisation is solely responsible for any actions that it may undertake (or fail to undertake), and not for the other organisation;
- Each organisation's activities and collaboration is subject to, and conditioned on, the organisation's applicable governing instruments, laws, rules, practices, and arrangements (including on confidentiality of information, data, and personal data), as well as the organisation's legal status (including, and without waiver of, each organisation's applicable privileges and immunities under national and international law);
- Each organisation's activities and collaboration is subject to the availability of sufficient resources by the organisation, and no obligation to continue or commence activities is implied to either organisation;
- There is no intended transfer of resources (financial, human, or otherwise) contemplated per such collaboration (absent a separate written arrangement signed by both organisations for that purpose).

Certain activities pursuant to these SOPs (for example, and without limitation, in-kind contributions of health products or other resources and MedEvac arrangements) will require appropriate legal documentation, established, approved, and signed by both organisations. Such documentation and procedures are part of, and a precondition to, those activities.

General SOPs complemented by more specific information

The SOPs aim at guiding the request for and deployment of UCPM assistance. The following UCPM assets³ are covered:

- Health expertise, such as public health experts, clinical experts, epidemiologists, health coordination experts, etc.
- Emergency Medical Teams (see annex 4).
- Other specialised care teams and units (such as outbreak teams, surgical teams, burns care etc..).

³ "Assets" is used as a generic term referring to all types of resources that could potentially be concerned: individual experts, teams, modules, and other capacities.

- Rapid Response Mobile Laboratories (see annex 5).
- Medical Evacuation (MedEvac) assets (see annex 6).
- In-kind assistance.
- Logistics support.

Since these assets are very different in nature and the deployment of some of them requires more detailed guidance, specific procedures are outlined in annexes.

Visibility and communication vis-à-vis public authorities, partners and media

In emergencies where the coordination and cooperation between DG ECHO and WHO is based on a request for assistance and an activation of the UCPM, both parties shall coordinate and pre-agree roles and key messages to be used in meetings and events with public authorities, humanitarian partners and the media. Visibility about the cooperation between the ERCC and WHO in health emergency shall be ensured, whilst clearly communicating the coordination role and the financing provided under the Union Civil Protection Mechanism.

24/7 Points of Contact

To facilitate communication and allow a quick emergency response, the two organisations have each established a single 24/7 Point of Contact (PoC):

- DG ECHO:
Emergency Response Coordination Centre
ECHO-ERCC@ec.europa.eu
Tel.: +32-2-29 21112
Fax: +32-2-29 86651
- WHO:
Emergency Medical Team Secretariat
emteams@who.int

Any change in the PoCs will be notified immediately by email addressed to the other PoC and related interlocutors as appropriate.

The SOPs cover the following phases of an emergency:

- Phase 1: Daily Monitoring and Early Warning
- Phase 2: Pre-alert/potential request for assistance
- Phase 3: Emergency response

I. Phase 1 – Daily monitoring and early warning

This phase is characterised by daily routine business encompassing regular tests of communication channels, preparedness and awareness as well as information sharing.

1. Information exchange/sharing

DG ECHO/ERCC and WHO will exchange their standardized products (see list in annex 3).

Furthermore, DG ECHO/ERCC and WHO exchange the following information, when available and if applicable, in a real-time manner: risk assessments, risk analyses, health logistics, as well as other information as relevant (findings, actions, lessons learned, conclusions, etc.).

DG ECHO/ERCC and WHO will establish contact in case of a potential health related emergency, e.g., sudden increase of cases related to epidemics/diseases, etc. This will lead to Phase 2 – Pre-alert/potential request for assistance.

2. Communication channels/tools

Communication tools between DG ECHO/ERCC and WHO may include a telephone, email and videoconference connections

3. Communication test

A communication test between DG ECHO/ERCC and WHO is carried out on the first Monday of every month at 11:00 AM unless otherwise agreed.

II. Phase 2 – Pre-alert/potential Request for Assistance

The pre-alert phase is characterised by both organisations' increased preparedness and readiness to respond to a potentially major health emergency, and could be triggered by, for example, credible information on an event with potential disastrous health impact. To facilitate that necessary information flow that may result in a request for assistance, the two organisations have each established a single point of contact (PoC):

- **DG ECHO:**
Emergency Response Coordination Centre
ECHO-ERCC@ec.europa.eu
Tel.: +32-2-29 21112
Fax: +32-2-29 86651
- **WHO:**
Emergency Medical Team Secretariat
emteams@who.int

DG ECHO/ERCC and WHO staff will carry out the following tasks:

1. Notifications/information exchange

DG ECHO/ERCC and WHO staff will immediately notify each other in case of a health emergency for which response actions could be planned or undertaken by one of the two organisations.

2. Coordination dialogue

Ahead of any potential request for assistance to the UCPM from WHO, a coordination dialogue will take place first between DG ECHO/ERCC and WHO. The purpose of this dialogue is to jointly assess the situation and for the ERCC to consider the appropriateness of activating the UCPM.

During this dialogue, WHO and DG ECHO/ERCC will seek to clarify which kind of request for assistance is expected or being considered, as follows:

	Request for assistance by	Operations primarily coordinated by
Case 1	WHO in agreement with affected state(s)	WHO in coordination with affected state(s)
Case 2	Affected state's Ministry of Health (MoH) amplified by WHO	Affected state's MoH in coordination with WHO
Case 3	WHO without direct involvement of affected state (because sudden/complex/large scale emergency)	WHO

2. Situation awareness and analysis

Ad hoc meetings, consultations and analyses should be envisaged and shared if a UCPM Request for Assistance is being considered: threat and risk assessments including the development of risk analysis and assessment capabilities, pre-emptive identification of possible threats and associated risks.

Additionally, the following points are discussed for preparedness: practical information on i.a. visa requirements, customs procedures, registration of licences (if required and according to the type of asset deployed), identification of the relevant authorities, safety and security, deployment period envisaged, and any other relevant information (see Phase 3 and Annex 1).

Moreover, both organisations should contribute to common operational picture including pre-identification of specific expertise, relevant partners, actions taken at headquarters' level, including activation of the Global Outbreak Alert and Response Network - GOARN, and actions taken at country level by WHO office, ECHO field experts, etc.

3. Participation in coordination meetings

The DG ECHO/ERCC and WHO agree to invite each other to any relevant network or partnership coordination meetings/videoconferences where further elements of the situation

awareness and analysis, follow up actions or potential response might be discussed with relevant partners, including the GOARN Weekly Operational Coordination Call, and any other ad-hoc arrangements established for individual outbreak and emergencies.

III. Phase 3 – Emergency Response

To facilitate necessary information flow that may end in a request for assistance, the two organisations will establish a single point of contact (PoC):

- DG ECHO:
Emergency Response Coordination Centre
ECHO-ERCC@ec.europa.eu
Tel.: +32-2-29 21112
Fax: +32-2-29 86651

At this point, the name of the person(s) responsible for the emergency and her/his email address will be designated for each specific crisis.

- WHO:
emteams@who.int;
goarn@who.int (RRML)

This phase is characterised by an official UCPM Request for Assistance (see template in Annex 1), that will be handled differently depending on the degree of involvement of WHO and the affected State, as described in the three cases below.

NB:

- When the affected State is an EU Member State or UCPM Participating State, DG ECHO/ERCC will exclusively receive and handle the Request for Assistance when issued by the competent national civil protection authority. In the other cases, DG ECHO/ERCC can also receive and handle the Request for Assistance issued by other competent institutions in the affected State or issued by a relevant International Organisation such as the WHO.
- If an Emergency Medical Teams Coordination Cell (EMTCC) is established and European health assets are deployed under the UCPM, an EU Civil Protection Team (EUCPT) member will be designated to liaise with the EMTCC, either as Liaison Officer or seconded to the EMTCC. If there is no EUCPT on site, then the ERCC would be the contact point for the EMTCC.

1. CASE 1: Request for assistance by WHO in agreement with affected state → coordination by WHO

Past examples:

- Diphtheria outbreak in Bangladesh (2017): request for assistance by WHO for Emergency Medical Teams and technical support.
- Marburg Virus Disease Outbreak in Uganda (2017): request for assistance by WHO for a RRML.

If, following the coordination dialogue described in phase 2, it is agreed that the UCPM is an appropriate instrument to be used, the following steps should be followed:

a. Request for assistance

1. WHO makes a request for assistance using the template in annex 1⁴. The request should be as clear and detailed as possible and specify the position of the affected state regarding the request for assistance. If a request for assistance has been already made by the affected state to the ERCC, this should then be communicated to WHO.
2. DG ECHO/ERCC confirms the receipt and activates the UCPM.
3. DG ECHO/ERCC informs WHO of the offers made, including any financial, administrative and logistical specificities/requirements.
4. WHO accepts or rejects the offers.

b. Mobilisation/pre-deployment

5. DG ECHO/ERCC considers appropriate means of coordination and evaluates the need for additional support: use of DG ECHO staff in the field (ECHO Technical Assistants), deployment of ERCC Liaison Officers, or deployment of an EUCPT and/or a Technical Assistance and Support Team (TAST).
6. A joint DG ECHO/ERCC and WHO briefing is organised with the deploying assets via video/teleconference. Other stakeholders concerned (i.e., ECHO Field office, EU Delegation, NGOs, etc.) are associated, if relevant. If needed, an update of relevant components of the request for assistance (regarding, for example, logistical aspects of the deployment) is circulated to all sides before the briefing.
7. The briefing outlines the overall planning of the mission. Arrangements are agreed regarding mandate, responsibilities, focal points, coordination, communication channels, reporting, logistical arrangements, safety and security (including Medevac), visibility and common speaking points for media contacts. A generic agenda for the briefing and points of discussion is presented in annex 2.
8. DG ECHO/ ERCC and WHO draft a joint contact list that is updated throughout the deployment.
9. Throughout the whole process, close contact is upheld between the parties.
10. DG ECHO/ERCC informs the EU Delegation and ECHO Field office on the deployment, and liaises as appropriate.
11. WHO informs the respective WHO Country and/or Regional offices.

⁴ The request for assistance is a comprehensive document including a brief description of the situation, a detailed list of the assistance requested, and a deployment checklist.

c. Deployment/operations

12. Deployment is implemented in accordance with the overall planning of the mission, particularly regarding transport and logistical arrangements. Any deviation should be notified immediately by phone and in written to DG ECHO/ERCC.
13. WHO keeps all sides informed on the deployment progress and reports in a timely manner any delays/issues (customs, logistics, etc.).
14. WHO provides relevant briefings (situation, security, etc.) for the asset(s) deployed as per agreed arrangements (see point 7 above).
15. If an EMTCC is established, and European health assets are deployed under the UCPM, then liaison and communication between the EMTCC and the designated ECHO/UCPM staff (EUCPT member, ECHO TA or ERCC LO) will be facilitated by WHO and the ERCC. If appropriate, an EUCPT staff member could be seconded to the EMTCC.
16. Coordination in the field is done as per agreed arrangements.
17. Reporting to/from the asset(s) deployed under the UCPM is done as per agreed arrangements. WHO reports to DG ECHO/ERCC on the overall situation development and remaining gaps if applicable.
18. Relations with the media (national and international) and official visits from the local authorities are carried out as per ad-hoc arrangements.
19. In any situation leading to the medical evacuation of staff deployed under the UCPM, DG ECHO/ERCC is immediately informed and Medevac procedures (see annex 6) are implemented.
20. Contact between DG ECHO/ERCC and WHO is upheld as per agreed arrangements.

d. Exit strategy/demobilisation

21. The exit strategy is discussed between WHO and DG ECHO/ERCC before any official communication to the affected country and the international community. Once agreed, WHO notifies the end of mission to the authorities of the affected country.
22. WHO receives a demobilisation plan from the deployed EMT and discuss it with DG ECHO/ERCC and the deployed asset(s). The demobilisation plan considers transport and logistics arrangements necessary for the departure of the asset(s).
23. Demobilisation and departure of the asset is implemented according to the agreed exit strategy and demobilisation plan. If an EMTCC is established, its staff will support the demobilisation of the European health assets deployed under the UCPM (i.e., EMTs) as per trained procedures.
24. Information handover takes place at debriefing meetings among stakeholders before departure from the affected country.

e. Post-mission activities

25. A “hot wash” session between DG ECHO/ERCC and WHO is organised as soon as possible after the end of the mission.

26. After collection of lessons on both sides, a lessons learnt meeting is organised, and outcomes are used to improve the present SOPs. This process will also feed into any DG ECHO – WHO strategic dialogue.
27. Specific meetings, workshops or video conferences may be foreseen between emergencies to follow up on the lessons learnt and subsequent update of the SOPs, thereby closing the loop of the DG ECHO/ERCC-WHO relationship after emergencies.

2. CASE 2: Request for assistance by affected state/MoH amplified by WHO → coordination by affected state/MoH

Past examples:

- Earthquake in Nepal (2015): Request for assistance by Nepali authorities for relief assets.
- Earthquake in Ecuador (2016): Request for assistance by Ecuadorian authorities for Emergency Medical Teams.

In case of a request to the UCPM for the deployment of health-related assistance, bilateral consultations/coordination between the Ministry of Health (MoH) and WHO will be carried out. Consultations should also involve DG ECHO/ERCC when possible. In these situations, the following sequence should be followed:

a. Request for assistance

28. MoH makes a general Request for Assistance to WHO. If relevant, WHO forwards the request to DG ECHO/ERCC.
29. Depending on the information included in the Request for Assistance, DG ECHO/ERCC requests more details from the affected state, following the template in annex 1. WHO is consulted for additional clarifications if necessary.
30. DG ECHO/ERCC confirms receipt of the Request for Assistance from the affected state and activates the UCPM.
31. Immediate deployment of ECHO Rapid Response Coordinator and/or Technical Assistant and/or ERCC Liaison Officer should be foreseen to initiate a rapid assessment and establish contact with the authorities and the WHO Country office (or the EMTCC if established). A more comprehensive Request for Assistance to the UCPM would be expected after those deployments.
32. In parallel, DG ECHO/ERCC complements the information (regarding e.g., logistical aspects of deployment) for the Request for Assistance in close collaboration with WHO.
33. DG ECHO/ERCC informs the affected state, and keeps WHO copied, on the offers made, including any financial, administrative and logistical specificities/requirements.
34. The affected state accepts or rejects the offers.

b. Mobilisation/pre-deployment

35. DG ECHO/ERCC considers appropriate means of coordination: use of DG ECHO staff in the field (Technical Assistant), deployment of ERCC Liaison Officers, or deployment of an EU Civil Protection Team (EUCPT).
36. If time allows, a joint DG ECHO/ERCC, WHO and MoH briefing is organised with the deploying assets via video/teleconference. Other stakeholders concerned (i.e., ECHO Field office, EU Delegation, NGOs, etc.) are associated as relevant. If needed, an update of the relevant components of the request for assistance (regarding e.g., logistical aspects of the deployment) is circulated to all sides before the briefing.

37. The briefing outlines the overall planning of the mission following the information available at that stage. Keeping in mind that MoH will coordinate the overall international health response, arrangements should be made between DG ECHO/ERCC and WHO regarding mandate, responsibilities, focal points, coordination, communication channels, reporting, logistical arrangements, safety and security, joint visibility, and common pre-agreed speaking points for media contacts. These arrangements should particularly be considered when WHO external relations concern activities coordinated and financed under the UCPM. A generic agenda for the briefing and points of discussion is presented in annex 2.
38. WHO and DG ECHO/ERCC draft a joint contact list that is updated throughout the deployment.
39. Throughout the whole process, close contact is maintained with the MoH, DG ECHO/ERCC and WHO according to the initial agreements.
40. ERCC informs the EU Delegation and DG ECHO Field office of the deployment and liaises as appropriate.
41. WHO informs the respective WHO Country and/or Regional offices.

c. Deployment/operations

42. Deployment to the mission place is implemented in accordance with the overall planning of the mission with the MoH (and EMTCC if established), particularly regarding transport and logistical arrangements. Each deploying asset notifies ERCC of any deviation from these arrangements by phone and by email. ERCC keeps WHO informed on any changes.
43. ERCC also keeps WHO informed on the deployment progress and highlights in a timely manner any delay/issue (customs, logistics, etc.).
44. If possible, WHO provides updated information on the health situation.
45. If an EMTCC is established, and European health assets are deployed under the UCPM, then liaison and communication between EMTCC and designated ECHO/UCPM staff (EUCPT member, ECHO TA or ERCC LO) will be facilitated by WHO and the ERCC. If appropriate, an EUCPT staff member could be seconded to the EMTCC.
46. Coordination in the field is done as per agreed arrangements (see point 37 above).
47. Reporting to/from the asset(s) deployed under the UCPM is done as per agreed arrangements.
48. The ERCC liaises with the MoH (or the competent local authority) about the overall situation development, remaining gaps, and potential additional request for assistance. WHO is consulted to complement on the overall situation development.
49. Relations with the media (national and international) and official visits from the local authorities are carried out as per initial arrangements (see point 42) with the competent authorities

50. In any situation leading to the medical evacuation of staff deployed under the UCPM, DG ECHO/ERCC is immediately informed, and coordinates with WHO. Medevac procedures (see annex 6) are implemented.
51. Contact between DG ECHO/ERCC, WHO and MoH is upheld as per agreed arrangements (see point 34 above).

d. Exit strategy/demobilisation

52. The exit strategy and demobilisation plan is developed by the deployed asset(s) and DG ECHO/ERCC, and agreed with MoH (or the competent local authority) and consulted with WHO before any official communication to the international community is made. Once agreed, the end of mission is notified accordingly to all stakeholders.
53. WHO is informed of the demobilisation plan. The demobilisation plan considers, upon consultation with MoH (or competent local authority) transport and logistics arrangements necessary for the departure of the asset.
54. Demobilisation and departure of the asset(s) is implemented according to the agreed exit strategy and demobilisation plan. If an EMTCC is established, its staff will support the demobilisation of the European health assets deployed under the UCPM (i.e., EMTs) as per trained procedures.
55. Information handover takes place at debriefing meetings between stakeholders before departure from the affected country.

e. Post-mission activities

56. A “hot wash” session between DG ECHO/ERCC, WHO and, if feasible, MoH is organised as soon as possible after the end of the mission.
57. After compilation of lessons on both sides, a lessons learnt meeting is organised, and outcomes are used inter alia to improve the present SOPs. This process will also feed into DG ECHO – WHO strategic dialogues.
58. Specific meetings, workshops or video conferences may be foreseen between emergencies to follow up on the lessons learnt and subsequently update of the SOPs, thereby closing the loop of the DG ECHO/ERCC-WHO relationship after emergencies.

3. CASE 3: Request for assistance by WHO without direct involvement by the affected state → coordination by WHO

Past examples:

- Earthquake in Haiti (2010): Request for assistance by UN for medical equipment.

If after the bilateral consultations / coordination described in phase 2, the sides agree that the UCPM is an appropriate instrument to be used for providing health assistance in the specific emergency context, the same steps as in CASE 1 should be followed with the following specifications:

- Even though a formal Request for Assistance has not been issued by the affected state, acceptance from the affected state of offers of assistance should be sought as soon as possible. However, the lack of agreement should not prevent or delay the mobilisation of assets and subsequent operations.
- In this case, it is likely that the Request for Assistance would come from the overall coordinating UN body (e.g. UNOCHA) rather than from WHO. However, WHO is generally in the lead for coordinating health-related operations.

Annexes:

1. Template Request for Assistance
2. Points of discussion deployment joint briefing
3. Standard information products to be exchanged between the organisations
4. Specific arrangements for Emergency Medical Teams
5. Specific arrangements for deployment of mobile laboratories
6. Medevac arrangements

Annex 1 – Template Request for Assistance

Request for Assistance from the Union Civil Protection Mechanism

To:

European Commission Directorate General for European Civil Protection and Humanitarian Aid Operations
 Emergency Response Coordination Centre – ERCC
 Rue de la Loi 86
 B-1040 Brussels/Belgium
 Tel.: +32-229 21112
 ECHO-ERCC@ec.europa.eu

Dear Madam/Sir,

In the light of the *[emergency/outbreak]* that *[country-XXXXXX]* is experiencing, WHO has decided to activate the UCPM and request support to address the current needs. *[Please, indicate if the affected state and, more concretely, the Ministry of Health of the affected state is in agreement with the current request for assistance]*

Provide a brief *[description of the background]*:

Situation	
Emergency type	
Date of origin	
Area(s) affected	
Main potential needs	
# of people killed	
# of population affected	
Local response	
Local capacity	
International response	
Coordination on the ground	

Additional comments	
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Therefore, support from the European Union would be appreciated and the following elements of assistance are needed urgently. The duration of the deployment is initially considered for [XXX days/weeks]

*[The following list should be as precise as possible and contain the following information
What exactly is needed? Description of the assets (such as the mobile laboratory) required? In which quantities? **Add rows as required**]*

Assistance required		
Please, remove any field in the table that is not relevant to this operation.		
Type of capacity		
EMT type 1 mobile		
EMT type 1 fixed		
EMT type 2		
EMT type 3		
Specialized care team ⁵		
EMT outbreaks		<i>Specify</i>
Surgical		<i>Specify</i>
Rehabilitation		
Mental Health/Psychosocial support		
Isolation unit		
Burns		
Interdisciplinary		<i>Specify</i>
Rapid Response Mobile Laboratories (type 1-5)		

⁵ Classification and Minimum standards for Emergency Medical Teams, Annex 5 Guidelines and Publications | EMT (who.int)

Rapid assess. & response teams		
Public health experts		<i>Specify</i>
Medevac		
Other medical experts		
Logistical support		
In-kind assistance		

In addition, other relevant information for the entry in country of the assistance is:

Entry point	<i>Recommended point(s) of entry for international assistance, such as airport, port, road, etc</i>
RDC	<i>If information is relevant for the current request for assistance and already available, kindly indicate the location for the Reception and Departure Centre...</i>
Base/location of operations	<i>... location to establish the capacities deployed, or names and location of the hospitals to be assisted...</i>
EMT CC / OSOCC	<i>...location of the coordination bodies...</i>
Customs/visa regulations	<i>Special customs and visa regulations(waive) in case of emergency</i>

A deployment checklist for logistics, safety and security, including customs clearance and medevac, has been drafted to facilitate the division of responsibilities in those areas before the actual deployment of the asset takes place. A safety and security assessment needs to be provided by WHO and discussed before the activation of the UCPM. The assessment will include elements of the security, wellbeing, medical assistance and medevac available for the assets deployed.

[In the following Checklist for Deployment, access to information related to safety and security actions is with WHO due its overall coordination role in health emergencies. The responsibility on the other actions will depend on the type of emergency and the capacities deployed. For instance, the responsible for the pre-clearance of cargo may be WHO for a mobile lab in an outbreak context while in other circumstances the responsibility will fall on the logistics officer of an Emergency Medical Team deployed after an earthquake.]

Deployment checklist			
Qty			
Safety and security			

Mobilisation/Arrival			
Transportation			
Workspace			

Accommodation			
1			
1			

[If there is already existing information, please indicate the availability of any host nation or WHO support on fuel, power generation, in-country transport, WASH, registration/authorisation of licences if required, availability of local medical staff, referral system, treatment protocols and body management, reliable blood bank and any other provision of relevant medical logistics such as pharmacy, cold chain, consumables, laboratory services... Existing information on liability⁶ responsibilities is also appreciated.]

Annex 2 – Points of discussion for joint deployment briefing

1. Situation update
2. Mission mandate
3. Responsibilities of respective organisations
4. Focal points
5. Coordination
6. Communication channels
7. Reporting
8. Logistical arrangements (including timeline and accommodation)
9. Safety and security arrangements (including Medevac)
10. Visibility arrangements
11. Arrangements regarding media contacts (including common speaking points)

⁶ Include information on liability from WHO/affected state.

From the UCPM side, article 40 from the Commission Implementing Decision of 16.10.2014 applies. https://ec.europa.eu/echo/files/civil_protection/C_2014_7489_EN_ACT.pdf

Annex 3 – Standard information products to be exchanged between the organisations

DG ECHO/ERCC will share the following products:

- **Daily Flash:** provides a daily snapshot on unfolding disasters and main humanitarian crises, in Europe and the world
- **Daily Map:** provides an overview of a significant event or situation on a daily basis
- **Crisis Report**
- **Factsheet:** provides general information on DG ECHO activities
- **Civil Protection Message:** provides key information on unfolding UCPM operations, mainly targeted at Participating States

WHO will share the following products:

- Situation Report
- EMT Notification
- Request for Assistance
- GOARN Weekly Operational Coordination Updates.

Annex 4 – Specific arrangements for request and deployment of Emergency Medical Teams

This document specifies the SOPs for the collaboration between WHO and the DG ECHO/ERCC in the case of deployments of Emergency Medical Teams (EMTs) in response to a request for assistance from WHO or a request for assistance by an affected state amplified by WHO (cases 1-3 on page 3). It should be read in parallel with the general SOPs outlined above; only specifics applicable to the request and deployment of Emergency Medical Teams are detailed in this annex.

The deployment of Emergency Medical Teams is similar to other so-called 'modules' of the UCPM for which general requirements are defined. In the case of EMTs, those general requirements⁷ are in line with the WHO Classification and Minimum Standards for Emergency Medical Teams (known as Blue Book):

- EMT 1 fixed and mobile for outpatient emergency care
- EMT 2 for inpatient surgical emergency care
- EMT 3 for inpatient referral care
- EMT Specialized Care Teams

Among the common general requirements for EMTs, such capacities are declared self-sufficient and available for departure in a concrete timeframe upon request for assistance. However, custom clearance, safety and security, as well as exit strategy are areas to be supported by the EMTCC or MoH of the Host Nation.

However, an approach to logistical support, similar to that for mobile laboratories, needs to be taken for specialised medical teams. Prior to deployment, it will be necessary to define what type of support is required for each specific specialised team. Even though deployment procedures are the same; expectations regarding support from WHO, the UCPM, the Host Nation or deployed EMTs will be higher for SCT than for standard typology EMT. Support might relate to structure, supplies and equipment, WASH capacity and logistics.

Regardless of the type of request for assistance (cases 1, 2 or 3 in these SOPs), WHO would be expected to support the facilitation of coordination and information exchange prior and during the deployment.

I. Phase 1 – Daily Monitoring and Early warning

See general SOPs above – no specifics for Emergency Medical Teams.

II. Phase 2 – Pre-alert / Potential request for assistance

See general SOPs above – no specifics for EMTs.

⁷ Commission Implementing Decision of 15.1.2018 amending Implementing Decision 2014/762/EU laying down rules for the implementation of Decision No 1313/2013/EU of the European Parliament and of the Council on a Union Civil Protection Mechanism

III. Phase 3 – Request for Assistance/Activation

4. CASE 1: Request by WHO in agreement with affected state → coordination by WHO

a. Request for Assistance

In the request for assistance, WHO will specify

- which type of Emergency Medical Teams, expertise and in-kind assistance is needed (e.g. identification of support to health facilities affected, support to the Emergency Medical Teams Coordination Cell, additional public health expertise, outbreak alerts, etc.),
- whether technical support from other UCPM capacities such as Technical Assistance and Support Team⁸ is needed,
- logistical services available through the WHO Health Emergencies Programme (WHE),
- geographical location(s) where the Emergency Medical Teams are to be set up,
- potential partners to be associated to the mission and the role of each organisation during the mission,
- initial time-frame of the mission, including possible rotations.

b. Mobilisation/pre-deployment

DG ECHO/ERCC will inform the ECHO field staff (Health Expert, Head of Office, Rapid Response Coordinator) in the affected country/region. WHO informs the respective WHO Country and/or Regional offices.

WHO and DG ECHO/ERCC will liaise in particular regarding:

- logistical arrangements for the deployment of the Emergency Medical Teams: who provides what logistical support⁹ in the location where the Emergency Medical Teams will be set up,
- custom clearance of the equipment and drugs,
- registration of medical licence,
- safety and security arrangements including Medevac.

The Emergency Medical Teams will:

- guarantee compliance with standards according to the Emergency Medical Team type and inform in advance if any prerequisite according to the Emergency Medical Teams classification is not in place for the deployment,

⁸ Technical Assistance and Support Team, see fact sheet in <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32014D0762&from=EN>, page 34.

⁹ As mentioned before in this document, Emergency Medical Teams are declared self-sufficient but there might be logistical support offered by WHO or Host Nation Support on case by case, such as security, fuel, local staff, blood bank, etc.

- ensure that selected team members have gone through appropriate medical checks and vaccinations (vaccination card), and have a valid passport/visa, international insurance and relevant professional medical accreditation,
- provide in advance details of the equipment in the form of a factsheet,
- confirm the availability of transport capacity for rapid mobilisation and prepare appropriate shipping of the equipment, consumables and drugs,
- provide the necessary documentation for the transport of equipment, drugs and hazardous goods.

DG ECHO/ERCC will liaise with UCPM Participating States for the coordination of offers to the request for assistance and identification of adequate Emergency Medical Teams. DG ECHO/ERCC can also:

- facilitate transport solutions through its transport broker or a participating state,
- pool appropriate expertise through the UCPM to support operations as necessary in the form of a EU Civil Protection Team and/or associated experts,
- appoint an ERCC liaison officer to be deployed,
- ensure that close collaboration with WHO and the selected Emergency Medical Teams takes place in order to maximise the efficiency of the deployment.

c. Deployment/operations

WHO will:

- establish an EMTCC within the MoH for the coordination of operations,
- when an Emergency Medical Teams Coordination Cell is established, then liaison and communication between Emergency Medical Teams Coordination Cell and designated DG ECHO/UCPM staff (EUCPT member, ECHO TA or ERCC LO) will be facilitated by WHO and the ERCC. If appropriate, an EUCPT team member could be seconded to the EMTCC.
- facilitate information about logistical services such as blood bank, referrals, etc.
- provide guidance on reporting requirements in the country affected,
- provide an emergency contacts list,
- make available safety and security information to Emergency Medical Teams through the Emergency Medical Teams Coordination Cell including information on Medevac arrangements,
- provide regular updates related to operations and context evolution.

The Emergency Medical Teams will:

- carry out operations according to the corresponding Emergency Medical Team type standards,
- follow up on the implementation of the strategy agreed by the Emergency Medical Teams Coordination Cell and relevant MoH/response authorities,

- engage in coordination activities as appropriate,
- communicate needs for additional equipment, supplies, drugs, blood, etc to Emergency Medical Teams Coordination Cell,
- in case of team rotation, liaise with the Emergency Medical Teams Coordination Cell and DG ECHO/ERCC,
- if relevant and possible, support local capacity building in coordination with Emergency Medical Teams Coordination Cell and partners,
- anticipate possible donation and handover strategy.

d. Exit strategy/demobilisation

The Emergency Medical Teams will:

- prepare the demobilisation plan and exit strategy in coordination with the Emergency Medical Teams Coordination Cell and DG ECHO/ERCC,
- notify departure/end of mission,
- follow protocols in case of donation of equipment or material.

WHO will:

- enable the handover from Emergency Medical Teams to the appropriate entity,
- organise debriefing meetings as appropriate with local response authorities to ensure proper transmission of information and documentation to the health authorities,
- if necessary, identify other Emergency Medical Teams or partners to fill any potential gap,
- coordinate with authorities to facilitate custom clearance for the return of Emergency Medical Teams.

e. Post-mission activities

The Emergency Medical Teams will:

- participate at management level in debriefing meetings as relevant,
- if relevant, provide lessons identified after the mission to WHO and DG ECHO/ERCC.

5. CASE 2: Request by affected state/MoH amplified by WHO → coordination by affected state/MoH

In this case, the affected state's Ministry of Health will play a central role when it comes to coordination. Host Nation Support for the Emergency Medical Teams is likely to be easier. However, WHO will be expected to ensure a supportive role in the coordination to facilitate the deployment of Emergency Medical Teams.

6. CASE 3: Request by WHO without agreement of affected state → coordination by WHO

This case can be handled like case 1, with the difference that national or local authorities will be less involved in the operations. Furthermore, WHO's support both in terms of facilitation of



coordination, information sharing, administrative formalities, customs, etc. will be crucial to the deployment.

Annex 5 – Specific arrangements for request for and deployment of mobile laboratories

This document specifies the SOPs for the collaboration between WHO and the DG ECHO/ERCC in the case of deployments of Rapid Response Mobile Laboratories (RRMLs) in response to a request for assistance from WHO or a request for assistance by an affected state amplified by WHO (cases 1-3 on page 3). It should be read in parallel with the general SOPs outlined above; only specifics applicable to the request and deployment of RRMLs are detailed in this annex.

Compared to other assets in the Emergency Medical Corps, RRMLs are usually not fully self-sufficient. This means that the deployment of RRMLs requires more support in terms of logistics, custom clearance, safety and security as well as the implementation of an exit strategy. Therefore, the expectation on WHO to provide this support will be higher than for deployment of Emergency Medical Teams.

Although the most likely scenario would be for WHO to request the assistance of a RRML (cases 1 and 3 on page 5), it is also possible that an affected country requests this assistance, in a request for assistance amplified by WHO (case 2 on page 5). In all three cases, WHO would be expected to provide support for the deployment, such as identifying the location to set up the RRML, liaising with the local authorities (public health, national labs etc.), logistical support (cold chain, transport of samples etc.) and S&S assessment and briefing.

III. Phase 1 – Daily Monitoring and Early warning

See general SOPs above – no specifics for RRMLs.

II. Phase 2 – Pre-alert / Potential request for assistance

See general SOPs above – no specifics for RRMLs.

III. Phase 3 – Request for assistance/Activation

7. CASE 1: Request by WHO in agreement with affected state → coordination by WHO

a. Request for assistance

In the request for assistance, WHO will specify:

- Which type of RRML, diagnostic modules (capability and capacity – samples per day per diagnostic procedure), and supplementary equipment (e.g. sampling equipment and consumables) is needed
- whether technical support from other UCPM capacities such as Technical Assistance and Support Team¹⁰ is needed

¹⁰ Technical Assistance and Support Team, for more details see Annex 2 of the Commission Decision laying down rules for the implementation of Decision No 1313/2013/EU of the European Parliament and of the Council on a Union Civil Protection Mechanism and repealing Commission Decisions 2004/277/EC, Euratom and 2007/606/EC, Euratom.

- logistical and administrative services available through the WHO Health Emergencies Programme (WHE) and the Global Outbreak Alert and Response Network (GOARN)
- geographical location where the RRML is to be set up
- potential partners to be associated to the mission and the role of each organisation during the mission
- initial time frame of the mission, including possible rotations

b. Mobilisation/pre-deployment

DG ECHO/ERCC will inform the ECHO Field office (Health Expert/Head of Office/ Rapid Response Coordinator) in the affected country/region. WHO informs the respective WHO Country and Regional offices.

WHO and DG ECHO/ERCC will liaise in particular regarding:

- Logistic arrangements for the deployment of the RRML: who provides what logistical support, including the structure (e.g. permanent, tent) where the RRML will be set up.
- Custom clearance of the equipment
- Safety and security arrangements including Medevac in accordance to the type of emergency

The RRML will:

- Ensure that selected RRML staff have gone through appropriate medical checks and vaccinations (vaccination card), and have a valid passport/visa and an international insurance.
- Provide details in advance of any equipment to be procured in country.
- Prepare shipping of the equipment and reagents.
- Provide necessary documentation for the transport of equipment, supplies and hazardous goods.
- Provide a exit strategy considering team rotation capacities, possible donation and handover

In principle, DG ECHO/ERCC is in charge of arranging transport and accommodation. However, close collaboration with WHO and the selected RRML will be upheld in order to maximise the efficiency.

c. Deployment/operations

WHO will:

- coordinate operations, including organising meetings with relevant stakeholders (such as MoH, partners involved in response operations if relevant, etc.)
- provide logistical services as per agreed arrangements (e.g. local transportation to the location assigned for the setup of the lab taking into consideration cold chain needs and security constraints; waste management arrangements; unloading of equipment; procurement of equipment for the functioning of the laboratory such as fridge, freezer,

generator, printer, tables, etc. IT and communication solutions such as local sim-cards and portable routers, backup communication means)

- follow up on custom procedures and ensure customs clearance of the equipment
- if requested, arrange for the reception of the staff deployed at the airport and local transport to the hotel
- provide an emergency contacts list
- if requested, provide a safety and security briefing including Medevac arrangements and occupational health and safety guidelines for RRML staff
- Provide regular updates related to the RRML deployment and operations

The RRML will:

- draft a deployment strategy including request flow, sample management, lab result sharing etc. This strategy is to be agreed with WHO and relevant response authorities and partners
- engage in coordination activities as appropriate
- communicate needs for additional equipment/reagents to WHO
- in case of team rotation, liaise with WHO and DG ECHO/ERCC
- if relevant and possible, support local capacity building in coordination with partners
- anticipate possible donation and handover strategy

d. Exit strategy/demobilisation

The RRML will:

- Prepare the demobilisation plan and exit strategy in coordination with DG ECHO/ERCC.
- Provide details in advance on logistic support required for demobilisation
- Notify departure/end of mission
- Follow protocols in case of donation of equipment or material

WHO will:

- Provide logistical services as per agreed arrangements (e.g. loading of equipment in appropriate means of transport; local transportation taking into consideration cold chain needs and security constraints)
- Organise custom clearance if needed
- If agreed so, arrange for transportation to airport for staff, including accommodation if needed
- Organise debriefing meetings as appropriate, i.a. with local response authorities to ensure proper transmission of information and documentation to the health authorities

e. Post-mission activities

The RRML will:

- Participate in debriefing meetings as relevant
- Draft final mission report for DG ECHO/ERCC

WHO will:

- Participate in debriefing meetings as relevant
- Make an operation review, to actualize all SOPs and pre-deployment assets according with the lessons learnt
- If agreed necessary, to replenish / actualize the RRML Preparedness stocks for the next deployment.

8. CASE 2: Request by affected state/MoH amplified by WHO → coordination by affected state/MoH

In this case, the affected state's Ministry of Health will play a central role when it comes to coordination. Also, custom procedures for the RRML equipment are likely to be easier. However, WHO will be expected to ensure logistical support to facilitate the deployment of the lab.

9. CASE 3: Request by WHO without agreement of affected state → coordination by WHO

This case can be handled like case 1, with the difference that national or local authorities will be less involved in the operations. WHO's support in the facilitation of coordination, information sharing, administrative formalities, logistics, customs etc. will be crucial to the deployment.

Annex 6 – Medical Evacuation (Medevac) arrangements

DG ECHO/ERCC and WHO will work jointly in case of an event leading to the need for Medevac and hospitalisation of EU and non-EU citizens.

Medevac situations:

1. "Regular" Medevac needs of staff deployed in the framework of the UCPM on request from WHO or for which the request of assistance has been amplified by WHO (cases 1-3 mentioned on page 3). This refers to situations where EU Civil Protection staff becomes seriously ill, is injured or victim of an accident and requires medical evacuation. Normally all EU Civil Protection Team (EUCPT) staff deployed on mission are covered by medical insurance including Medevac. This procedure is complementary to this insurance.
2. Epidemic¹¹ Medevac services addressing a wider community of international humanitarian workers, national staff, etc. in special situations such as was previously required during the Ebola outbreak in West Africa or similar sudden outbreaks/CBRN emergencies.

Situation 1: "Regular" Medevac needs of EU Civil Protection staff

The aim of these arrangements is to provide guidance in a case where staff deployed under the UCPM has to be evacuated due to illness or injury while in the field. This should always be in line with the patient's right to privacy.

DG ECHO/ERCC will coordinate when necessary with other EU institutions and the national authorities of the team member to ensure the necessary assistance and medical care for all deployed personnel.

In case of a Medevac request, WHO will provide support in the initial phase of diagnosing the patient in collaboration with local health services and recommend whether Medevac is needed.

The staff in DG ECHO/ERCC and WHO will carry out the following tasks:

1. At the beginning of any UCPM deployment triggered by a request for assistance by WHO or amplified by WHO (cases 1-3 mentioned on page 3), in accordance with the general SOPs above, WHO will inform DG ECHO/ERCC of the Medevac arrangements in place, and specific arrangements (including regarding costs) will be agreed between WHO and DG ECHO/ERCC.
2. In case of a Medevac request, the WHO and DG ECHO/ERCC should immediately be in contact. Contact should be made via e-mail, followed by phone call or sms.
 - DG ECHO:
Emergency Response Coordination Centre
ECHO-ERCC@ec.europa.eu
Tel.: +32-2-29 21112
Fax.: +32-2-29 86651

¹¹ Particularly Medical Evacuation for cases of Viral Haemorrhagic Fever

- WHO

WHO in Geneva can be reached 24/7 on UNMEDEVAC@WHO.INT or +41 22791 5555, for the activation of Medical Evacuation

3. WHO will search for an appropriate evacuation solution and revert to DG ECHO/ERCC within 6 hours with a proposed course of action. WHO will indicate:
 - a. Whether the patient's medical status requires a Medevac.
 - b. Logistical arrangements/transportation of the patient to the designated airport of departure at the appropriate time.
 - c. Any alternative options for aerial medevac (e.g. need for bio-containment)
4. If necessary, DG ECHO/ERCC will trigger the available Medevac solution (Air ambulance services, European Emergency Response Capacity, etc.). The ERCC will follow up with the team member's national authorities to ensure that appropriate hospitalisation is available in the EU.
5. DG ECHO/ERCC and WHO will monitor the operation and keep each other informed on the progress: aircraft arrival to pick-up, departure, arrival in Europe, hospitalisation.
6. As appropriate, both organisations follow up on related costs, insurance, financing.
7. For transfer of medical/patient data, information protection should be foreseen. A dedicated secured platform such as Early Warning and Response System should be used.

Medevac checklist for departure

When a transport provider and a receiving EU Civil Protection Participating State¹² have committed to the Medevac operation, some aspects need to be put in place. The action points below do not fall directly under the responsibility of DG ECHO/ERCC. However, they are mentioned in order to give an insight of who needs to do what before departure.

Points of contact

In order to run a smooth Medevac operation, points of contact need to be established in both the country of departure and the country of destination as per below:

Contact details (name/phone number/email) needed from:
1
1
3
4

¹² The Participating States of the Union Civil Protection Mechanism include the 28 EU Member States, Iceland, Norway, the Republic of North Macedonia, Montenegro, Serbia and Turkey.

Travel documents of the patient

What: The presence of the valid documents (passport and visa) requires to be checked by the contact point in the field. There may be a need to procure exit visas and/or other border crossing documents.

Who: If there are any needs, the patient's embassy or WHO might be able to assist.

Landing permits in both the country of origin and the country of destination

What: Documents needed for such permits are:

- Aircraft Certificate of Registration
- Aircraft Certificate of Airworthiness
- Insurance Certificate showing worldwide coverage or country specific coverage
- Pilot License and Medical

Who: This is the responsibility of the transport provider.

Refueling stop permits/clearances

What: Based on the flight plan. Once known this will be shared among parties.

Who: This is the responsibility of the transport provider.

Security and customs in the country of destination

What: For citizens of EU Participating States, this will not be very complicated.

Who: in most cases entry documents are not needed or the EU Participating States' Ministry for Foreign Affairs will have to deal with it.

Notification of local and national public health officials in country of destination

What: Health officials in the country of destination need to be notified in order to organize the arrival and transfer the patient to the hospital. There has to be synergy between the technical safety measures used in the plane and the ones in the ambulance in the receiving country. Also, the hospital needs to be notified and a point of contact must be established.

Who: DG ECHO/ERCC will follow up with the European Commission's Directorates General for Health and Consumers (DG SANTE) who is in charge of all arrangements in the country of destination.

Situation 2: Epidemic Medevac services

Please refers to the already agreed medevac standard operating procedures for

1) respiratory distress due to coronavirus



2020-03-03 SOP CoV
SOPs WHO DG ECHO

2) viral hemorrhagic fever



18-11-2022 SOP VHF
WHO_ECHO_SANTE