The Emergency Medical Teams initiative in the WHO European Region

Governance structure 2.0
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Abbreviations

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<th>Abbreviation</th>
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<tr>
<td>CBRNE</td>
<td>chemical, biological, radiological, nuclear, and high-yield explosives</td>
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<td>DG-ECHO</td>
<td>European Commission Directorate-General for European Civil Protection and Humanitarian Aid</td>
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<td>EMT</td>
<td>Emergency Medical Teams</td>
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<td>EMT-NFPs</td>
<td>National Focal Points for the EMT Initiative</td>
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<td>EU</td>
<td>European Union</td>
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<td>European RG</td>
<td>EMT Regional Group for Europe</td>
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<td>IHRs</td>
<td>International Health Regulations (2005)</td>
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<td>NFP</td>
<td>national focal point</td>
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<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<td>RCG</td>
<td>Regional Chairmanship Group</td>
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<td>RSC</td>
<td>Regional Steering Committee</td>
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<td>TFP</td>
<td>EMT focal point</td>
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<td>WHE</td>
<td>World Health Emergencies Programme</td>
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WHO established in 2010 the Emergency Medical Teams (EMT) initiative with the goal of ensuring rapid deployment of quality-assured medical personnel to emergencies. The Initiative comprises a network of diverse stakeholders involved in emergency preparedness and response, including governments, academic institutions, nongovernmental organizations (NGOs) and more, all dedicated to a common methodology and constantly evolving and improving based on the contributions and experience of all its members.

The five core areas of work include governance, capacity-building, quality assurance and mentorship, emergency response and coordination in the field and standards settings – and governance is critical to the success and implementation of all other areas of work. Strong governance supports team and network performance, development, coordination and the identification of important opportunities to evolve and meet the needs of the workforce and the communities they serve.

Global governance decides the direction of the EMT Initiative as a whole, while the Regional EMT Groups serve as the primary platform for implementation of the EMT Initiative at the regional level and a forum for close dialogue and connection between National Focal Points for the EMT Initiative (EMT-NFPs) designated by WHO Member States, EMT focal points (TFPs) and other stakeholders and allow them to shape, guide and drive the regional implementation of the Initiative.

The EMT Regional Group for Europe (European RG) is a part of the global EMT governance structure and is the bidirectional platform working to adapt the five core areas of work of the EMT Initiative to the regional and country-specific contexts, as well as contributing to and influencing and shaping of the global level strategy of the EMT Initiative. Meetings of the European RG have proved instrumental in steering the direction of the regional and global Initiative, upholding global standards of care in emergencies and fostering collaboration and support from the various Member States and partners of the network involved in EMT surge response.
Part 1.

Overview and governance

**European EMT governance evolution**

With the growth and increased participation worldwide in the EMT Initiative since its inception in 2010, the Global Meeting in Panama in December 2015 discussed and recommended the strengthening of the overall governance structure which included the development of regional groups, representing the 6 geographical WHO regions. The EMT Initiative for the WHO European Region established an initial governance structure early on to guide and set priorities for regional activities and to advise the EMT general Secretariat on the global level (Fig. 1).

![Fig. 1. Governance structure v.1.0 (2018)](image-url)
In April 2018, the First Regional Meeting of the EMT Initiative for the WHO European Region took place in Brussels, Belgium, and set forth recommendations and priority actions, including a stronger emphasis on the role of each designated EMT-NFP as an important liaison between Member States and the WHO Regional EMT Secretariat, as well as that of the EMT Regional Focal Point at the WHO Regional Office for Europe. Members also noted a need for timely communication and information exchange between the Regional EMT Secretariat and key stakeholders at the national and regional levels.

The recommendation was made to promote inclusivity and transparency and to avoid potential bias, which informed an updated governance note and the development of the Regional Chairmanship Group (RCG), also known as the “troika”, aimed at further defining the leadership and governance structure and providing a clear rotation of responsibilities. This was in addition to increasing the involvement of nongovernmental organizations (NGOs) to represent and facilitate participation of a broader range of stakeholders.

Since the Global EMT Meeting in 2019 the Initiative and its network, both globally and regionally, have made significant strides. More than three years of COVID-19 response and recent, additional complex emergencies have demonstrated the need for the restructuring and diversification of the EMT Initiative to be even further fit for purpose. EMT stakeholders have had opportunities to revisit the existing governance structure and adapt it to meet the observations, needs and priorities of the EMT community, and to support regional and global goals after a period of dynamic learning and development. The fifth EMT Global Meeting in October 2022 served as a crucial opportunity for discussion and review of the past few years and further engagement of stakeholders across the Region in deciding the strategic direction of the Initiative and its network for the next 8 years, culminating with the outlining of the EMT 2030 Strategy.

Since 2019, the RCG has served as the primary body of governance, characterized by a troika comprising an active chair and both incoming and outgoing vice-chairs, with an aim to promote wider ownership and opportunities for stakeholders to participate in governance. While this mechanism is effective, the scale and diversity of the WHO European Region calls for a structure more representative of the range of Member States. During 2023, the governance group will transition to a Regional Steering Committee (RSC), which from 2024 will act as a coordinating body between national, subregional and regional needs and global programmes and priorities, but be more horizontally oriented and feature a larger and broader group of constituents. This new governance structure represents a wider range of stakeholders, ensuring broad and inclusive representation at the highest level of regional collaboration.

Key topics and goals addressed in this updated governance structure include:

- expanding the regional leadership to represent the diversity of the network;
- ensuring more inclusivity within the leadership structure to support stronger regionalization and subregionalization of the network and adaptation of priorities;
- strengthening partnerships at the regional, subregional and national levels;
- prioritization of national responses and capacity-building;
- supporting Member States with the expansion of EMT capacities to provide quality health services; and
- effective coordination and support for the implementation of EMT methodologies.

The RSC will provide broader representation for, and stronger input from, World Health Emergencies Programme (WHE) priority countries[1] and other partners, reflected in the nomination of focal points from across Member States within WHE hubs, national focal points (NFPs), TFPs, the European Commission Directorate-General for European Civil Protection and Humanitarian Aid (DG-ECHO), various international organizations, and the continued engagement of the Regional Focal Point and Secretariat at the WHO Regional Office for Europe.

Since 2019, the RCG has served as the primary body of governance, characterized by a troika comprising an active chair and both incoming and outgoing vice-chairs, with an aim to promote wider ownership and opportunities for stakeholders to participate in governance. While this mechanism is effective, the scale and diversity of the WHO European Region calls

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1 Currently, the 17 priority Member States and territories within the European WHE Programme include Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, North Macedonia, the Republic of Moldova, Serbia, Tajikistan, Türkiye, Ukraine, Uzbekistan as well as Kosovo[2]. At the time this document was circulated, each of these countries has an NFP or an arrangement between the WHO Regional Office for Europe and their government to provide a representative on a case-by-case basis. The presence of these countries will provide valuable perspective to the decisions made by the elected members of the RSC and ensure that the diversity and entirety of the WHO European Region is included in EMT activities.

2 All references to Kosovo in this document should be understood to be in the context of United Nations Security Council Resolution 1244 (1999).
The European RG reaffirms its commitment to supporting and leading the implementation of the EMT Initiative with the support of WHO headquarters and the WHO Regional Office for Europe, promoting the implementation of the EMT Initiative at the regional, subregional and country levels, in line with the overall strategy on a global level.

The European RG works to adapt the five global areas of work of the EMT Initiative to the regional and country-specific contexts, providing guidance to Member States on implementation of the EMT Initiative methodologies, in alignment with the 2030 Strategy. The regular meetings of the European RG are the highest level of regional governance, and all key decisions are officially made through and during these meetings with European RG members. These provides the basis for governance and setting strategic priorities and further ongoing efforts to strengthen the implementation of the EMT Initiative in the WHO European Region in a transparent and inclusive manner.

Membership in the European RG is open to:

- designated EMT-NFPs as appointed by the competent authority responsible for the activation and implementation of the National Health Emergency Preparedness and Response Plan. All Member States are expected to designate an NFP;
- TFPs, both governmental and nongovernmental, where they are either:
  - classified by WHO; or
  - are teams under the WHO mentorship and classification process; and
- key stakeholders, such as representatives from partner networks or international organizations with experience in EMT development and response in the WHO European Region (e.g. DG ECHO, the International Federation of Red Cross and Red Crescent Societies and others) may participate in an advisory and observational role, as detailed in the advisory board section.

All EMTs are expected to designate a TFP. This focal point is also the person that is contacted in case a deployment is requested. More details on these positions are outlined within the section Roles and responsibilities: terms of reference.

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2 For a team or an organization to state its interest and confirm its membership in the European RG and globally in the EMT initiative, they must officially register through the EMT website (https://extranet.who.int/emt/) and enrol in the mentorship and classification programme.

3 TFPs from governmental teams who wish to run for a position on the RSC are requested to obtain endorsement and support from the NFP whenever possible. Situations where this is not possible and where TFPs of governmental teams request to waive this endorsement will be reviewed by the RSC on a case-by-case basis.
Fig. 2. Governance structure v.3.0 (2023)

- DG-ECHO
- International EMT stakeholders
- WHE hubs

TFP* representing NGOs

TFP* or NFP representing governments

*TFP may be from classified EMT or unclassified EMT with mentor approval

Fig. 3. RSC rotation (2023)

2024–2027
GOV
NGO
2026–2029
GOV
NGO
GOV
The positions of the RSC are structured as two overlapping, 4-year rotations of the three focal points to ensure continuity and facilitate smooth transition within the leadership structure and sharing of institutional knowledge as well as allowing for interested, official focal points of the European RG to apply to take on leadership roles at the regional level. During each election cycle, two governmental and one nongovernmental focal points will be introduced into the RSC structure.

The current three-person RCG will continue through 2025 as a second group of nominated and elected representatives begin four-year terms to join and expand the group in 2024. Ultimately, this staggering of overlapping cycles means that every 2 years, half of the positions on the RSC will be filled with newly elected members and the heterogeneity of both governmental organizations and NGOs will be maintained.

Starting with the 2024 constituency, candidacy for the positions is open to all NFPs and their TFPs from governmental teams and TFP from NGOs. Voting is open to both teams already classified and those under mentorship as well. The incoming three members of the RSC are elected by the membership of the European RG during the regional meeting in the election year where the representatives are appointed through a defined and agreed election process. The nomination and election process has been developed in collaboration and following consultation with the European RG at the European EMT Regional Group meeting in Berlin, Germany in March 2023, and the preliminary process can be viewed in the section Procedures.

The advisory board

The advisory board aims to ensure that the views and opinions of donors, international organizations and priority countries are considered regarding technical and operational issues in EMT development and response, as well as providing lessons learned and specific context.

As seen in Fig. 4, the advisory board will consist of a minimum of six seats with:

- one representative from DG-ECHO as host of the European Medical Corps, of which EMTs are an important asset (one seat);
- one internally nominated NFP from among the 15 Member States under each of the three existing WHE Hubs4 (three seats). Until these positions are filled, relevant WHE Hub coordinators will occupy the seats; and
- two representatives from international EMT stakeholders with experience in EMT development and response in the WHO European Region, including the Regional Focal Point for the International Federation of Red Cross and Red Crescent Societies and other international organizations (two seats).

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4 The current hub system of the WHE, comprising Balkan, southern Caucasus and central Asia countries, are inclusive of 15 of the 17 priority countries and territories in the WHO European Region where support for strengthening emergency preparedness and response capacities (as per the International Health Regulations (2005) (IHRs) is noted by WHO as a top priority. The countries within the hubs are: Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, North Macedonia, the Republic of Moldova, Serbia, Tajikistan, Uzbekistan, as well as Kosovo.

41 All references to Kosovo in this document should be understood to be in the context of United Nations Security Council Resolution 1244 (1999).
These stakeholders are included in the steering committee/working group in an observational capacity, but contribute to key discussions and provide input. The RSC can decide to include, temporarily or permanently, more representatives if applicable or viewed as supportive for the Initiative.

The inclusion of the subregional hubs ensures representation of the perspectives of countries that may not have EMT capacity as of yet, but have a designated NFP who can continue to advocate for the development of national capacities and engage further with existing teams. Additionally, representatives from these countries that do have existing EMT capacities or classified teams are able to apply for a position in the RSC.

**The Secretariat**

The global Secretariat is based within WHO headquarters in Geneva, Switzerland, and oversees the global classification process of EMTs. A directory of all classified EMTs is held by the Secretariat to help expedite mobilization and coordination of quality-assured teams in the event of an emergency. The Secretariat also works with EMTs from Governments, NGOs and militaries to improve response, manage the coordination of EMTs, strengthen existing capacities and develop best practice guidance in areas such as clinical care, logistics and field support, training, emergency management and coordination within Emergency Operations Centres.

The Regional Secretariat is based in the WHO Regional Office for Europe in Copenhagen, Denmark and serves to coordinate with the European RG, with the Regional Focal Point acting as a link between the RSC and the EMT Secretariat at WHO headquarters (Fig. 1), as well as liaison for capacity-building and mentorship activities of the national EMTs and any other inquiries from teams and NFPs. The Regional Secretariat also plays an important role in multilateral communication, working to secure the nomination or renomination of NFPs through regular and official communication with Member States, dissemination of expressions of interest to all focal points in response to emergencies and sharing all other relevant information from the global or regional level with the European RG.
Strategic priorities and operations

Regional and key strategic priorities, in line with the Global EMT 2030 Strategy (2022)\(^5\) and as indicated by the European RG, include a renewed emphasis on further regionalization and strengthened governance (Fig. 5) as well as:

- enhancing strengthening of national capacities, including network of EMT-NFPs and building national EMTs, with focus on both preparedness and response;
- addressing inequities in the region with support to local health systems;
- addressing lessons learned, identified gaps and integrating best practices as shared by EMT members;
- strengthening interoperability between EMTs and other rapid response capacities and partners;
- innovations including the further digitalization of all areas of EMT Initiative work;
- promoting quality assurance and a patient-first approach;
- applying an all-hazards approach, being better prepared for outbreaks and other types of emergencies, including those related to migration, armed conflicts and climate change;
- further flexibility of the classification system and adaptation of the EMT standards to the local context; and
- identifying opportunities for resilient and sustainable financing, a shift in investment.

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These priorities are also in alignment with the stronger, more inclusive health emergency preparedness, response and resilience architecture, based on the overarching principles of equity in access and outcomes; inclusivity of ownership by all countries and sectors; and coherence in the alignment of systems and their financing and governance with existing instruments and mechanisms. These priorities are reflected through the reformed governance structure and within the terms of reference for each position within the European RG including the RSC and focal point positions.

A new operational structure aims to reflect the specificities of the WHO European Region and even further regionalize the Initiative, most notably by the grouping of countries and territories or subregional networks, defined by similar experiences and resources who can connect bi- or multilaterally with neighbouring nations for preparedness and response activities (Fig. 6).

With EMT response and preparedness activities structured in four interlinked, concentric levels, Member States, at the centre, are allowed the flexibility to focus their current resources and development efforts where they are most necessary, while working with partners at all levels to further strengthen capacities for subregional, regional and international activities and deployments.

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Fig. 6. Operational structure: EMTs in the WHO European Region

At the central, national level, EMT-NFPs continue their important coordination role with national teams and across all other levels. Member States are enabled to focus national resources and capacities where needed, whether expanding for sub-regional or international deployments or orienting EMT activities toward domestic preparedness, response and development.

Building and identifying hubs would allow for focused interventions for emergency preparedness and capacity-building, such as twinning, tailored to country contexts and needs and expanded to subregions where there is shared or common experience.

Governed and coordinated by the EMT Secretariat: international-level and standards-setting activities informed by experiences at the national and subregional level. Teams are still strongly encouraged to work on a global scale to assist and support other countries as well as share best practices and lessons learned.

Continued regionalization of governance and activities to support a more contextualized EMT initiative supported by local resources and structured as appropriate for the region, as well as possible streamlined procedures or agreements to support interoperability.

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• At the outermost, international level, governed and coordinated by the EMT Secretariat at WHO headquarters are international deployments and global engagement, as well as standards-setting activities informed by experiences at the national, subregional and regional levels. Teams are still strongly encouraged to work on a global scale to assist internationally in emergencies and support and enable these countries to improve their own national preparedness and response capacity, as well as to engage symbiotically to share best practices and lessons learned.

• Regionalization continues with updated governance and prioritization of activities at the regional level, while the development of a subregional level facilitates even more specific and customized interventions and European RG member cooperation and coordination. This subregional level is characterized by groupings of Member States which can develop working relationships and partnerships based on similar contexts, be they cultural, geographic or other. This subregional approach may also support the development of streamlined procedures or agreements and further interoperability, capacity-building or even the opportunity for more easily accessed logistical stockpiles as possible.

• At the central, national level, EMT-NFPs serve as advocates and continue their important coordination role with EMTs and with other partners and health authorities at the subregional and international level. This level gives Member States the ability to decide where to focus national resources and capacities, whether expanding for subregional or international deployments or orienting EMT activities towards domestic preparedness, response and development.

International deployment and emergency response remain a cornerstone of the EMT Initiative, while also accounting for Member States that urgently need to develop capacities integrated within health systems at a national level or subregions within the WHO European Region where more local interaction and coordination may be most feasible.

Roles and responsibilities: terms of reference

For the network to function efficiently and effectively, it is important to ensure and structure appropriate information exchange at the right levels and with the right entities and people. For this purpose, the EMT Initiative encourages countries and organizations to designate Focal Points who are the key counterparts at national level for the national EMTs as well as at the regional level (the RSC, advisory board and EMT Secretariat) as well as the global EMT community and the global EMT Secretariat. The terms of reference cover preparedness and response activities across the four strategic objectives of the EMT 2030 Strategy: strengthened partnerships, leadership and governance; provision of comprehensive, accessible and quality health services; implement and scale up strategies for standardization and quality assurance; and strengthen information systems, evidence and research.

EMT-NFPs

The EMT-NFP is the ambassador of the EMT Initiative in their country and is directly nominated to the position by the Ministry of Health as the competent authority responsible for the activation and implementation of the National Health Emergency Preparedness and Response Plan. NFPs are the key counterpart at the national level for classified and EMTs under mentorship as well as the European RG. The primary goals of this position are to support the country with adopting and adapting the EMT methodology, developing and strengthening EMT capacities and the localization and nationalization of EMT activities.

Recognizing the diversity of governance and governments in the region, this position may not always be located within the Ministry of Health. Depending on the nature of the emergency response capacities, the NFP may be situated within the Ministry of the Interior, Ministry of Emergency Situations, Ministry of Foreign Affairs and so on. Under circumstances where the NFP is not directly within the health authority, it is important for the focal point to support and when possible, facilitate, a whole-of-government approach to the EMT Initiative, leveraging existing national structures and working groups to increase cross-ministerial/departmental coordination when necessary. This type of coordination is crucial for effective development of EMT capacities for national or international use/deployment.


8 While the membership of each subregion has not been formally established, it may be useful to consider the current hub system of the WHE, comprising Balkan, Southern Caucasus and central Asia countries, covering 15 priority countries and territories in the European Region where support for strengthening emergency preparedness and response capacities as per the IHRs (2005) is noted by WHO as a top priority.
Following comprehensive discussion with the European RG, the NFP is responsible for the following overall assignments and subactivities.

**Strengthened partnerships, leadership and governance**

- Serve as the country’s main point of contact with the EMT Secretariat for strategic, policy, legal and other organizational commitments related to implementation of the EMT Initiative.
- Advocate that the EMT Initiative be nationally anchored and recognized by relevant authorities in country.
- When the NFP position is situated to include both national and international response in its scope, work to increase interoperability and coordinate the reception of teams as well as the deployment of teams domestically and outside of national borders.
- Advocate for, represent, support and convene the EMT community in-country, as well as coordinating with NFPs and EMTs in the region and subregion and acting as a link between teams and WHO.
- Promote increased engagement and participation of EMTs and facilitate two-way communication of needs across all key areas of EMT activities, while aiding teams in their work.
- Ensure their country’s representation at regional and global EMT meetings.
- Act as a mechanism of communication between their country and the WHO Regional EMT Secretariat, including cross-regional and cross-network partnerships, as well as with relevant WHO counterparts at the country and/or hub levels.

**Provide comprehensive, accessible and quality health services**

- Support the integration of EMT methodologies into national preparedness and response plans.
- Promote the strengthening of national capacities for EMTs.
- Serve as main point of contact for operational capacity-building by EMTs at local and country level.

**Implement and scale up strategies for standardization and quality assurance**

- Track or monitor continuously the development of EMT capacities and partners within their country.
- Oversee that national EMTs deployed internationally comply with WHO minimum standards for EMTs.
- Ensure efficient information sharing with relevant EMT actors at the national level and facilitate exchange of best practices and lessons learned.
- Promote the adoption and implementation of the EMT standards and coordination methodology at national level.

**Strengthen information systems, evidence and research**

- Advocate for the strengthening of national research capacities to inform and improve EMT response.
- Advocate for the establishment or strengthening of monitoring and evaluation systems to support quality assurance.

**TFPs**

The TFP is the designated representative for individual EMTs. TFPs are the main contact people for national TFPs and liaise with the EMT Secretariat regarding mentorship and classification planning and activities. The primary goals of this position are to ensure that the team adopts and implements EMT methodologies, develops and strengthens its own capacities across the main areas of EMT work, pursues classification (or reclassification as necessary) and maintains two-way communication with the team, the NFP and the EMT Secretariat. The TFP of classified teams also receives notification and alerts concerning potential requirements for international deployment of EMTs through the Secretariat.

Following comprehensive discussion with the European RG, the team focal point is responsible for the following overall assignments and subactivities.

**Strengthened partnerships, leadership and governance**

- Serve as the teams’ main point of contact with the EMT-NFP and EMT Secretariat for issues related to implementation of the EMT Initiative.
- Share information provided by the Global and Regional Secretariat with the team and ensure their teams’ representation at regional and global EMT meetings.
- Coordinate and collaborate with EMT-NFPs and build a strong relationship, as well as relevant WHO focal points at country level.
- Ensure ongoing communication with EMT-NFPs and with TFPs from other teams with the support and engagement of the NFP, as well as communication with other EMTs in the region and subregion.
- Advocate for continued development of the position to build knowledge and experience, including participation in relevant technical working groups or trainings (example: EMT coordination cell trainings, etc.).
**Provide comprehensive, accessible and quality health services**

- Ensure constant readiness of the team for emergency deployments, nationally and internationally.
- Work to strengthen coordination and interoperability with other teams and rapid response capacities.

**Implement and scale up strategies for standardization and quality assurance**

- Promote the implementation and continued application of the EMT standards and coordination methodology within the team.
- Take responsibility for the team's implementation of the EMT guiding principles and minimum standards.
- Serve as main point of contact for operational capacity-building by EMTs at local and country level, as well as opportunities at the subregional, regional and global level.
- Aim for participation of the team in national and regional/international EMT trainings, exercises and meetings.
- Share lessons learned from teams deployment with the EMT-NFPs and the WHO EMT Secretariat.
- Ensure two-way communication with team members on trainings, mentorship and needs.
- Advocate for participation of the team in exercises/activities that enhance interoperability of teams, including but not limited to twinning with other teams (as provider or recipient) and mentorship.
- Coordinate and manage the re-classification process with the EMT Secretariat.

**Strengthen information systems, evidence and research**

- Support the strengthening of team/institutional research capacities to inform and improve EMT response for continued evidence-informed development and response.
- Advocate for the development or strengthening of a monitoring and evaluation system for team activities to support quality assurance.

**The RSC**

The RSC serves as a coordinating body for the European RG with a mission of supporting the further regionalization of the EMT 2030 Strategy, including the strengthening of national capacities. The overarching goal of the RSC is to support the EMT Initiative in the WHO European Region in ensuring that 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. To this end, the RSC and its members will serve as the Secretariat to the European RG and ambassadors of the EMT Initiative and manage the following overall assignments and subactivities.

**Strengthen partnerships, leadership and governance**

- Perform the executive secretary function for the European RG.
- Promote the EMT Initiative including principles, standards, methodology and guidelines, among countries and organizations of the Region and promote their participation in the European RG.
- In cooperation with the EMT Secretariat and WHO Regional Offices, work with members and coordinate the definition of the regional work plan and strategic objectives.
- Provide input from the European RG and advisory board members back to the global Secretariat to inform global priorities.
- Create a regular platform for exchange and input from the European RG and advisory board members back to the global Secretariat to inform global and regional priorities.
- Establish and strengthen collaboration with steering or strategic groups of other response capacities and networks in the region and globally.

**Provide comprehensive, accessible and quality health services**

- Promote the provision of quality health services care through enhanced coordination and the development of fit-for-purpose teams through an all-hazards approach.
- Promote strengthening of interoperability between EMTs as well as with other operational response capacities in the region. → continued on the next page
Implement and scale up strategies for standardization and quality assurance

• Support NFPs in the implementation of their responsibilities.
• Contribute to and facilitate technical discussions on the EMT global objectives.
• Promote the EMT Initiative including principles, standards, methodology and guidelines among countries and organizations of the region and promote their participation in the European RG, including events such as simulation exercises and twinning.
• Promote and facilitate exchange among EMTs in the region on lessons learned from their deployments and experiences that can feedback into strengthening the functionality of the EMT Initiative methodology and mechanisms.
• Identify regional priorities for the development of standards. As a main outcome of the fifth EMT general meeting, the WHO Regional Office for Europe called for the establishment of Technical Working Groups on development of guidance or standards, which will be open to membership. With the RSC as Secretariat, these working groups will be led by the WHO European Region and European RG and are:
  o Information and knowledge management for the EMT Initiative;
  o Climate change (refugee and migrants’ crisis); and
  o Chemical, biological, radiological, nuclear, and high-yield explosives (CBRNE)-related emergencies.

Strengthen information systems, evidence and research

• Provide support to NFPs and TFPs working to establish and strengthen research and development, monitoring and evaluation systems or information management.
• Identify members interested in contributing to the work of the regional governing body.
• Update on and provide a forum to contributing to international-level activities and developments (standard setting, coordination arrangements, deployments, etc.).

The RSC chair and co-chair

The chair and co-chair of the RSC are responsible for the following overall assignments and subactivities.

• Participate and represent the European RG in the Strategic Advisory Group meetings as well as in the EMT global meeting.
• Represent the EMT network and European RG in the Region in other relevant meetings and events.
• Coordinate, in cooperation with the EMT Secretariat and WHO Regional Offices and collaboration with the RSC, the definition of the regional work plan and strategic direction including national capacity-building efforts, in line with the global initiative.
• Assist with the dissemination of relevant information and facilitate interactions among EMTs in the Region.
• Actively coordinate the activities of the European RG with the Secretariat and the vice-chairs, including through regular teleconferences and other meetings.

The chair is responsible for organizing and hosting the annual meeting of the European RG with the support of the vice-chairs, EMT Secretariat and the WHO Regional Office for Europe.

The advisory board

The advisory board serves to ensure broad representation of stakeholder experiences in EMT strategies and activities and that that views and opinions of donors, international organizations and priority countries are considered regarding technical and operational issues in EMT development and response. There are a number of positions available on the board, all of which are observational and advisory.

Some organizations, such as technical and research institutions (including WHO collaborating centres); regional intergovernmental organizations; some international NGOs; and donor agencies have a specific capacity, interest or mandate in the area relevant to EMT but not related to governance. These organizations are encouraged to designate representatives by their appropriate organizational hierarchy, in order to ensure and structure an appropriate information exchange at the right levels and with the right entities and people. These entities may not necessarily sit on the advisory board but may instead work with the European RG in an operational capacity, e.g. in technical working groups, attend trainings, etc.
The members of the advisory board will ultimately:

- advise on how to adopt and implement the EMT standards and coordination methodology within the organization;
- support efficient information sharing with relevant EMT actors at the regional and global level;
- represent their organization at regional and global EMT meetings; and
- share the information provided by the Global and Regional Secretariat on meetings, workshops and simulations within the organization’s members.

In case the organization has an intergovernmental mandate, it will:

- advise on the development and implementation of tools, regulations and policies for sending, receiving and deploying EMTs in their region in line with the globally developed methodology;
- advise on the design and implementation by countries in the region of a national EMT validation process, based on the global EMT standards;
- advise on efficient information sharing and the updating of operating procedures with EMTs and national TFPs; and
- support countries in the region in the design and management of a national EMT accreditation system.

Procedures

Eligibility for voting during European RG meetings

For NFPs, TFPs from classified EMTs and teams undergoing classification: NFPs and TFPs representing teams at all stages of the classification process are eligible to vote.

For key EMT stakeholders: in their capacity, representatives from partner networks or international organizations with experience in EMT development and response in the WHO European Region may participate in discussions and provide feedback but will not hold a voting position for the nomination and election processes that are part of European RG leadership and governance. These stakeholders must submit an application to join the advisory board.

Nomination for election to the RSC

Each eligible EMT-NFP and TFP from a classified EMT or from an EMT undergoing classification and with consent of the lead mentor (see section on membership of the European RG) can declare its intention to run for an open position. In the situation where an NFP plays a dual role and is also the operational and team focal points for a national team, the individual will select and declare which position they are running under and maintain that representation throughout the term if elected to any position.

- EMT-NFPs will be able to self-nominate with written support from their Member State, for a GOV position in the RSC.
- EMT-TFPs from governmental teams, with an endorsement and support from their EMT-NFP, may be nominated to a GOV in the RSC.
- EMT-TFPs from classified NGO teams will be able to self-nominate or be nominated for a position on the RSC. The individuals’ nomination must be agreed upon internally by the EMT and supported by the organization.
- TFP from NGO teams currently undergoing mentorship and classification will be able to self-nominate or be nominated for a position on the RSC pending endorsement from the lead EMT mentor, as detailed below. The individuals’ nomination must be agreed upon internally by the EMT and supported by the organization.
Requirements for nomination

Each candidate must prepare and submit the following documents to initiate the nomination process.

Required:

• a motivation or vision statement clearly outlining their goals, objectives and expected outcomes (added value) in being part of the RSC and for the Regional EMT Initiative;

• a “biosketch” with professional history and qualifications;

• an official statement or endorsement from the relevant government/organization that clearly states support for their nomination and agreement that if elected, the government/organization understands that the position comes with certain responsibilities, time commitments, resources and travel requirements. With this endorsement, the supporting government/organization also indicates and that they will accommodate and/or assist this person to fulfil their requirement to the EMT European RG as part of the RSC; and

• if an EMT is currently undergoing but has not completed the classification process, they must submit an endorsement letter from their Initiative-appointed head mentor that supports their nomination and clearly states that they are sufficiently through the process to qualify as implementing/applying the EMT methodology.

Desired:

• Demonstrated or documented experience or expertise related to EMTs and an understanding of the EMT Initiative.

Electoral process for the RSC

The voting will be a peer-to-peer process among the European RG members with NGOs electing NGO candidates and representatives from the GOV category (both TFP and NFP) voting for GOV candidates. If there are more applicants than available positions (with three open positions with each rotation), there will be a vote.

In the voting process each GOV and NGO representative is allowed as many votes as there are positions vacant in their respective category; so for two empty NGO positions, each NGO TFP is allowed to select a first and second candidate. The candidate that gets the most votes will be elected and if there is more than one position, the candidate with the second highest number of votes will be voted in a second candidate and so forth.

If there is a tie in votes there will be a second round of voting only between the tied candidates until a winner is determined. This entire process can be digitized through the Knowledge and Information Management Emergency Platform (KIMEP) to ensure accuracy and transparency.

Once elected to the RSC, the individual is not eligible to run for the next possible rotation, regardless of the position they are running under if they change associations or position (transition to a new organization, NFP to TFP, etc.).

Efforts are made whenever possible to avoid the duplication of Member State presence within the group, with each country only allowed representation once per rotation. This means that election of an NFP and TFP from the same country cannot happen during the same election period, to allow for the most diverse representation in the group.

It is important to note that applications for the RSC are encouraged from a diverse range of members and in an ideal situation, the RSC will represent stakeholders from both EU (European Union) and non-EU countries, as well as different types of EMTs including specialized care teams, maintain a gender balance and a range of experience. This having been stated, neither the candidates for the RSC or the appointees are selected but rather elected through an open election. The ultimate composition of the committee remains up to range of candidates, the membership responsible for voting and the outcome of the election. In addition, as the composition of the candidacy and European RG evolves, the nomination and election process may also be required to evolve in turn and may be revisited for updates as needed, in a transparent and collaborative manner.
Regarding the chairmanship in the RSC:

- the RSC internally elects its chair and a co-chair from among the active focal points for a 1-year period;
- as with the election process for the RSC, if there is a tie in votes, the votes will be counted and the candidates with the highest and second highest number of votes, respectively, will serve as chair and co-chair; and
- each outgoing chair must wait at least one full election cycle (1 year) after their position ends before reapplying for a chair or co-chair position.

**Regular meetings**

- European RG meetings are held once a year, and include the RSC and advisory board.
- RSC Meetings: ideally, meetings between members of the RSC take place four times per year, two of which should be in person. These meetings should alternate with European RG meetings to allow sufficient time for discussion and follow-up of issues and topics highlighted at RG meetings. Additional in-person meetings, teleconferences and other forms of remote meetings can take place on an ad hoc basis if the majority of the RSC is available.
- Regular EMT-NFP and TFP meetings should take place approximately every three months with at least one face-to-face meeting annually (during the European RG meeting).
- Ad-hoc/working group meetings can be scheduled as necessary.
Annex 1. Regional Steering Committee nomination and election process

Nomination eligibility for RSC

Is the candidate an EMT-NFP?
- No → Is the candidate currently a member of RSC?
  - No → Not eligible for nomination
  - Yes → Eligible to nominate themselves or be nominated* for a GOV position

Is the candidate an EMT-TFP from a GOV team?
- Yes → Is the GOV-EMT classified?
  - Yes → Requires written support from their Member State
  - No → Eligible to nominate themselves or be nominated* for a GOV position

Is the candidate an EMT-TFP from a NGO team?
- Yes → Is the NGO-EMT classified?
  - Yes → Requires correspondent NFP’s endorsement
  - No → Eligible to nominate themselves or be nominated* for an NGO position

Is the GOV-EMT undergoing classification?
- Yes → Requires EMT’s head mentor’s endorsement
- No → Eligible to nominate themselves or be nominated* for a GOV position

Is the NGO-EMT undergoing classification?
- Yes → Requires EMT’s head mentor’s endorsement
- No → Eligible to nominate themselves or be nominated* for an NGO position

* If a candidate is nominated by someone else, there must be a statement confirming the candidate agrees to the nomination
Nomination process continued

**Required documentation**
- motivation or vision statement outlining goals, objectives and expected outcomes;
- “biosketch” with professional history and qualifications;
- official statement/endorsement from relevant government, department or organization and NFP when applicable;
- unclassified EMT to provide letter of approval from lead mentor.

**Desired:**
- Demonstrated or documented experience or expertise related to EMTs and an understanding of the EMT Initiative.

**Voting: eligibility and process**

**Timeline**
- Knowledge and Information Management Emergency Platform (KIMEP) open for nominations: 6 weeks
- Elections: 2 weeks
- Results: 1 week
**Voting**

The incoming three members of the RSC are voted for and elected by the membership of the European RG: NFP, TFP from classified teams and TFP under mentorship.

Voting will take place through the KIMEP for EMT initiative. KIMEP is the official tool used to support WHO EMT governance processes and follows strict personal data protection and cybersecurity protocols required by WHO.

1. As soon as you get your confirmed personal credentials set up by the EMT Secretariat, you will be able to log in the application at [https://kimep.who.int/](https://kimep.who.int/).
2. Go to “My profile” and verify or update your personal data in the Summary tab.
3. Election campaigns which are currently open for nominations or voting are displayed in the Current Elections tab of the Elections section. Select the “Go to Campaigns” button to submit your nomination information documents or to vote.
4. Once nomination and subsequent voting periods have closed, election results will be available on the election page.

In the voting process each NFP and TFP is allowed as many votes as there are positions vacant in their respective category; if there is more than one position, the candidate with the second highest number of votes will be voted in a second candidate and so forth.
The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Albania  
Andorra  
Armenia  
Austria  
Azerbaijan  
Belarus  
Belgium  
Bosnia and Herzegovina  
Bulgaria  
Croatia  
Cyprus  
Czechia  
Denmark  
Estonia  
Finland  
France  
Georgia  
Germany  
Greece  
Hungary  
Iceland  
Ireland  
Israel  
Italy  
Kazakhstan  
Kyrgyzstan  
Latvia  
Lithuania  
Luxembourg  
Malta  
Monaco  
Montenegro  
Netherlands (Kingdom of the)  
North Macedonia  
Norway  
Poland  
Portugal  
Republic of Moldova  
Romania  
Russian Federation  
San Marino  
Serbia  
Slovakia  
Slovenia  
Spain  
Sweden  
Switzerland  
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