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Pacific Emergency Medical Teams (EMTs): Training and Equipping Nurses and Midwives for Deployable Health Emergency Response

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Since 2017, Pacific governments have established and deployed self-sufficient Emergency Medical Teams (EMTs) capable of responding to wide range of emergencies. Pacific EMTs apply common principles and standards as detailed in WHO's ["Classification and Minimum Standards for Emergency Medical Teams \(2021\)"](#) and are a core part of the global health emergency workforce. Since the 2010 Haiti earthquake, the WHO has worked with Member States and partners to support the development of national and international EMTs, applying high standards for clinical care and self-sufficiency, even in the most challenging circumstances. The Pacific is one of the first regions to adopt and adapt the EMT methodology for robust national and regional health emergency response. Nurses and midwives lead several Pacific EMTs, are the largest cohort of EMT team members, and provide essential care to populations affected by health emergencies. This presentation highlights the role of nurses and midwives in the Pacific health emergency workforce, and the impacts they are having through Pacific EMTs.

1. BACKGROUND

Since initiating EMT development in the Pacific in 2017, 13 Pacific Island Countries and Territories (PICTs) have now established national or international EMTs, or initiated the process to have this capacity in place. EMTs were established across the Pacific by Ministries of Health, with guidance and support from WHO and partners. Nurses and midwives are core members of EMTs and constitute the bulk of EMT rosters. Efforts to establish EMTs in the Pacific have included core actions, such as:

- training EMT team members and facilitating simulation exercises;
- providing a “cache” of EMT equipment and supplies, adapted specifically for Pacific contexts, to allow for self-sufficient deployment, even in the most remote and austere settings;
- developing national EMT standard operating procedures (SOPs) in each country; and
- formalizing and ensuring national ownership of each EMT.

Pacific EMT development support and training is based on WHO’s “Classification & Minimum Standards for Emergency Medical Teams,” with adaptations for Pacific Island contexts. Since 2017, Pacific EMTs have often been the first to respond when crises strike, with nurses and midwives playing critical roles in EMT leadership and clinical operations.

2. PROGRESS AND ACHIEVEMENTS

2.1 Progress

Pacific EMTs have made substantial progress since the development of teams was initiated in 2017:

- In 2019, Fiji Emergency Medical Assistance Team (FEMAT) became the first Pacific EMT to achieve WHO international EMT classification. FEMAT has activated and deployed for a wide range of responses, including multiple tropical cyclones and outbreaks. The team was heavily involved in Fiji’s COVID-19 response. FEMAT undertook its first international deployment to Tuvalu in 2022 to support its COVID-19 response, and deployed to Vanuatu in 2023 to support the response to back-to-back Tropical Cyclones Judy and Kevin.

- The Solomon Islands Medical Assistance Team (SOLMAT) deployed alongside 17 other international EMTs to Samoa in 2019 in response to the large-scale measles outbreak. The team also supported national COVID-19 response efforts in 2022, and is engaged in support of the 2023 Pacific Games.
- In 2022, the Tonga Emergency Medical Assistance Team (TEMAT) responded independently to the Hunga-Tonga Hunga-Ha'apai volcanic eruption and subsequent tsunami while the country's borders were closed. TEMAT deployed to the Ha'apai islands for over six weeks, caring for nearly 400 patients affected by the eruption and tsunami.
- The Vanuatu Medical Assistance Team (VANMAT) responded independently to the category 5 Tropical Cyclone Harold in 2020, when COVID-19 travel restrictions prevented deployment of international responders, and was activated in response to Tropical Cyclones Judy, Kevin and Lola in 2023.

Building on the progress achieved by some of the first Pacific EMTs, new teams have now been formed in the Cook Islands (KukiMAT), Kiribati (KIRIMAT), the Republic of the Marshall Islands (MIMAT), the Federated States of Micronesia (FSM EMT), the Commonwealth of the Northern Mariana Islands (CNMI EMT), Palau (KLEMAT), Papua New Guinea (PNG EMT) and Samoa (SEMAT). Tuvalu plans to formally establish its EMT in 2024.

3. CHALLENGES

3.1 Challenges and Opportunities

Pacific EMTs have become critical resources for health emergency response and are frequently among the first responders to outbreaks and disasters, reducing reliance on international surge support. The progress made by Pacific EMTs since 2017 has demonstrated that small and low-resource countries can develop and mobilize professional EMTs capable of timely, self-sufficient and high-quality responses to a wide range of emergencies, highlighting the importance of this capability for rapid response, and the significant return on investment when emergencies strike.

In 2022, Pacific EMTs delivered multiple presentations on their work and achievements at the EMT Global Meeting in Armenia, showing how some of the smallest countries have successfully established this capability, and inspiring colleagues from other regions to do the same. Pacific teams are serving as a global model for national EMT development.

Looking ahead, there are opportunities for Pacific EMTs to continue to improve and develop. Training for Pacific EMTs continues to evolve, and as expertise grows within Pacific EMTs, team leaders and team members can become expert trainers within their own countries and across the Pacific. This effort is already underway, with two nurses from Pacific EMTs having recently participating in EMT training and reclassification in New Zealand (October 2023). Pacific EMTs can continue to expand their collective learning and improvement, through ongoing *talanoa*, collaboration and exchanges. At the same time, Pacific EMTs face their own human resource challenges, with team members sometimes moving overseas or leaving the health workforce.

At the same time, EMTs have been demonstrated to motivate and engage the health workforce, providing opportunities to build clinical and non-clinical skills, expand engagement, and potentially strengthen health workforce job satisfaction and retention. Some Pacific EMTs have developed rosters of hundreds of potential team members, highlighting the enthusiasm of the health workforce to be a part of this initiative.

While established by Pacific Ministries of Health, EMTs continue to rely on partner support, and are not yet fully embedded within national health emergency plans and budgets in all PICTs. Efforts are ongoing to optimize the management of EMT cache inventories, to build and maintain team member rosters, and to document the impact of EMTs through monitoring, evaluation and operational research. Doing so will both strengthen Pacific EMTs and reinforce their global visibility and impact.

4. FUTURE DIRECTIONS

4.1 Recommendations for governments:

- 4.1.1 Continue to develop and strengthen national Emergency Medical Teams for health emergency response in the Pacific, ensuring that teams are formally established within national health

emergency plans and budgets, operationally ready through regular training and exercises, and resourced to respond quickly and effectively to a wide range of hazards.

4.1.2 Continue to support the critical role of nurses and midwives in Pacific Emergency Medical Teams, enabling nurse and midwife leadership in health emergency preparedness and response in line with [WHO's 25x25x25 Initiative](#) led by Chief Nursing Officer, Dr Amelia Latu Afuhaamango Tuipulotu.

4.1.3 Leverage engagement in national Emergency Medical Teams as opportunities for personal and professional development for nurses, midwives and other members of the health workforce.

4.2 Recommendations for development partners:

4.2.1 Continue to invest in EMT development in the Pacific through financial support and technical cooperation, including training and technical exchanges among EMTs – particularly exchanges across Pacific EMTs.

4.2.2 Support the monitoring, evaluation and documentation of the enormous contribution of the Pacific health emergency workforce through national and international Pacific EMTs.

4.2.3 Facilitate expanded EMT leadership and engagement for Pacific nurses and midwives, ensuring that this core cohort of national and global health emergency workforces is supported and elevated.