Useful links:

Sharepoint emergency health team:
https://ifrcorg.sharepoint.com/sites/IFRCSharing/Shared%20Documents/Forms/AllItems.aspx?viewid=a0df7b8d%2Dd671%2D4c77%2Da464%2D720655a5403e&id=%2Fsites%2FIFRCSharing%2FShared%20Documents%2FEmergency%20Health%20Team

Go platform: has EPOA (emergency plan of action) – operational strategy
e.g. cholera outbreak: file:///C:/Users/Lauren.CLARKE/Downloads/MDRET021do.pdf
And Ehtiopia Tigray population movement -

COVID19 plans are made by the regional offices

DREF – disaster relief emergency funds

Appeals -
Copys and paste of the wording for health appeals:
Health: Limited access to the most affected areas currently limits having accurate information on specific health needs. Usually, primary health centers get destroyed or partially damaged in the most affected areas, bringing an important barrier to the emergency's closest basic health services. It is also expected that under these conditions, there will be a lack of health personnel assigned to local structures since, as affected population too, issues of access or prioritization to individual and family property and security are not unusual. Also, people temporarily housed in collective centers require on-site health care, especially in the context of COVID-19. There is a need to strengthen the prevention and control measures for the transmission of COVID-19, especially with the potential deterioration of access to adequate hygiene, lack of proper water and sanitation (diarrheal diseases), exposure to humidity and cold (acute diseases of the respiratory tract), and the proliferation of vectors of communicable diseases (dengue, chikungunya, Zika, malaria). It is important to mention that in the immediate aftermath of a hurricane, the risk of contracting dengue or other vector-borne diseases may decrease due to the destruction of local vectors' breeding places. It is crucial to ensure the continuation of adequate care for at-risk populations, such as children under five years of age, pregnant women, and the older adult population with chronic diseases. Most people affected by emergencies will experience distress (e.g., feelings of anxiety and sadness, hopelessness, difficulty sleeping, fatigue, irritability, anger and/or aches and pains). However, the prevalence of common mental disorders such as depression and anxiety are expected to more than double in a humanitarian crisis. A study on the impact of Hurricane Mitch on mental health showed that 10.6% of the respondents had Post-Traumatic Stress Disorder (PTSD).26 The affected population will require further mental health support to assist in recovery.

rainy season and mosquitos:
: The population has been affected in its physical and mental health, due to the impact of the emergency. Health conditions in the affected region are precarious. Because this is the rainy season,

people are exposed to dermatological, respiratory, and vector-borne diseases. The risk of disease increases over time, which could lead to outbreaks and consequences for children, the elderly and the vulnerable. It is important to note that floods could further increase the risk of outbreaks in affected areas. Stagnant water is a conducive environment for vectors that transmit diseases such as dengue, Zika, and chikungunya. The constant rain has increased the risk that vector-borne diseases, which are already highly prevalent in this region, will spread to the population affected by the floods

Proposed interventions

needs analysis and population to be assisted: During the acute phase of the emergency, attention needs to be focused on lives saving through first aid and rescue, prehospital emergency care, medical referral of complicated cases, and adequate advance medical care in either stable or temporary health facilities. In terms of mental health psychosocial support, the first interventions to reduce the stress and the trauma experienced by the affected population in collective centres or within the communities will be provision of Psychological First Aid, cover the basic needs of shelter and food to promote contact with families and, establish safe spaces for the vulnerable groups such as children and teenagers. Priority will be addressed to health conditions presented in people due to excessive humidity, such as skin diseases, respiratory conditions, diarrheal diseases, and priority will also be given to Psychosocial support for children and volunteer staff who supported rescue evacuation efforts. The affected families need to access primary health care services to get proper health in emergency assistance to assess their health concerns and issues triggered by the floods. All this in the context of COVID-19, where clear and accurate flows and triage need to be implemented and optimize all the biosecurity measures to minimize the risk of uncontrolled transmission in the areas. Added to COVID-19, active and efficient community-based surveillance system need to be implemented and strengthened to monitor, warn and launch response in case of outbreaks of any water or vector-borne diseases as well as other dangerous ones, potentially likely in these conditions like measles. These measures need to be kept for all length of the early post-emergency phase. Establish Community-based Psychosocial interventions with the community's active participation will be a crucial action to support the population to cope with the stress, be resilient, and have mechanisms that help them be prepared and reduce the impact that climate change can produce on the well-being of them.

ERU surge services

Catalogue of surge services: https://ifrcgo.org/global-services/health/

Jobs in ERU:

Medical coordinator: guides the over arching EPOA, works with health coordinator/ops. Communicate with local government/ensure bet practice/assesses needs (is a medical professional)

Health coordinator: quality improvement of all clinical and PH interventions in emergencies. Leading overall health strategy

Surge services:

emergency clinic:- day time able to reat over 100 pts in a day (operational 1-4 months) and deployed within 48 hours (23 int people and 38 locals)

Emergency hospital:- 100-200 OP/day, OP theatre (7 majors a day), 100+ IP emergency/acute med/obstetrics/trauma/lab & transfusion
deployed within 48 hours
Modules: pharmacy, surgical, sterilization, isolation etc

ERU PSS module (psychosocial support)

Goal: Leverage National Societies' capacities to enhance effective collaboration and coordination among National Societies providing Health Surge Tools (including ERUs) to the Membership, in order to improve the quality and effectiveness of the above tools

Objective 1: To provide a platform to NS where knowledge, experiences, resources, and updates can be shared on a regular basis

Objective 2: To coordinate and ensure coherence, standardization, and quality assurance in ERU and surge tools (e.g. in terms of HR profiles, equipment, trainings prior to deployments, and tools used in the field)

<u>Health help desk</u>

COVID vaccine:

COVAX – portfolio of vaccine's, and counties pool their buying power to allow for more vaccines to be made (equitable access).
ACT-accelerator the vaccine pillars driving work on vaccine development, manufacturing, procurement and delivery

5 strategic pillars COVID19- 1. Health first, 2. Protecting people (more people died from the interruption of services than the virus) 3.Economic response and recovery, 4.macroeconomic response and multilateral collaboration, 5. Social cohesion and community resilience

Health first:- support to maintain essential services, provide analytical and policy support and rapid technical guidance, support on tracking and reaching vulnerable populations, programme implementation and technical support

WHO SAGE (strategic advisory group experts on imms) – framework for vaccination
WHO agreed Pfizer vaccine on 31/12/2020

Palliative care:

WHO palliative care:

Review of literature: https://scc.org.co/wp-content/uploads/2017/10/Palliative-care-in-humanitarian-crises-a-review-of-the-literature.pdf

https://journals.sagepub.com/doi/pdf/10.1177/0269216316686258

PALchase: palliative care in humanitarian emergencies (based at Cambridge uni)

http://www.phpc.cam.ac.uk/pcu/files/2018/03/Neglected-Suffering.pdf

IAHPC (int association for hospice and pall care)

Quality framework management
draft:
https://ifrcorg.sharepoint.com/:w:/r/sites/EmergencyHealthTechnicalWorkingGroup/_layouts/15/Doc.aspx?action=edit&sourcedoc=%7B94B0B7F6-436C-46DE-B72B-981FFA861FAB%7D

For patient safety in humanitarian settings:

RCHIS

SOP's- Standard operating procedures
formatting – done step by step (bullet pointed), hierarchical/grouped, flowchart.
Each SOP needs to have a goal determined

?the usage of NEWS score

IFRC-WHO Red Channel Agreement FAQs

	Question	Answer
1	What is the Red Channel agreement? And why is it important?	The Red Channel agreement is an MoU (memorandum of understanding) between WHO and the IFRC to strengthen the delivery of health and emergency medical services by the IFRC medical ERUs during humanitarian crisis. This is important so that the IFRC medical ERUs are aligned with those of the WHO EMT global classification system. In doing so, this allows the IFRC ERU's to be recognized within the EMT network and thus improve technical standards, accountability and coordination. Which, overall will improve the quality of the services IFRC is able to deliver, including patient care and safety.
2 ~~1~~	What is the difference between an EMT and an ERU?	EMT stands for 'emergency medical team' and is a term coined by the WHO (World Health Organization) EMT network to describe medical teams. ERU is an IFRC term that stands for 'emergency response unit.' There are several types of ERUs (including WASH, Health, IT etc) which can be deployed on short notice in response to emergencies. There are several configurations of medical ERUs; the Red Cross Red Crescent Emergency Clinic ERU corresponds to a WHO EMT Type 1 whereas the Red Cross Red Crescent Emergency Hospital ERU corresponds to a WHO EMT Type 2.
2	What is the Blue Book? Where can I access it?	The Blue book is a document that outlines the minimum standards that are required for various types of EMTs. The Red Channel Agreement states that our RCEC and RCEH meet or exceed these standards. The document is online: https://www.who.int/hac/global_health_cluster/fmt_guidelines_september2013.pdf. The Blue Book has undergone extensive revision and the new version will be released in 2021.
3	We have deployed medical ERU's for 20 years – what's the point in making the validation?	If you have been deploying for 10 years, you most likely already meet or exceed the standards. The validation is a helpful process that guides your National Society in ensuring you have all the proper documentation and processes in place, and that the various standards are well understood by your staff and delegates.
4	How does the Red Channel change the way ERUs are deployed?	The Red Channel does not change the way ERUs are deployed. ERUs continue to be coordinated and deployed through IFRC using existing SOPs. The Red Channel formalizes the collaboration with WHO that has been in place for years, defining the division of labour and responsibilities.
5	Can I share the Guidance document with my government/donors?	Yes. Also, feel free to reach out to the IFRC if further information is required.

6	What is the WHO EMT Directory?	The EMT directory is a document maintained by the WHO EMT Secretariat. It lists the EMTs that have been validated by WHO. The IFRC will maintain a parallel list for RCRC ERUs.
7	Why can't my National Society enter the EMT Directory directly?	Through the Red Channel Agreement between IFRC and WHO, RCRC ERUs will be validated internally and will sit on the IFRC ERU Directory. The EMT Directory is maintained and managed by WHO, a UN agency: having individual National Societies on this list would be inconsistent with our fundamental principles.
8	Are we going to abandon the name ERU and use EMT instead?	No. ERU is the RCRC brand which is well known, is larger than medical ERUs, and is understood and recognized across the globe. Our medical ERUs will meet or exceed EMT standards but will be labelled using existing Red Cross Red Crescent terminology.
9	Why is my National Society's name not listed in the WHO Directory?	Individual National Societies are not listed in the WHO Directory. Instead, IFRC is named as an EMT provider and provides regular aggregated capacity statements. For IFRC and Membership National Societies to remain neutral and independent, WHO will not request individual ERUs but instead will direct their request to the IFRC who will coordinate the RCRC response through existing deployment mechanisms.
10	Are we going to get Deployment Orders from the WHO in the future?	No. Deployment orders for ERUs come from the IFRC. by the Principles and Rules for RCRC Humanitarian Assistance no ERU shall be deployed by or shall be subordinate to any UN organization.
11	My NS deploys mobile clinics domestically. Do we need to be validated by IFRC to continue this work?	No. The IFRC does not interfere with your domestic work as this is part of your auxiliary role with your government. That said, the tools used for ERUs may be useful for you in your domestic work, and you are welcome to use them.
12	How were National Societies informed about the Red Channel process?	Panu? delete

13	We have different rules on X, Y, and Z with authority A, B, and C in our country/region/state.	We all use common sense in interpreting and applying policies and guidelines; Rules have occasional exceptions. The purpose of this is that XXXthe Red Channel Agreement with WHO is to make an open, transparent and efficient division of labour between the two organisations, respecting the mission of them both.
14	My National Society only has WASH ERUs. Whom should we talk to?	The Red Channel Agreement between IFRC and WHO concerns medical ERUs. For quality assurance and standards in other areas talk to XYZ. Laura
15	Will the IFRC validation benefit NS to establish credibility within country/among other organization with medical teams. (Military, MOH medical teams etc)	The Red Channel Agreement states that the IFRC validation follows the same quality standards as the WHO –led EMT mentoring and validation. Panu IFRC will only mentor and accredit Red Cross Red Crescent teams. While technical advice will be provided to any National Society, we will first focus on getting the medical Emergency Response Units for international assistnace reviewed and accredited.
16	Does Red Channel agreement also lead to (in future) establishing similar deployment mechanism among government networks like EU, ASEAN? As some NSs	PanuI would take this out. This is not a FAQ and an attempt to answer wil bring us to an annoying subspecialty discussion about ASEAN and RescEU and CP. Delete.

	are part of those deployment mechanism	
17	Does the Red Channel agreement formalised collaboration mean there will be WHO personnel, WHO logistics deployed in RCRC ERUs?	No. The MoU fomalized the collaboration and coordination between IFRC and WHO EMT Network that has existed for years and does not mean that WHO personnel or assets will in any way be deployed as part of RCRC ERUs. ERUs will continue to deploy as independent, neutral, global surge tools at the request of host National Societies and as per a deployment order issued by IFRC Geneva.
18	What is the Red Book and how does it relate to the Blue Book?	The Red Book introduces additional verification requirements for EMTs preparing for or involved in responding to health emergencies in armed conflict and other insecure environments . The two texts should be viewed as a continuum, with the baseline requirements of a response captured in the Blue Book and the additional requirements of a response in armed conflict and other insecure environments captured in the Red Book. Although RCRC ERUs deploying through IFRC mechanisms are welcome to adhere to guidance found it the Red Book, it is outside the scope of the Red Channel agreement.
19	Through the new MoU, will ERU's be deployed by WHO or other UN bodies?	No. ERUs can only be deployed internationally through the existing IFRC mechanisms. The cannot and will not be deployed by WHO or other UN bodies.
20	My NS wants to develop an ERU but we do not have the funding or capacity to meet the mimimum standards. Can we deploy anyway?	We recommend that you seek collaboration with another RCRC National Society to make use of your resources in an innovative way. You could provide staff for joint deployments and with growing experience you would build a competent pool of staff for ERU. Funding constraints are never an excuse for not meeting the quality standards.

21	How much will it cost to have my ERU validated by IFRC?	~~There will be no cost to have your ERU validated by IFRC~~IFRC does not charge for the technical mentoring or the validation. There may be costs associated with upgrading equipment or processes in order to meet the minimum standards as outlined in the Blue Book. These costs will depend on your existing medical capacity and how far along you are in ERU development.
22	Will IFRC validation get our ERU the Blue EMT Badge to put on our uniforms/gear/documentation?	No. RCRC gear and personnel will not bear a WHO EMT badge or logo. RCRC ERUs and personnel should continue to follow the ~~the~~ emblem regulations which can be downloaded here: https://www.ifrc.org/en/who-we-are/the-movement/emblems/#:~:text=In%202006%2C%20the%20Red%20Crystal,Cross%20and%20Red%20Crescent%20Movement.&text=Governments%20have%20accepted%20an%20obligation,emblems%20can%20lead%20to%20prosecution.
23	Our MoH wants our ERU to have WHO validation. What do I tell them?	Please explain to your MoH that as per the Red Channel MoU, ERUs validated by IFRC have equivalent international status and recognition as non-RCRC teams validated by WHO. If you need support in these discussions, please reach out to IFRC.
24		
25	Will there be regional IFRC MOUs with the EMT Initiative for regional deployment?	No. ERUs are a global tool and are deployed through global mechanisms.
26	What happens if we have been validated but deploy and ERU that does not meet minimum standards?	Just culture If you deploy an ERU that does not meet minimum standards and/or in any way poses potential harm to patients, family, staff, or the reputation of the Red Cross Red Crescent reputation you may be requested to leave the country of deployment. If you are struggling to meet minimum requirements during the ERU development process or more critically if you realize during deployment that you are facing challenges in doing so for whatever reason, please contact IFRC immediately for guidance and support.

Note on PPE: