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Annex 1: *overview of the UK EMT: initiatives, organization and testimony*

Box 1: *an overview of EMT initiatives*

EMT's are defined as groups of national or international health professionals (doctors, nurses, paramedics etc.) that provide direct clinical care to populations affected by disasters, outbreaks and/or other emergencies supporting the local health system. Teams can be governmental (including military) or non-governmental or come from organisations like the Red Cross/Red Crescent movement. They comply with the classification and minimum standards set by WHO and its partners and come trained and self-sufficient not to burden the national system.

The EMT Initiative is well identified and established across the WHO's six regional offices, with representation in all regional offices through regional focal points (RFP). Awareness workshops have been organised in numerous countries to create a base of understanding of the network and the benefits of using the network in countries. More than 100 countries and organisations are at various levels of building their own EMT for national and/or international use [15].

Box 2: *an overview of the UK EMT organisation*

The UK Emergency Medical Team ("UK EMT") is a project under the UK Foreign, Commonwealth, and Development Office ("FCDO")'s Emergency Deployment Team (EDT) Programme. The UK EMT is a UK government capability to rapidly deploy medical clinicians, logisticians and/or other technical experts globally in response to medical emergencies in response to disasters and other emergencies. The FCDO manages the UK EMT Project, delivered by accountable grant partners including UK Med, Humanity & Inclusion, the UK Fire and Rescue Service, and the Palladium Group.

The UK EMT can deploy solely with staff or when required in conjunction with a field hospital enabling the UK EMT to receive referrals, perform surgeries, admit patients and provide other specialised services (cells) to support or replace local health service delivery temporarily disrupted or overwhelmed in an emergency. The UK EMT is also capable of providing expert consultation to health systems on complex case management, training, capacity building, risk communication and community engagement, and infection prevention and control system strengthening. The UK EMT is aligned to the World Health Organisation (WHO) EMT Initiative, classified as a Type 2 Capability in 2016.

The UK EMT has deployed clinicians, logisticians, fire and rescue service personnel, humanitarian specialists, and other subject matter experts to support a wide array of emergencies globally. These include responding to the West African Ebola Outbreak (2014), The Bangladesh Diphtheria Outbreak (2017), Cyclone Idai in Mozambique (2019), the Samoa Measles outbreak (2019) and over ten countries during the Covid 19 pandemic (2020-21).

Box 3: *testimony written by Samuel Emechebe, UK EMT ICU Nurse, showing the impact of provided training and locally adapted protocols on patient care*

A 50-year-old man was admitted on February 14 2020, to the isolation ward of the RFM- hospital. On admission, the patient presented with chest pain, weakness, cough, fever and oxygen saturation of 84% on room air. He was provided with supplementary oxygen therapy via a non-rebreather face mask on 15 litres per minute, and with this, the saturation improved to 90% and then to 95%.

The patient was weaned off oxygen later and did well for a couple of days before he started showing some signs of deterioration (fever, tachypnoea, tachycardia, use of accessory muscles, desaturation below 90%, showing some signs of confusion, Glasgow coma scale started dropping). At that moment, the RFM had no ICU beds available to take over the care of this patient.

The patient was moved to a more central place, closer to the nurses' station, to allow better observation. The staff used the locally adapted protocols and the triage protocol the EMT trained on them. Escalation of care as part of the training package and guided the staff for further interventions (laboratory investigations and chest X-ray) to trace the cause of the deterioration and to support the treatment. Oxygen therapy was restarted according to the training provided, using the appropriate administration device and flow titration. Chest X-ray revealed bi-lateral lung consolidation. The escalation of care and referral protocol were then used to initiate the transfer of the patient to the ICU-ward in the Lubombo hospital for proper ventilatory support.