## MEETING ABSTRACTS

Establishing an Emergency Medical Team in LMIC Setup; Experience from Ethiopia's Challenges and Opportunity Nahom Tadelle Dessie MD, MPH<sup>1</sup>, Genet Kifle Alemu MD<sup>2</sup>, Tinsae Abera Worku MD<sup>2</sup>, Lazaro Gilberto Martinez MD<sup>3</sup>, Leilina Abate Ayalew BSC<sup>3</sup>, Maraki Mehari Metselo MD<sup>2</sup>

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**Background/Introduction:** Natural and man-made catastrophes have caused significant destruction and loss of lives throughout human history. Disasters accompany various events with multiple causes and consequences, often leading to a cascade of health-related events. Ethiopia, amongst the developing countries in the horn of Africa, is vulnerable to natural and man-made disasters. Over the last few years, Ethiopia learned the hardest way to transform its disaster management from a mere apparatus of response and recovery to preparedness and mitigation.

**Objectives:** Review the challenges and opportunities for establishing the Ethiopian EMT and its disaster response experience.

**Method/Description:** This was a mixed-methods, cross-sectional Intra-Action Review of activities of country EMT. It included a review of documents and key informant interviews. All data were analyzed thematically.

Results/Outcomes: In May 2022, the Ethiopian Federal MOH, in collaboration with WHO, adapted the WHO EMT initiative to tackle the identified challenges. Ethiopia's EMT implementation plan was created, which included ten steps and 50 detailed activities. This initiative aims to have a

classified Type I fixed EMT in the coming six months. Based on the objective evaluation of the last four months' performance toward plan implementation, activities show that 65% of the overall plan has been completed.

Conclusion: Implementing the EMT initiative in Ethiopia has positively impacted the clinical quality of care, enhanced coordination, and improved health outcomes for the population served at times of great need. However, the implementation requires collaboration in support, guidance, and experience sharing from stakeholders and partners, including twinning with other organizations.

## Tables and Figures (optional)

No	Activities	Performance
1	Human resources – to make a team	84%
2	How to train, mobilize, deploy, structure, and manage your team	89%
3	How to mobilize, organize, store, and transport the medical materials and equipment	37%
4	How to mobilize, organize, store, and transport the non-medical materials and equipment	54%
3	How to get access needed water and power for an effective and self-sufficient national EMT	33%
6	How to trigger the deployment of the team and maintain an effective functional link with the local health care system	76%
7	How to create and maintain proper effective IPC measures in your NEMT	53%
8	How to create and maintain a referral system for patients	75%
9	How to create and manage proper health information system for patients	83%
10	How to demobilize and organize lessons learned from the actions of your EMT	63%
	Overall Performance	65%

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Table 1. Ethiopian EMT Ten Steps Implementation

## References (optional)

1. Ethiopian disaster management and its troubled history. https://www.ajol.info/index.php/jbas/article/download/573 52/45732.

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