## **MEETING ABSTRACTS**

A Policy Analysis of the Deployment of International EMT in the WHO African Region during the COVID-19 Pandemic

Boniface Oyugi PhD<sup>1,2</sup>, Rashidatu Fouad Kamara MD, MScTID<sup>1,3</sup>, Larissa Tene MD, MPH<sup>4</sup>, Lazaro Martinez MD, MMED, MScTID<sup>5</sup>, Jerry-Jonas Mbasha MD, PhD<sup>1</sup>, Thierno Baldé MD, PhD<sup>1</sup>

- World Health Organization, Regional Office for Africa, Emergency Preparedness and Response Program, Brazzaville, Congo
- Centre for Health Services Studies (CHSS), University of Kent, George Allen Wing, Canterbury, United Kingdom
- 3. Rey Juan Carlos University, Madrid, Spain
- World Health Organization, Regional Office for Africa, Emergency Preparedness and Response Program, Dakar Hub, Dakar, Senegal
- World Health Organization, Ethiopia Country Office, Addis Ababa, Ethiopia

**Background/Introduction:** The COVID-19 pandemic, especially in Africa, has increased the need for EMTs for surge management, clinical care, and capacity-building support for establishing national EMTs.

**Objectives:** To analyze the implementation of EMTs deployments in the AFRO Region during the COVID-19 pandemic. **Method/Description:** This is a retrospective policy analysis done from the perspective of the EMT policy implementor using Walt and Gilson's policy triangle<sup>1</sup> (capturing processes, the actors, the context, and the content). Data were collected through document reviews, key informant interviews,

semi-structured in-depth interviews, and focus-group discussions. Analysis was done through a priori framework analysis. Results/Outcomes: Overall, 22 countries benefited from international EMT deployments since the onset COVID-19, with deployment periods varying between six to 24 weeks. Development partners, governments, and local authorities supported deployments. Some deployments were hampered by inadequate knowledge of EMTs processes, bureaucratic and administrative barriers, and slow mobilization of resources. Other challenges were the lack of critical care equipment and teams facing resistance due to cultural differences. Some teams only worked in big cities rather than local regions with low capacity and high morbidities from COVID-19. Collaboration between international and national teams resulted in enhanced capacity building, optimistic volunteerism and resilience, and provision of clinical care in constraint settings to save lives.

Conclusion: The deployments were critical in saving lives in under-resourced settings despite the challenges. COVID-19 has provided an impetus to strengthen national public health response by providing training opportunities, twinning or exchange programs, building health infrastructure, and prepositioning supplies and equipment to ensure national reliance and sustainability.

## References (optional)

1. Buse K, Mays N, Walt G. *Making Health Policy*. UK: McGraw-Hill Education; 2012.

Prehosp Disaster Med. 2022;37(Suppl. 2):s99. doi:10.1017/S1049023X22001984

