



European Medical Corps

ECHO FACTSHEET

Facts & Figures

The European Medical Corps mobilises medical and public health expert teams to better prepare and respond to health emergencies inside and outside the EU

11 Participating States to the EU Civil Protection Mechanism provide 17 teams (medical teams, mobile laboratories, medical evacuation planes and logistical support teams)

Public health experts and mobile laboratories were mobilised during the Ebola outbreak in 2015, the Yellow fever outbreak in 2016 and the Marburg virus outbreak in 2017

16 people were evacuated during the Ebola outbreak using the EU MEDEVAC System

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Key messages

- During the Ebola crisis in West Africa the acute shortage of trained medical teams demonstrated the importance of better coordinated international response in health emergencies.
- In response, the European Union set up a European Medical Corps (EMC) through which teams and equipment from the EU Member States can be rapidly deployed to provide medical assistance and public health expertise in response to emergencies inside and outside the EU.
- The European Medical Corps is part of the existing European Emergency Response Capacity, also known as "[Voluntary Pool](#)", established under the [EU Civil Protection Mechanism](#). The updated map on the Voluntary Pool is available [here](#).
- To become part of the European Medical Corps teams need to undergo a certification process to make sure they meet strict quality criteria. Teams are also trained to work within the international coordination framework. In return they benefit from EU financial support.
- At the moment, 11 Participating States to the EUCPM have committed teams and equipment to the European Medical Corps: Norway, Germany, Belgium, Spain, Estonia, the Czech Republic, the Netherlands, Finland, Sweden, Italy, and Denmark.

Composition of the European Medical Corps

Emergency medical teams provide direct medical care to people affected by a disaster. These teams have to meet the high standards set up by the [World Health Organization \(WHO\)](#). So far, Norway, Belgium, Italy, Spain, Estonia, and the Czech Republic have committed such teams. In addition, Germany contributes a specialised infectious diseases isolation field hospital from the German Red Cross. The Norwegian Emergency Medical Team was the first EMC team to be classified by the WHO.

Public health teams may be deployed to assess and analyse public health risk, to assess needs, to advise on measures to be taken or to carry out defined tasks (i.e. vaccination campaigns and training). They will be formed by experts from various participating states under the coordination of experts from the [European Centre for Disease Prevention and Control](#).

Mobile biosafety laboratories have been developed and deployed during the Ebola crisis. Belgium committed its B-Life Lab (Biological Light Fieldable Laboratory for Emergencies), and Germany provided the [European Mobile Laboratory](#) coordinated by the Bernhard Nocht Institute for Tropical Medicine.

Medical evacuation capacities are key for mass casualty disasters requiring the evacuation of EU citizens, and also for retrieving humanitarian and medical workers from disaster areas, if needed. Currently, the Netherlands, and Sweden provide such assets to the EMC.

Medical assessment and coordination experts are needed to support the overall coordination structures and processes put in place by the host country or by the UN/WHO in support of affected states. Specific training was organised by the WHO, with support from the European Commission's Civil Protection and Humanitarian Aid Operations, in 2016 and 2017, and will continue in 2019.

Response operations in all types of disasters require good **logistical support and coordination**, which is therefore a key component of the EMC. Germany, Finland, Sweden, the Netherlands and Denmark already committed logistic teams.

Operations of the European Medical Corps

The deployment of EMC teams is coordinated by the European Commission's [Emergency Response Coordination Centre](#), the operational hub of the EU Civil Protection Mechanism. Member States retain the final decision on deployment and can opt out of a mission if necessary.

The EU provides grants for upgrading the teams to improve its readiness, quality and availability. Activities related to the certification of teams, including training, exercises and workshops can also be funded by the EU. Once member of the EMC, transport grants of up to 85% are available for deployments of teams to emergencies.

Recent deployments

Deployment of European Mobile Laboratory (EMlab) from Germany to Uganda (2017)

In November 2017, the WHO requested the mobilisation of a field laboratory unit coordinated by the Bernhard-Nocht-Institute for Tropical Medicine, to support Uganda in dealing with the Marburg virus disease outbreak. In response the [European Mobile Laboratory](#) was deployed from Germany to Uganda. The laboratory closely collaborated with the Uganda Virus Research Institute, the WHO, the US Centers for Disease Control and Médecins Sans Frontières. As there were no new cases of the Marburg Virus a simulation exercise took place to train Ugandan experts and to test operational cooperation between all actors on the ground.



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EU Public health assessment mission – Yellow fever outbreak in Angola (2016)

In response to the outbreak of yellow fever in Angola the EU deployed a public health rapid response team in agreement with the government of the Republic of Angola and in close coordination with the WHO. The team included public health and medical experts from Belgium, Germany and Portugal and representatives from the European Commission and the European Centre for Disease Prevention and Control. The team reviewed the epidemiological situation of yellow fever in Angola, assessed implemented control measures to advise the national health authorities and evaluated the risk of the spreading of yellow fever to the EU. The teams recommended specific [actions](#) to minimise the risk of infection in Angola, as well as of an international spreading of the virus, and identified long-term research priorities.