



## European Medical Corps

ECHO FACTSHEET

### Facts & Figures

The European Medical Corps is the new framework for mobilising medical and public health experts and teams for preparedness or response operations in or outside the EU

11 EU Member States have committed medical teams, mobile laboratories, medical evacuation planes and logistical support teams to the European Medical Corps

Teams of public health experts and mobile laboratories were mobilised in 2015 during the Ebola outbreak and in 2016 during the Yellow fever outbreak

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

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Photo credit: Luxembourg Air Rescue

### The EU Civil Protection Mechanism

- At the height of the Ebola crisis in West Africa, the acute shortage of trained medical teams ready for deployment for health emergency response became an apparent gap in the international response.
- As a direct response, the European Union has 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 ([EUCPM](#)).
- To be part of the European Medical Corps, the teams need to undergo a certification process to make sure they meet the strict quality criteria and that they are trained to work within the international coordination framework. In return they benefit from EU financial support.
- In 2016, 11 EU Member States already offered teams and equipment to the European Medical Corps (BE, LU, ES, DE, CZ, FR, NL, FI, SE, IT, RO).

## Background



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The Ebola outbreak in West Africa showed important gaps in the international and the European response: the difficulty to quickly deploy medical staff and deal with logistics and management challenges. This led Germany and France in late 2014 to propose a "White Helmets" initiative, which laid the foundation of the European Medical Corps (EMC).

The EMC is the new framework for mobilising medical and public health experts and teams for preparedness or response operations inside and outside the EU. The EMC will be Europe's main contribution to the Global Health Emergency Workforce being set

up under the helm of the World Health Organization (WHO). Therefore, work on all strands of the EMC is carried out in close cooperation with the WHO.

The EMC will significantly increase the availability of doctors and medical equipment needed to respond to emergencies, and will also allow for better planning and preparations for responses to emergencies with health consequences. It will create a European medical assistance capacity that meets requisite levels of quality. Synergies at the operational level will be fully exploited by deploying

multi-sectorial teams and teams that complement each other (i.e. a medical team together with a mobile laboratory and a logistical support unit).



© Emergency Response Team, Czech Republic

## Composition of the European Medical Corps

The EMC includes emergency medical and public health teams, mobile biosafety laboratories, medical evacuation capacities, medical assessment and coordination experts and logistical support teams. These teams could be mobilised for any type of emergency with health consequences, at short notice, when needed:

**Emergency medical teams** provide direct medical care to the population affected by a disaster. These teams have to meet the high standards set up at [WHO](#) level for international deployments. So far, France, Belgium, Italy, Spain, Romania and the Czech Republic have committed teams under this category. In addition, Germany has contributed with a specialised infectious diseases isolation field hospital from the German Red Cross.

**Public Health teams** may be deployed to assess the situation and analyse the public health risk, to assess needs, to advice on measures to be taken, or to carry out specific tasks (i.e. vaccination campaigns and training). They will be formed ad-hoc by experts from various participating states, and from the European Centre for Disease Prevention and Control ([ECDC](#)).



©EMLab, Bernhard-Nocht-Institute for Tropical Medicine, Germany

**Mobile biosafety laboratories** have been developed and deployed during the Ebola outbreak response. Some of them have received EU funding (full financing for the [European Mobile Labs](#) and the EU-West Africa Mobile Laboratory by the [EuropeAid Cooperation Office](#); partial financing for the Belgian B-Life laboratory through the [EU Research Programme](#) and the EU Civil Protection Mechanism). As part of the EMC, these labs remain available for future missions. So far, Belgium committed its B-

Life Lab (Biological Light Fieldable Laboratory for Emergencies), and Germany has made available the mobile laboratory developed by the Bernhard Nocht Institute for Tropical Medicine.

**Medical evacuation capacities** are key for mobilising humanitarian and medical workers to go to areas affected by diseases or other disasters. Evacuation capacities were initially a bottleneck during the Ebola response. Therefore, the EU has developed a medical evacuation system for international humanitarian workers, in close partnership with the WHO, EU Member States, and private organisations. Luxembourg was

among the first EU Member States to commit specialised planes to the EMC followed by the Netherlands and Sweden.

**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 the host country government. Specific training for such experts was jointly organised for the first time by DG ECHO and the WHO in 2016 and will be taking place again in the next years.

Response operations in all types of disasters are conditional on good **logistical support and coordination**, which therefore, represents a key component of the EMC. Logistic teams have been committed so far by Germany, Finland, the Netherlands and Sweden.

## How the European Medical Corps operates



©ESCRIM Field Hospital, France

Once committed by the EU Member States, the teams undergo a quality assurance/certification process. Following a successful certification process, a medical response capacity is registered in the EMC and becomes available for deployment in EU emergency response operations.

The deployment of the medical teams is coordinated by the European Commission's Emergency Response Coordination Centre ([ERCC](#)), 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.

In the field, the teams will be coordinated through the coordination platform set up for the concrete emergency on the ground, managed by the relevant authorities of the affected state or under the UN coordination system.

### EU's financial support

Grants for upgrading the teams to an enhanced status of readiness, quality and availability are made available by the EU. Activities related to the certification of teams, including training, exercises and workshops can also be funded by the EU. Once part of the EMC, transport grants for deployments of the teams to emergencies of up to 85% are available.

## Examples of deployments

### Belgian laboratory to fight Ebola in Guinea

More than 30 Belgian experts were deployed to N'Zérékoré, Guinea, from December 2014 to March 2015. Their efforts within the B-Life laboratory have contributed to saving lives and putting a halt to new cases in the region. The B-Life laboratory also supported clinical research on drugs for the treatment of Ebola patients. It benefitted from the financial support of the EU Civil Protection Mechanism of around €318 000 in transport co-financing grants.



© B-Life, Belgium

### Luxembourg medical evacuation solution



© Luxembourg Air Rescue

Luxembourg was among the first EU Member States that decided to contribute to building a European Ebola medical evacuation capacity. The planes already used for routine medical evacuations were adapted, with EU financial support, to allow for the evacuation of Ebola patients. This capacity has been used for two evacuations from Sierra Leone to Europe. The EU Civil Protection Mechanism co-financed the upgrade of the planes and the evacuations with over €1,4 million.

## EU Public health assessment mission - Yellow fever outbreak in Angola



In response to the outbreak of yellow fever in Angola, the EU deployed in May 2016 a team of medical and public health experts under the European Medical Corps in agreement with the Government of the Republic of Angola, and in close coordination with the World Health Organization (WHO).

Public health and medical experts from Belgium, Germany and Portugal, and representatives from the Commission and the ECDC conducted an assessment mission to develop a better understanding of the epidemiological characteristics of the outbreak. The mission team reviewed the epidemiological situation of yellow fever in Angola, assessed the implemented control measures to later advise the Angolan health authorities and evaluated the risk of spreading of yellow fever to the EU. The EU mission team [recommended actions](#) to minimise the risk of infection in Angola as well as of international spreading of the virus and identified long-term research priorities for disease prevention and treatment.

### Overview of commitments

TYPES OF TEAMS	COMMITTED
Emergency Medical Teams	CZ x 1, ES x 1, FR x 1, BE x 1, RO x 2, IT x 1 DE (Red Cross) x 1 (infectious diseases isolation hospital)
Public health teams	Experts will be nominated for mission by Participating States & ECDC
Mobile biosafety laboratories	BE x 1, DE x 1
Medical evacuation capacities	LU x 1, NL x 1, SE x 1
Medical assessment and coordination experts	Experts will be nominated for mission by Participating States
Logistical support teams for medical operations and coordination	DE x 2, FI x 1, SE x 1, NL x 1

\* Some of the teams are undergoing quality assurance and technical upgrade and not available for immediate deployment until completion of this process.