

## **Declaration on promotion of quality of, and access to medical first aid for mine victims**

9 May 2006

In order to efficiently taking in charge the patient we need to have a comprehensive approach considering all the different steps of medical care: pre-hospital, hospital care and rehabilitations. We will have presentations by three experts in few minutes.

Since the beginning of our mandate as Co-Chairs in December 2005 we decided to concentrate on the pre-hospital phase, although without neglecting the other phases. For this purpose we established a working group on access to and quality of first medical care with the main actors involved in particular ICRC, IFRC, WHO, Tromso Trauma Care Center and Handicap International. Following yesterday's side event on this specific topic, a number of other actors have expressed their interest to join the working group.

The working group, in a first stage, examined the existing guidelines and develop a key points document highlighting the basic first 10 actions to be taken in case of injuries. It is very important to underline that those actions should not be limited to landmines injuries but can be extended to other types of trauma, for instance those resulting from road accidents, gun shoots and injuries caused in natural disasters.

These key points are about to be consolidated into a one page leaflet intended to be distributed in the field, taking into consideration the cultural context and addressing specific beliefs and misconceptions.

This Co-Chair would like to underline the crucial importance of the dissemination of the document and training in this matter. Therefore we would like to warmly recommend that the 24 most affected States include **training of the first responders** in their objectives for 2009 and in their subsequent national plan.

In order to enable those Countries to implement the above mentioned recommendation, it is necessary to have the full support, both political and financial, from States in a position to do so to help:

- 1) the most affected States to develop, within their national health structure, low cost rural decentralised medical facilities. This approach is much more cost effective than investing in expensive medical facilities in the capital cities.
- 2) and, to support the relevant NGOs and local communities to implement these training for first responders.

For this purpose we will have a presentation on a practical experience given by Tromso at 15h00, followed by an open discussion.