

# OTTAWA TREATY

Standing Committee on Victim  
Assistance and Socio-Economic  
Reintegration  
16 June 2005, Geneva

Mark STEINBECK  
MBBS FRCS LLB  
health services unit



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Emergency  
medical care ...

... please think  
outside the box



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## Emergency medical care

- ▶ **BOOM** - mine injury ... alive ... so far
- ▶ first aid ... then
- ▶ medical evacuation to ...
- ▶ health facility for definitive management ...
- ▶ surgery and recovery ...
- ▶ then physical and societal rehabilitation



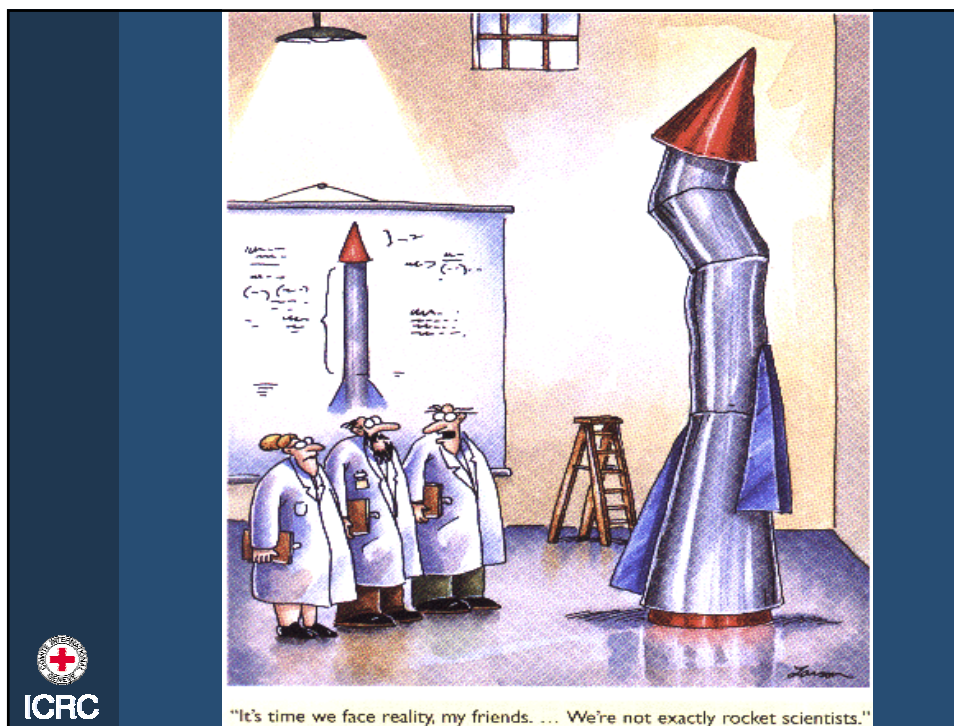
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## Emergency medical care, blocks and difficulties

- ▶ security
- ▶ health policy
- ▶ health services
- ▶ logistics
- ▶ health infrastructure
- ▶ political will and money



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## Actors

- ▶ state actors
  - ▶▶ states party
  - ▶▶ states not party
  - ▶▶ donor
  - ▶▶ recipient
- ▶ non state actors
  - ▶▶ armed groups
  - ▶▶ IOs
  - ▶▶ INGOs
  - ▶▶ NGOs
  - ▶▶ etc

# Security

- ▶ mine infestation in populated areas - population at risk and need more service capacity and access
- ▶ non state actors (ie not party to the convention) who oppose the state may be in open conflict
- ▶ safe access for medical teams if still fighting? still laying mines? explosive remnants of war (ERW)?



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# Health policy

- ▶ who set the priorities and why?
- ▶ what and where are the services?
- ▶ how and why are staff trained?
- ▶ is there an effective health information system (HIS)?
- ▶ public vs private



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# Health services

- ▶ first aid (FA) / medical evacuation (medevac)
- ▶ definitive treatment (surgery)
- ▶ physical rehabilitation
- ▶ (societal rehabilitation)



# FA / medevac

- ▶ are the ambulances any better than taxis?
- ▶ are the staff trained in emergency care and treatment?
- ▶ are there regular supplies?
- ▶ is access secure?
- ▶ is equipment maintained and updated (running costs, repairs, etc)?



## Definitive treatment

- ▶ trained staff
  - ▶ definitive surgery
  - ▶ supply of utilities, consumables and capital equipment
  - ▶ workplace safety
  - ▶ biosafety
  - ▶ post operative patient care and management
  - ▶ physiotherapy
- an **EFFECTIVE** hospital



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## Physical rehabilitation

- ▶ are there programmes?
- ▶ are staff trained?
- ▶ is appropriate technology used?
- ▶ do services include repair and replacement of prostheses?
- ▶ is there a culture of rehabilitation and reintegration?



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## ... and after physical rehabilitation ...

- ▶ is there a culture of integration back into the community?
- ▶ do certain taboos operate?
- ▶ is there a role for some form of affirmative action?



## Logistics





# Health infrastructure

- ▶ back to health policy
- ▶ includes domestic health investment
- ▶ extends to donor funding



# Political will and money

Commitments have been made ...  
there are now obligations to meet and to keep on meeting



Apart from obvious direct response programmes, what can provide added value?

- ▶ broad community development
- ▶ appropriate technology and response (TV's ER style vs the KISS principle)
- ▶ but ... fashionable funding trends vs chronic problems (eg malaria, mines)



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## Broad community development

- ▶ no health services?
  - » think health volunteer network
- ▶ no employment for reintegration?
  - » think micro credit
- ▶ victims have families
  - » think schools
- ▶ paddies with 3 rice crops reduced to 1?
  - » think really hard ...



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## Health facilities

- ▶ hospitals and health centres are easy but ...
  - ▶ which?
  - ▶ where?
  - ▶ why?
  - ▶ supply?
  - ▶ staff training and security?
  - ▶ maintenance?
- ▶ be comprehensive and sustainable



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## Access and logistics

- ▶ roads and bridges
  - ▶ access to victims
  - ▶ medevac access to definitive management
  - ▶ access to markets and therefore contributes to broader community development



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## Key question 1

- ▶ For donors, is the decision guided by the **needs of the victims** or is it guided by donor policy and therefore conditional?
  - ▶▶ eg: funding linked to specific health service models



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## Key question 2

- ▶ Is it **appropriate**?
  - ▶▶ eg: "mobile CT scan"?
  - ▶▶ eg: recycling solid rubber tyres from old military vehicles rather than importing components



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# Emergency medical care?



## Emergency medical care, blocks and difficulties

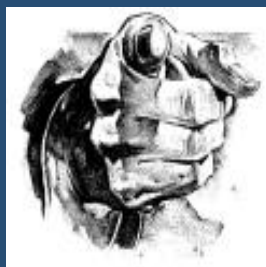
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the victims need you ...



the victims need you AND  
your continuing political  
will ...



the victims need you AND  
your continuing political  
will AND **your continuing  
financial support ...**



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Thank you



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