•Personal Protective Equipment (PPE): 6.1 need for PPE stockpile management, considering transportation, storage space, and risk of throwing away out-of-date PPE (3.63).

•Equipment and supplies: 4.3 need for solutions to increase equipment and beds capacity (3.56).

•The human factor: 2.22 need for management of fake news and mitigation of violent incidents against healthcare personnel (3.56).

•Knowledge sharing, cooperation and coordination: 3.5 need to collect data, needs, gaps, and lessons in preparation for future outbreaks (3.56).

Better integrating health care into crisis management structures was highlighted during the Madrid conference.

Conclusion: NO-FEAR highlighted the importance of real-time international real-time knowledge sharing in a crisis, the need to better address the needs of the personnel during a long-term crisis, and better integrate health into crisis management structures

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Emergency Medical Team Type 2 and Intensive Care Unit: A Necessary Binomial

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Introduction: A disaster involving significant casualties in a populated area demands the rapid development of a field hospital with personnel specialized in Disaster Medicine. In this scenario, the clinical response of Emergency Medical Teams should be guided by the knowledge of how the medical needs of the population change after the disaster itself. In order to reduce the loss of life and prevent long-term disability, it is essential to have the right tools to treat critical patients. In fact, disasters cause a variety of conditions ranging from minor to life-threatening injuries requiring admission to Intensive Care Unit (ICU).

Method: A systematic review was carried out and electronic healthcare databases were searched using terms such as "Disaster" or "Flood" or "Storm" or "Earthquake" or "Mass Casualty Incidents" and "Intensive Care Unit" or "Intensive Care" or "Health Impact". Articles that met the search criteria, published in the last 15 years in the English language, were analyzed and summarized. The objective of the review was to identify the main health problems following disasters and, in particular, the diseases that may require intensive care in order to assess the need to include ICU in the minimum technical standard for Emergency Medical Teams type 2.

Results: The review included 12 studies identified as relevant and significant for our purpose. Health problems were sorted for disaster type and severity of the injury. The review demonstrates that health problems after a disaster are different depending on disaster type, but in all the scenarios there are diseases that potentially may require timely intensive care.

Conclusion: The presence of an ICU within an Emergency Medical Team type 2 (according to WHO EMT classification) is an essential part of disaster management plans as ICU plays an irreplaceable role in saving lives and in reducing the health impact of a disaster.

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Mortality from Landmines and Explosive Hazards: Findings from a Global Epidemiological Analysis

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Introduction: Explosive hazards like landmines are known to contaminate over sixty countries and continue to threaten the health of affected communities across generations. The current study is the first to consider the impact of landmines and explosive remnants of war by drawing on global casualty data to determine mortality patterns.

Method: This study is a retrospective analysis of secondary multi-source data on over 100,000 explosive hazard casualties from 17 low and middle income conflict-affected countries. This data was collected from mine action centers, international non-governmental organizations, and international bodies (e.g., United Nations), and include surveillance data, retrospective and prospective survey, and data collected through organizational operations.

Results: The global case fatality rate was 38.8 deaths per 100 casualties. Males represented 87.4% (n = 34,642) of those killed, however females had higher odds of death when involved in an explosive incident (OR = 1.29, 95% CI: 1.24 – 1.34, $p < 0.01$). Adults experienced higher odds of death compared to children (OR = 1.60 95% CI: 1.55 – 1.64, $p < 0.01$). Case fatality ranged between countries with Lao PDR, Angola and Ukraine the countries with the highest proportion of deaths. Improvised explosive devices (IEDs) and ERW had higher odds of death compared to antipersonnel landmines (OR = 1.78, 95% CI: 1.67 – 1.91, $p < 0.01$; OR = 1.55, 95% CI: 1.50 – 1.60, $p < 0.01$).

Conclusion: Mortality from landmines and other explosive hazards remains a public health issue in conflict impacted countries. This study addresses the lacunae of global data for explosive hazard casualties and provides an understanding of how fatal injury is endured. Adult males represent the most deaths globally, however case fatality ranges across conflicts. ERW and IED had the highest risk of death. These findings underscore the need for a global health response and strengthen advocacy measures for conflict affected communities as well as weapons prohibition campaigns.

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Readiness of Emergency Medical Teams of Sri Lanka Army Medical Corps for Response to Natural Disasters in Sri Lanka

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