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Excellencies ladies and gentleman

At the 10th anniversary of the Vienna Meeting on the Convention for the Prohibition of Anti-Personnel Mines, it is important to remember that the use of landmines still persists in many countries, and that the damage that they cause is unnecessarily large. Indeed reports suggest that 26 000 people lost their lives from landmines in 1997, with about 300 000 who have been affected by life long disability. The damage caused to people’s physical, psychological and reproductive health is immeasurably high. In the aftermath of the damage, the response of the health service has to be immediate in providing emergency trauma services as well as in the long term in rehabilitating people with devastating disabilities, both physical and psychological. The health sector also has an essential role to play in advocating with partners on preventing harm from the use of anti-personnel mines, and in mounting the appropriate response both for care and rehabilitation, for victims of injuries in conflict zones.

Such a response requires a public health approach. One of the initial steps of this approach is to document the scale of the problem. The consequences of landmines are both direct and indirect. Of the direct consequences, then the following need to be measured: deaths, injuries, mutilation and disability, psychological harm, costs of health care and rehabilitation and reintegration. But there are also indirect consequences which are also devastating for the communities affected because:

- Landmines block access to essential commodities and deny access to agricultural land, disruption of food production and distribution, social and marketing activities, leading to malnutrition
- Disrupt service delivery and the supply of essential medicines leading to infectious diseases and other ill health
- At a societal level there is loss of productivity and destruction
- Women and the poor and the powerless are those most affected.

Surveillance Guidelines

The response of the World Health Organization in 2000 was to provide technical assistance in developing *Guidance for surveillance of injuries due to landmines and unexploded ordnance*. The objectives of conducting such surveillance were to highlight the magnitude of the problem so as to raise awareness of the mine problem, to monitor trends over time, to assist in priority setting for prevention (de-mining, awareness, target population), to conduct a needs assessment on the ground for the planning of resources, and for the evaluation of prevention, as well as pre-hospital and hospital care services. Member states were encouraged to integrate such surveillance into existing systems. The burden of landmine injuries would therefore be better understood relative to other injuries and disease.

The data collection tool has now been used in over 40 countries. Results have been used to highlight the burden caused by this weapon of war and to advocate for a policy response both to stop its use, and to provide appropriate services for victims. For example its use in Kosovo highlighted the need for extra preventive and curative efforts after the ceasefire because there was an increase in landmine when displaced people returned back to their homes.

Landmine injuries in relation to other injuries

War decimates human and health service resources. In these resource constrained settings it is particularly important to have an integrated and coordinated humanitarian response which ensure that the services for landmine victims are integrated into those for other victims of other trauma. At a global level it is essential to appreciate that the landmine injury problem is part of the greater problem of injuries all other causes. Injuries whether these are intentional or unintentional led to the loss of 5 million lives in 2002. Of these 1.6 million deaths were due to violence, whether self directed (810 000), interpersonal (520 000) or due to war (310 000). Estimates suggest that there were 26 000 landmine deaths in the late 1990s although current figures suggest that this has fallen somewhat to 20 000 per year. The services developed for people injured by landmines or unexploded ordnances will be part of the greater response which conflict zone countries have to mount. Part of the tragedy of conflict is that health services which provide curative and preventive services may be disrupted, making an integrated and coordinated response the more essential.

Equity

A governing principle in the response to victim assistance should be equity, whereby health services are bound to provide equal access to services to people in equal need. Such social justice should not be limited to landmine victims alone. In this respect, it is important to appreciate the burden of landmines injuries relative to the burden of all injuries and to understand that all trauma cases irrespective of cause benefit from the same services, whether these are for emergency trauma surgery, or rehabilitation and the provision of prostheses. In responding to the needs of victims the response needs to be multisectoral with health, justice, social, education and employment sectors working together to develop evidence based and equitable treatment and rehabilitation. In post-conflict zones the broader health infrastructure needs to be developed. These countries have scarce resources, but trauma care and rehabilitation are an essential component of that which requires development. In that respect WHO has produced essential trauma care and pre-hospital care guidelines for use in such settings.

The rights of the disabled

Recalling the UN Declaration on the Rights of Disabled Persons which emphasizes the right to equal opportunities and the World Health Assembly resolution which emphasizes the need for appropriate and equitable services, then people injured by landmines and other causes need an appropriate societal and health service response. In promoting

evidence based support for the disabled, WHO is in the process of preparing the World Report on Disability and Rehabilitation, which will be published in 2008.

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