



Implementation of resolutions and decisions

Prevention of violence

The signing of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction, in Ottawa in December 1997, has led to the so-called "Ottawa Process II". This process will concentrate on two major concerns: demining, and humanitarian assistance to landmine victims.

This document outlines WHO's involvement in the prevention of landmine injury and management of its health consequences, within the framework of the "Ottawa Process II".

1. Approximately 110 million landmines are scattered in 64 countries around the world, which kill or maim 150 people every week. Almost 90% of the victims are civilians, of which 70% are women and children. Landmines left behind by soldiers continue to terrorize and decimate families and communities long after being planted. The International Committee of the Red Cross estimated in mid-1996 that about 280 million people living in affected countries are at high risk.
2. Moreover, these figures are only the tip of the iceberg. They do not tell much about the burden of disability on society, the economic and social costs, the impact on the natural environment, countries' capabilities and means to measure and manage the problem, or the safety of health care workers. They do not indicate how long a landmine remains active after being planted, thus how long the risk of being killed or maimed persists.
3. However, the knowledge gained so far, on both the direct and indirect consequences of landmines, reveals that they are indeed a major public health problem, and need to be approached as such.
4. Several United Nations organizations, bilateral agencies and nongovernmental organizations are currently involved in the two major concerns of the "Ottawa Process II". As the lead agency for coordination of international work in public health, there is an urgent need for WHO to provide guidance and offer effective coordination for all health-related matters, and, in a public health framework, to coordinate its interventions with those of the major nongovernmental organizations involved.
5. A comprehensive, integrated public health programme on landmines should hence cover prevention, treatment and rehabilitation. For the purpose of sustainability, and given the impressive size of the problem in

some countries (12 000 000 landmines in Angola alone), the aim is to strengthen the capability of national health care services to assess, manage and plan for mitigating the burden of landmines.

6. WHO will be involved in five priority areas of intervention in the “Ottawa Process II”, as indicated below.

Surveillance and information: to strengthen the surveillance capability of national health systems to assess the severity of the problem through the collection of data on mortality, morbidity and disability. This surveillance system should be integrated with data on location of health care facilities, capacity, organization, equipment, staff, etc. The consequent accurate and reliable database will be a useful source of information for priority setting, progress monitoring and advocacy.

Prevention and awareness: in collaboration with other United Nations organizations, to set norms and standards for mine awareness programmes, as part of national health education programmes, in order to decrease the gravity of mine injuries. Information for awareness of mine injury should include first-aid techniques, safety procedures, and instructions on how to reach the closest health centre - essential information for improving the chance of surviving a landmine injury. Awareness programmes must include a mine avoidance element for the community and a safety promotion component for health care workers. Moreover, these programmes should be used as a tool for strategic advocacy in order to give priority to health facilities during demining operations.

Emergency care: to set national standards and programmes in order to strengthen the capability of health care facilities to deal with management of early casualties. Programmes must include training of the community in first aid, improvement of transport facilities for victims through community mobilization, decentralization of skills and resources for emergency surgery and trauma care, and improvement of laboratory and blood bank systems in order to guarantee their safety.

Rehabilitation: to set national standards and programmes for physical and psychosocial rehabilitation of landmine victims, that encompass mechanical, financial, social and occupational aspects, within the frame of community-based rehabilitation programmes. In order to respond to the critical, long-term needs of landmine victims, countries need to build up their own prosthesis facilities, including production and maintenance capacities. Programmes should include development of methods for the decentralization of rehabilitation referral centres, in order to ensure rapid reintegration of the victim in the community.

Coordination with nongovernmental organizations: to ensure wide dissemination, acceptance, adaptation and implementation of the above norms and standards. Some nongovernmental organizations have already accumulated considerable experience in this field, concerning both demining and humanitarian assistance to landmine victims. In order to enhance the global capacity to respond efficiently and to follow up the “Ottawa Process II”, WHO should act in coordination with those organizations.

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