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Prescriptions for Prevention: The Role of the Health Community in Implementing a Robust Arms Trade Treaty (ATT)

Issue Background: How a Public Health Approach Can Help Support a Robust ATT

Worldwide, arms are involved in wars and crimes, suicides and accidents that result in hundreds of thousands of deaths and millions of injuries, displacements and resettlements internally or as refugees each year. In 1996, the 49th World Health Organization (WHO) Assembly Resolution WHA49.25 declared violence a leading public health problem worldwide and urged States to assess its extent. Subsequently, the WHO developed the landmark document *Small Arms and Global Health* prepared for the first UN Conference on Illicit Trade in Small Arms and Light Weapons in 2001. In it the WHO states that “Violence is...an important health problem – and one that is largely preventable. Public health approaches have much to contribute to solving it.” Public health approaches include contributing to the development and implementation of such treaties as the Arms Trade Treaty (ATT). Although it is only one of many risk factors, we know that regions with more restrictive firearms policies tend to experience lower levels of firearm violence.¹ For this reason the WHO made securing treaties such as the ATT one of its nine priority recommendations in the 2002 World Report on Violence and Health, that is “to seek practical, internationally agreed responses to the global drugs trade and the global arms trade.”²

Armed violence has been recognized as a humanitarian crisis and a threat to development, but the dimensions of the problem may be poorly understood or under appreciated. For example, despite the comprehensive nature of the UN Programme of Action (UNPoA) on small arms, the implementation efforts around this document have been rather narrowly focused on arms management issues. The result has been a largely exclusive process, where the technical competencies of entire disciplines such as public health that are centrally important to the issue have either not been leveraged or only supported by a minority of progressive donors. The costs to health and the health care system are high. In a small pilot study conducted by International Physicians for the Prevention of Nuclear War (IPPNW) on violent injuries in hospitals in five African countries, the probability of death due to gunshot injuries was 46 times greater than death from other types of interpersonal violence, underscoring the lethality of firearms.³

The medical community has much to contribute to implementing robust arms trade agreements because they can help measure and monitor abuses and are well positioned to help prevent armed violence. Sustained high injury and death rates for violent injury require a public health commitment to develop and support *action-oriented research*, with a goal of collecting data on armed violence injuries and then using it to help formulate prevention, monitoring and evaluation policies at all levels, and which can help define as well as inform successful measures for interventions. It is important to understand the context in which armed homicides, suicides and other violent injuries occur in different countries. It has been recognized that several modalities of interpersonal violence occur in a complex interplay of individual, relationship, social, cultural and environmental factors. This approach for understanding the multiple levels of interaction has been defined as the ‘ecological model’. Among the

universal risk factors identified that are associated with higher rates of armed violence are ready access to firearms, drug abuse or use of alcohol, and socioeconomic disparities.

A public health approach to injuries from armed violence focuses on the risk factors driving it and the health effects, and brings into the arena the public health community's emphasis on scientific methodologies and prevention. Public health groups work with many sectors of society in public/public as well as public/private partnerships promoting a variety of measures that can reduce the frequency and severity of armed violence. The methods used are ones that have been developed and refined in preventing infectious and chronic diseases and injuries including polio, smallpox, and automobile fatalities in many countries. The same underlying approach can also reduce deaths and injuries from armed violence.

Public health methods begin with information gathering. Data on armed violence-related injuries will guide the identification of the risk factors that contribute to these injuries. Possible interventions can then be developed that address those factors, targeted at high risk areas and groups, tested for feasibility, and evaluated for effectiveness. Results can be used by health professionals to bring awareness to the magnitude of the problem, and to advocate for public policies and health strategies to reduce violence. Capacity building for injury prevention is one of the main challenges facing the injury prevention area today – we need more donor investment in this area, where dollar for dollar prevention strategies will prove to be not only economical but effective.

How Would a Robust Arms Trade Treaty (ATT) Promote Health and Development?

By recognizing the interconnectedness of the unregulated arms trade, armed violence and the undermining of human rights, including implicitly the right to health, a robust ATT will help prevent the misuse of arms and thus reduce resultant deaths and injuries. An ATT also has the potential of helping to reduce the diversion of resources from vital social services such as public health and social development that currently flows to arms management, security, defense and fighting criminality. As a strong and humanitarian-based ATT also holds the potential of emphasizing primary prevention of armed violence (to prevent victims in the first place).

How Does the ATT Address Health, Human Rights and Development?

Preamble:

Bearing in mind that civilians, particularly women and children, account for the vast majority of those adversely affected by armed conflict and armed violence,

Recognizing also the challenges faced by victims of armed conflict and their need for adequate care, rehabilitation and social and economic inclusion,

Article 1 – Object and Purpose

The object of this Treaty is to:

- Establish the highest possible common international standards for regulating or improving the regulation of the international trade in conventional arms;
- Prevent and eradicate the illicit trade in conventional arms and prevent their diversion;

for the purpose of:

- Contributing to international and regional peace, security and stability;
- Reducing human suffering;

Article 6 - Prohibitions

3. A State Party shall not authorize any transfer of conventional arms covered under Article 2 (1) or of items covered under Article 3 or Article 4, if it has knowledge at the time of authorization that the arms or items would be used in the commission of genocide, crimes against humanity, grave breaches of the Geneva Conventions of

1949, attacks directed against civilian objects or civilians protected as such, or other war crimes as defined by international agreements to which it is a Party.

Article 7 - Export and Export Assessment

1. If the export is not prohibited under Article 6, each exporting State Party...shall, in an objective and non-discriminatory manner... (1), assess the potential that the conventional arms or items: (a) would contribute to or undermine peace and security; (b) could be used to: (i) commit or facilitate a serious violation of international humanitarian law; (ii) commit or facilitate a serious violation of international human rights law...

4. The exporting State Party, in making this assessment, shall take into account the risk of the conventional arms covered... being used to commit or facilitate serious acts of gender-based violence or serious acts of violence against women and children.

What is the Role of Health Organizations in the ATT Process?

Medical NGOs such as International Physicians for the Prevention of Nuclear War (IPPNW) can provide expertise to governments and National Focal Points on Violence Prevention to enhance capacity to prevent armed violence and to help victims of armed violence.

Health organizations can help illuminate the costs of armed violence to policy makers at forums from the UN to State governing bodies to encourage changes in government spending priorities or stricter controls on arms imports etc. The numbers are staggering. For example, IPPNW hospital-based research in El Salvador on the costs of gun violence in one hospital showed that care for gunshot victims consumed nearly 11% of the hospital's annual budget. In Nairobi, Kenya medical care to repair a boy's jaw shattered by a gunshot cost the equivalent of immunizations for 250 children or a year of primary education for 100 children. In Zambia, a single gunshot injury can prevent 100-300 people from receiving malaria medication. And the medical costs to treat a young girl in Nepal hit by a stray bullet in a firefright was the equivalent of 3.5 years of her father's salary, or enough to equip an entire health center in her village.⁴

Medical experts can work with police and community leaders to identify high crime areas and design interventions to prevent access to and use of firearms. Doctors and other health professionals can help screen for potential gun violence to stop it before it happens. They can also advise on other types of mitigation strategies. For example, in 1997 the Austrian law was changed to require that firearm owners undergo psychological testing and be over 21; there was a subsequent decline in firearm-related suicides and homicides.⁵

Global and Regional Progress in the Past Decade on Addressing Armed Violence from a Public Health Perspective:

The passage and ratification of the ATT was a major milestone in responding to the priority recommendation of the 2002 WHO report and its stated concerns – “The global drugs trade and the global arms trade are integral to violence in both developing and industrialized countries. Even modest progress on either front will contribute to reducing the amount and degree of violence suffered by millions of people.”⁶ However, the ATT must be vigorously implemented and other measures nationally and regionally need to be taken to address armed violence.

The WHO, via its Violence Prevention Alliance (of which IPPNW is an active member), has reported on other notable activities in different regions of the world in six *Milestones of a Global Campaign for Violence Prevention* reports bi-annually since 2004. In addition, the WHO TEACH-VIP (Violence and Injury Prevention) module, designed to educate health professionals, policy makers and others, is gradually being disseminated and used at the country level in

medical and public health schools and elsewhere to encourage implementation of intervention programs that can be evaluated for efficacy and perhaps replicated.

In 2008, WHO established violence focal points at Health Ministries, now in over 100 countries. Many countries have developed national policy documents and and/or produced a national report on violence and health⁷. Prior to the 9th World Conference on Injury Prevention and Safety Promotion held in March 2008 in Merida, Mexico, a *Meeting of Ministers of Health of the Americas* was held to discuss the occurrence of violence and injury and the implications of its effect in the region of the Americas and the Caribbean, resulting in a *Ministerial Declaration on Violence and Injury Prevention in the Americas*. The Ministries of Health committed to 13 points of action, including development, implementation and evaluation of national, state and municipal plans for violence injury prevention in each country, and strengthening the collection of epidemiological data, including information on risk and protective factors, as well as on injury and death statistics and costs related to injuries and violence.⁸

However, little progress has been made on systematically integrating public health measures into preventing and reducing firearm violence. In particular, action-oriented research has received very little support from donor countries supporting work in connection with the Programme of Action on Small Arms and Light Weapons, or on the ATT, although it has been undertaken in small pilot ways by NGOs as well as more systemic ways in a very few countries by WHO and local health and UNDP partners. The Geneva Declaration on Armed Violence and Development, whose convening meeting was hosted in 2006 by Switzerland and the UNDP, and has now been endorsed by over 100 States, has called for more donor investment in violence prevention. The WHO companion report, *Preventing Violence and Reducing Its Impact: How Development Agencies and Governments Can Help*,⁹ details the health effects of violence and how it obstructs achievement of the Millennium Development Goals. **The report identifies data collection and research on violence prevention (especially evaluation) as a top priority, and engaging the health sector as one of 4 “best buys” for donor investment for reducing the consequences of violence.**

Recommendations to States:

IPPNW recommends the following as a basic action agenda to help states incorporate public health strategies into their National Action Plans on Violence Prevention. Some of these require no substantial resource investment but may require the involvement of Ministries of Health and other government agencies and civil society sectors including the health community.

- **Recognize that health and development are intricately linked** as highlighted in the Millennium Development Goals and the Geneva Declaration, and encourage states to invest in prevention programs by integrating public health strategies into National Action Plans, including those related to development, health and poverty reduction.
- **Ensure health representation on National Commissions on Small Arms**, and that at minimum the Ministry of Health is represented, and ideally an NGO member of the health community as well, to help assess the most strategic investments based on highest needs.
- **Implement national collection of data on gun-related deaths and related costs**, needed to guide prevention planning, identify high-risk groups and areas, and to monitor the effects of interventions. **Support hospital- and community-based research projects to provide details on gun-related injuries**, which are needed to identify risk and resilience factors, and assure proper prevention and management of victims. The cost of this should be included National Commission budgets.

- **Increase support for victim assistance programs** that include comprehensive follow-up to ensure productive reintegration of individuals into society.
- **Educate the medical community, students, the media, the public, and policy makers about the public health burden of gun-related injuries.**
- **Encourage more involvement of the injury prevention community in gun-related injury prevention.** This group can help to apply decades of experience with public health approaches to the prevention of injuries from small arms and light weapons.

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¹ World Health Organization. Violence Prevention: The Evidence. Reducing Access to Firearms. Geneva, 2010.

² Krug E. et al. World Report on Violence and Health. Geneva, World Health Organization, 2002.

³ Zavala DE et al. Implementing a hospital based injury surveillance system in Africa. Lessons learned. *Medicine, Conflict and Survival*. Vol. 24, No.4;October-December 2008.

⁴ International Physicians for the Prevention of Nuclear War. One Bullet Story case studies. Available at www.ippnw.org

⁵ Personal communication with Michael Schober MD, IPPNW Austria. May 2011.

⁶ Krug E. et al. World Report on Violence and Health. Geneva, World Health Organization, 2002.

⁷ Brown D et al. Third Milestones of a Global Campaign for Violence Prevention Report 2007. Scaling Up. World Health Organization;Geneva 2007.

⁸ Ministerial Declaration on Violence and Injury Prevention in the Americas Merida, Yucatan, Mexico. 14 March 2008. Available at http://www.who.int/violence_injury_prevention/declaration%20en.pdf. Accessed November 13, 2009.

⁹ World Health Organization. Preventing Violence and Reducing Its Impact: How Development Agencies and Governments Can Help. Geneva, 2008.