International Physicians for the Prevention of Nuclear War

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Prescriptions for Prevention:
A Public Health, Human-Centered Approach to Reducing Firearm Violence, Promoting Health and Development

Policy Paper to the United Nations Programme of Action on Small Arms and Light Weapons

Issue Background: Why Do We Need a Public Health Approach to Armed Violence?

Small arms are involved in wars and crimes, suicides and accidents, violent acts against women and children, and many other forms of interpersonal violence that result in hundreds of thousands of deaths and millions of injuries each year. It is a huge health problem embedded in an even larger one of violence itself.[1] These numbers are merely best estimates, as systematic and comprehensive reporting and recording of deaths and injuries from firearms is scarce in low to middle income countries, where 90% of injuries from violence occur.[2]

In 1996, the 49th World Health Organization (WHO) Assembly in Resolution WHA 39.25 declared "violence as a leading public health problem worldwide." 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."

Armed violence has been recognized as a humanitarian crisis and a threat to development. However, 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 health that are centrally important to the issue have either not been leveraged or only supported by a minority of progressive donors.

Reducing sustained high rates of injury and death associated with armed violence will require a commitment to develop and support *action-oriented public health research*, as called for in the PoA. Collecting scientifically sound data is critical to generating sound policies, regulations and prevention strategies, which can then be measured and evaluated. Unfortunately, such injury surveillance programs, and the data they would generate, are rare and what does exist is grossly under-resourced. If the international community hopes to markedly reduce the serious humanitarian and socio-economic impacts of armed violence, then public health research must be raised as a priority among policy-makers and donor agencies.

It is important to understand the context in which homicides and 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. In a small pilot study conducted by IPPNW on violent injuries in five hospitals in five African countries, the probability of death due to gunshot injuries was 46 times greater that death from other types of interpersonal violence, underscoring the lethality of small arms.[3]

A public health approach to small arms injury focuses on the risk factors driving armed violence and the health effects of gun violence, 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 promoting a variety of measures that can reduce the frequency and severity of shooting injuries. The methods used are ones that have been developed and refined in preventing infectious and chronic diseases and injuries including polio and malaria, HIV infection, smallpox, and automobile fatalities in many countries.

The same underlying approach can also reduce gun deaths and injuries. Public health methods begin with information gathering. Data on gun-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. Building capacity for victim identification, support and long term care including mental health also needs to be addressed. In addition to physical injury, violence can have lifelong psycho-social effects.[4]

How Does the UN Programme of Action Address the Problem?

Specific reference to health is made in two places in the Programme of Action:

- The Preamble section 15 that references the challenge to human health posed by SALW;
- And further in Part III (Implementation, International Cooperation and Assistance) paragraph 18 that states: "*States, regional and sub regional and international organisations, research centres, **health and medical institutions**, the United Nations System, international financial institutions and civil society are urged as appropriate, to develop and support **action-oriented research** aimed at facilitating greater awareness and better understanding of the nature and scope of the problems associated with the illicit trade in small arms and light weapons…"*

However, the PoA does not prescribe specific actions to accomplish this goal.

Indirect references to health are found in a number paragraphs including:

- Reference to humanitarian consequences; reducing human suffering; assistance to victims; (Preamble 2, 4, 5)
- The need for public awareness and confidence-building programmes on the problems and consequences of the illicit trade in small arms (II. 20)
- The focus on disarmament, demobilisation, and reintegration (DDR) of ex-combatants (II.21, 30, 34, 35, III. 16)
- The emphasis on the special needs of children (Preamble 6, II.18, 22)
- Impact on women and the elderly (Preamble 6)
- The recognition of the need to promote conflict prevention and resolution, and to 'promote dialogue and a culture of peace' (Preamble 15; II. 20, 41; III. 4)
- The recognition of the need to make 'greater efforts to address problems related to human and sustainable development' (III.17)

However, again, the PoA does not prescribe specific actions to address these issues.

Finally, the PoA explicitly calls for simultaneously approaching the small arms issue from both the supply and demand perspectives. This call, perhaps more than any single dimension of the PoA, is the most seriously underdeveloped and the most likely to hamper the PoA's ultimate effectiveness. One factor that is a major driver of demand for weapons is an individual's perception of security within his or her environment. Highly violent communities are therefore not just the central concern of the PoA, they are the environments which must be made less violent in order to reduce demand for small arms. The public health approach is ideally suited to engaging with community based prevention of armed violence, because it can help tailor prevention activities within the community context that are relevant to specific situations, and those programs can be evaluated and assessed for effectiveness, thereby providing the most direct means of driving down demand for small arms.

Global and Regional Progress Since 2001

Some progress has been made to respond to the PoA call for action on health, but much more needs to be done and it will not be accomplished without international investment and dedicated efforts at the country and local levels. Questions asked on the UN PoA country reporting template deal exclusively with arms management, transfers, stockpiles etc., with nothing regarding armed violence prevention programs and policies,.[5] WHO has established violence focal points at Health Ministries in over 100 countries, and many countries have developed national policy documents and and/or produced a national report on violence and health,[6] but many of the focal points are not interacting with National Commissions on Small Arms.

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.[7] However, many areas of the Americas region remain ones of rising crime and violence[8] The WHO, via its Violence Prevention Alliance (VPA), has reported on promising or successful violence prevention initiatives in different regions of the world in six *Milestones of a Global Campaign for Violence Prevention* every two years since 2004. The VPA is now shepherding a new *Global Plan of Action for the Global Campaign for Violence Prevention 2012-2020*, a set of policy, legal and programme-delivery goals at national level towards which global violence prevention efforts can be directed. In addition, the WHO TEACH-VIP module (Violence and Injury Prevention), designed to educate health professionals, policy makers and others, is 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 replicated.

The Geneva Declaration on Armed Violence and Development, whose convening meeting was hosted in 2006 by Switzerland and the UNDP, has now been signed by over 100 countries. It has shined a spotlight on the huge costs of armed violence to development, and has called for more donor investment in violence prevention, but this investment is not yet evident. The WHO companion report, *Preventing Violence and Reducing Its Impact: How Development Agencies and Governments Can Help***,** 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 consequences of violence.

In short, little progress has been made on systematically and comprehensively integrating public health measures into preventing and reducing small arms violence. Action-oriented research in particular has received very little support from donor countries supporting work in connection with the PoA, 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. Hospital-based data on gun violence injuries in the global South is scarce. In an audit of a major hospital in Monrovia, Liberia (a fragile state), IPPNW research found that intentional injury data is not currently collected routinely or systematically. Records also indicated 46% of patients injured from assaults were female, while only 23% of the violence cases reported to the Liberian Armed Violence Observatory LAVO from other sources (such as police data, media reports) were female.[9] From this small review we see the potential for huge gaps in reported data, and how it may be impeding the development and implementation of tailored interventions to prevent gun violence, especially against the most vulnerable populations.

Recommendations to States:

IPPNW seeks to make the impacts on health of armed violence more widely understood and aim to assist governments in gauging feasible policy options to address them. We recommend the following as a basic action agenda to help states incorporate public health strategies into their National Action Plans. 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 medical and public health organizations and communities.

- **UN PoA outcome documents should refer explicitly to the need for a comprehensive supply and demand approach** to the control of small arms & light weapons proliferation.

- **UN PoA reporting documents should ask about progress on programs and policies to prevent armed violence.**

- **Recognize that health and development are intricately linked** as highlighted in the Millennium Development Goals and the proposed Sustainable Development Goals, 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 through national programs as well as development funding hospital- and community-based research projects to provide details on firearm injuries,** necessary to identify risk and resilience factors, and assure proper prevention and management of victims. The cost of this should be included National Commission and development budgets.

- **Support through national programs as well as development funding medical community participation in local evidence-based armed violence prevention programs,** as well as ongoing measures to evaluate efficacy.

- **Increase support for survivor and victim assistance programs** that include comprehensive follow-up to ensure productive reintegration of individuals into society.

- **Educate the medical community, the media, the public, and policymakers about the public health burden of gun-related injuries**.

- **Encourage more involvement of the injury prevention community in firearm injury prevention.** This group can help to apply decades of experience with public health approaches to the prevention of injuries from firearms.

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