A/CONF.192/2006/PC/CRP.3

4 January 2006
English only

Preparatory Committee for the United Nations Conference to Review Progress Made in the Implementation of the Programme of Action to Prevent, Combat and Eradicate the Illicit Trade in Small Arms and Light Weapons in All Its Aspects
New York, 9-20 January 2006

Assistance to survivors
(Submitted by Canada)

1. Introduction

In the years since the PoA was agreed, there has been a significant number of people injured or traumatised from the misuse of small arms. The World Health Organisation estimates this number to be three-four times the number of direct fatalities from armed violence annually.[1] Countless more people have been left grieving the death of family members, friends, colleagues and neighbours.

The global burden of disease from violence and injuries (including homicide and suicide) is estimated to be 9% of global mortality and a leading cause of disability.[2] Even for those nations with extensive health care and social support systems, the physical and psychological burdens of gun violence are high.

Small arms control debates and efforts have to date poorly addressed this aspect of the *illicit trade in small arms and light weapons in all its aspects*. The forthcoming Review Conference provides an opportunity to consider the issue and identify policy responses for States, civil society and international organisations to adopt.

As the PoA has been implemented there has been increasing recognition of the need for both preventative and responsive action. At various levels, on different aspects of the small arms issue policy efforts are being undertaken from these two perspectives. This is a useful reference point for understanding the possible policy issues related to assisting

[1] World Health Organisation (2001), Statement by Dr. Etienne Krug to UN small arms conference, July; See also World Health Organisation (2004), Small Arms, Landmines and Health, Geneva. Available at: www.who.int/mipfiles/1965/SmallArmsLandminesandHealth.pdf.
[2] World Health Organisation (2000), *Injury: A leading cause of the Global Burden of Disease,* Geneva. Available at www.whqliboc.who.int/publications/2002/9241562323.pdf

survivors of small arms misuse: prevention of future disabilities and trauma, and responsiveness to the needs of existing survivors.

Those injured or traumatised are often left with disabilities that can impede effective employment, well-being, and reintegration into community and family life. Long term effects can include physical challenges as well as psychological impairment, depression, suicidal behaviour, and substance abuse. A key public policy rationale for addressing the needs of survivors, as identified by the World Health Organisation, is that victims of violence are also themselves at increased risk of committing violence against others.[3] This is an important consideration to prevent further injuries or fatalities through acts of retribution.

A second key rationale is evident in the largely unmeasurable direct *and* indirect emotional, psychological and economic impacts of those who provide care-giving assistance to the injured, disabled or traumatised. The impacts that this may place on health care systems, sustainable livelihoods, poverty reduction efforts and gender equality require investigation.

2. Existing commitments

In addition to the existing recognition and obligations of States to provide and facilitate health care, there is a growing awareness of the rights of disabled people, exemplified in UN Disability Convention process.[4] The 2005 World Health Assembly also noted the necessity of providing assistance to individuals with disabilities if the Millennium Development Goals are to be fully realised.[5]

Global level	
Universal Declaration of Human Rights, 1948	Article 25(1): "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his (sic) family, including . . . medical care and necessary social services, and the right to security in the event of . . . disability . . . or other lack of livelihood in circumstances beyond his control."
International Covenant on Economic, Social and Cultural Rights, 1976	Article 12(1): "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."

[3] Butchart A, et al (2004), *Preventing violence: a guide to implementing the recommendations of the World Report on Violence and Health*. Department of Injuries and Violence Prevention, WHO, Geneva, p. 61

[4] Ad Hoc Committee established by General Assembly resolution 56/168 to "consider proposals for a comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities"

[5] World Health Assembly resolution on 'Disability, including prevention, management and rehabilitation', 2005, WHA 58.23, para.13 preamble

UN Disability Convention process	In December 2001 the General Assembly adopted resolution 56/168, deciding on the establishment of an Ad Hoc Committee to consider proposals for a convention.
World Health Assembly resolution on 'Disability, including prevention, management and rehabilitation', 2005	WHA 58.23: "Mindful that the internationally agreed upon development goals as contained in the UN Millennium Declaration would not be achieved without addressing issues related to the health and rehabilitation of persons with disabilities."
Sphere Humanitarian Charter and Minimum Standards in Disaster Response, 2004, Minimum Standards in Health Services	Social and Mental aspects of health: People should "have access to social and mental health services to reduce mental health morbidity, disability and social problems" (pp. 291-293)
Final Report of the First Review Conference of the States Parties to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines APLC/CONF/2004/5	Recognition of the need for "legislation and actions that promote effective treatment, care and protection of all disabled citizens." (pp. 31-32, Part II, section VI, para.78)
Regional level	
EU Joint Action on Small Arms and Light Weapons, 1998 (amended in 2002)	Encourages EU funding of victim assistance programmes (Article 6.1)

3. Key challenges

A key challenge is the weak inclusion of the issue in the PoA. References could be elaborated to promote greater understanding of the policy concerns as part of the clear commitment from Member States to tackle the small arms issue.

Beyond an important though general concern to "reduce human suffering" (Preamble para.4), there is reference to some categories of people victimised by small arms misuse such as women, children and the elderly (Preamble para.6). This could be consolidated drawing on the research that has been developed since 2001 as part of the call to include references to impacts on men and women. Men's disproportionate death and injury rates from armed violence could also be more clearly articulated. In particular young men and boys are vulnerable to victimisation from small arms misuse in a variety of settings, as well as being leading perpetrators of armed violence.

In addition the primary care-giving roles that many women are faced with due to armed violence could be succinctly acknowledged by Member States as part of broader efforts to recognise and promote greater gender equality. Women's unique and overwhelming exposure to sexual violence perpetrated with the misuse of small arms also requires greater recognition.

Attention to "the special needs of children affected by armed conflict, in particular the reunification with their family, their reintegration into civil society, and their appropriate rehabilitation" (Section II, para.22) is further encouraged in the PoA. This reference could be consolidated with articulation of the distinctly different ways in which boys and girls are traumatized from the misuse of small arms. Increasingly this recognition is a feature of programme design in various settings.

Considering the needs of survivors of armed violence is also increasingly understood as having a number of consequences for strategic DDR planning, the importance of which is noted in Section II, paras.21, 30 & 34 of the PoA. Effective DDR can be better enhanced with detailed identification of the health and rehabilitation of ex-combatants in order for a full return to civilian life.

An obstacle to greater clarity on the issues related to survivors assistance is the need for more detailed action-oriented research to inform policy-making at national, regional and global levels as called for in the PoA: "develop and support action oriented research aimed at greater awareness and better understanding of the scope of the problems associated with the illicit trade in small arms and light weapons in all its aspects" (Section III, para 18). Member States, international organisations and civil society can commit to identifying information to better address this aspect of the illicit trade in small arms.

4. Suggestions for policy consideration

1. Identify where gaps may exist in provision of emergency response systems, trauma care and rehabilitation services for survivors of small arms violence as part of National Action Plans. Particular attention can be directed at ensuring or working towards the establishment of firearm-related injury surveillance systems to collect accurate information to inform policy development.

2. Encourage the full implementation of the recommendations of the WHO Global Campaign for Violence Prevention aiming to develop multi-disciplinary action to improve the collection, monitoring and reporting of information. In particular the call to "implement prevention programmes while simultaneously improving services for victims".[6]

3. Coordinate measures to prevent sexual violence often perpetrated at gunpoint, and to address the specific needs of women and girls surviving this form of violence. In post-conflict situations trauma counselling for these victims could be incorporated into reintegration programmes. Elsewhere, consistent training of law enforcement officials could contribute to more effective responses to such violations and improve trauma recovery.

[6] World Health Organisation (2004), *Milestones of a global campaign for violence prevention*, Geneva, Switzerland. Available at http://whqlibdoc.who.int/publications/2004/9241591188.pdf

4. Interaction and coordination of stakeholders is essential for both efficient injury prevention *and* assistance to survivors and involves planning through ministries of health and local governments, promotion of professional networks, and direct community involvement. The care of victims involves planning for emergency medical services, developing effective communication, ensuring efficient transportation and organising patient treatment. In some settings victim assistance measures need to include security both for affected individuals and health care providers. In others, assessing technical capacity and infrastructures is key to responding to the needs of victims.

5. To seek to include gun violence survivors in programme design and intervention activities, in recognition that this constituency might help identify risk factors leading to acquisition of arms and contribute to improving policy interventions for survivors. Their input could be channelled through health service providers, advocacy organisations and government agencies, as appropriate.

6. Responding to the call in the PoA for action-orientated research, to further investigate the effectiveness of prevention programmes as the most cost-effective way to limit injuries and disabilities; and in particular to implement and monitor the effectiveness of these in settings with high levels of gun violence. Directing attention to low-cost preventative measures in developing countries may prove valuable.
