PARLIAMENTARY FORUM
ON SMALL ARMS AND LIGHT WEAPONS

Policy statement on Armed Violence and Health

General Assembly of the Parliamentary Forum at their meeting in Amman, Jordan, 13 and 14 November, 2014

Each year, firearms kill hundreds of thousands of people worldwide, with millions more injured, maimed, traumatized or displaced. Armed violence is a major impediment to health and has hindered progress of all eight of the Millennium Development Goals. The World Health Organization (WHO) declared that, "The scale of small arms death and injury, and their concomitant impact on societies, is huge."[1]Armed violence is associated with a high proportion of injury, violence and insecurity in communities across virtually every country or region of the world—not only in war zones. [2] According to United Nations Secretary General Ban Ki-moon, the issue of armed violence cannot be addressed with arms control measures alone, but need to be part of a wider spectrum of policy solutions in which security, crime, human rights, health and development intersect.[3] He has also detailed, as have health organizations including the International Committee of the Red Cross, how armed violence prevents delivery of health care and humanitarian aid.[4],[5]

Not only does armed violence creates and maintains a culture of violence in society, it is a major obstacle to socio-economic development and diverts national and international health care resources from fundamental public health needs such as disease control, health and nutrition education and vaccination research and implementation. The proliferation of small arms and light weapons (SALW) also creates issues of displacement and encourages human rights violations and sexual abuse. Extensive presence of gun violence creates instability that can hamper community progress by diverting capital elsewhere or by increasing the cost of security measures for business and society. The fact that 75% of the 875 million firearms owned in the world are in hands of civilians, and that 42-60% of the lethal violence in the world is perpetrated with fire weapons increases the necessity to design and implement convergent health and arms control policies.[6]

Less than two decades ago, the 49th World Health Assembly recognized violence as a leading global public health problem.[7] Most importantly, the assembly identified the problem as one that was largely preventable. Evidence suggests that regions with more restrictive gun policies experience lower levels of gun violence, which means fewer casualties, less injuries and a lower cost to society as a whole.[8] The economic cost of gun violence is staggering.

According to the Global Burden of Armed Violence report 2008, the annual lost productivity from lethal non-conflict armed violence is roughly USD 95 billion per year. Losses could range from as high as USD 163.3 billion to as low as USD 38.3 billion.[9] The demand side of gun violence should be attended by addressing the social determinants of health, risk factors, and the root causes of armed violence. [10]

Addressing these risk factors means implementing a public health approach. Public health addresses populations but has vast implications for the health of individuals. Public health initiatives can help design solutions at the community level that are tailored to local circumstance and needs. With regards to violence reduction and prevention, the public health perspective utilizes multiple disciplines such as economics, psychology, sociology, criminology, etc. to impact policy and policy-makers for the greater good. Improving assistance to victims and survivors of armed violence is also a critical area of focus where more attention is needed.[11]Public health is also the purview of policy-makers entrusted with the care of the people they represent. A closer working relationship between health professionals and other concerned about armed violence, including policy-makers, is thus desirable.

Health professionals are often primary witnesses to the gruesome impact of armed violence. For many, the work requires being on the front lines of conflict or addressing the aftermath of violence in their hospitals, clinics and communities. Policy makers need to hear these facts about the human consequences of armed violence in order to persuade peers to institute protective measures against armed violence. The medical and policy communities together have been instrumental in advocating for international agreements, such as the Arms Trade Treaty and the Cluster Munitions Convention, as public health imperatives that address the humanitarian aspect of armed violence.

Health professionals and lawmakers working together globally can ensure that every country in the world enacts firearm laws based on armed violence prevention as a public health imperative, not as an individual right to own a gun. In addition, that governments should invest in primary prevention of armed violence from the community level on up.

Objectives

The General Assembly of the Parliamentary Forum at their meeting in Amman, Jordan, 13 and 14 November, 2014;

Acknowledges that armed violence is a public health crisis, and that we need a public health approach to address it, which seeks to prevent violence by identifying risk factors and devising interventions;

Recognizes the human costs of armed violence to be high, including medical, psychological, social, community and economic costs to society;

Recalls the resolution adopted by the 131st Assembly of the IPU, on the role of parliamentarians and the urgent resource mobilization to tackle Ebola crisis, emphasizing the direct link of insufficient infrastructure in post-conflict countries as a result of armed violence, the burden to the health care system and subsequent risk of spreading highly contagious diseases like the Ebola.

Supports the mobilization of the medical community worldwide, with the support of parliamentarians, to help implement and monitor the Arms Trade Treaty, the UN Program of Action, the Cluster Munition Convention and other disarmament initiatives, in order to lessen demand and access to SALW and to promote safety and peace throughout societies;

Highlights the importance of bridging the gap in dialogue among the parliamentary, health, and security sectors;

Encourages harmonization between actors such as WHO national focal points and SALW commissions, which can provide specific recommendations for multi-sectorial community armed violence prevention initiatives;

Urges the need for raising awareness on the threat of armed violence to the development of societies and its impact to public health;

Recommends states to implement public policies, encourage social norms and education, as well as review of previous legislation in order to address the links between armed violence, public health and development;

Considers the need for States to develop prevention and treatment programmes relative to the long term mental and psychological impact of armed violence on communities and to provide clear, concise and effective policies that can reasonably be drawn from the available evidence;

Encourages its members, through their awareness-raising role, to sensitise colleagues, ministries of health, SALW commissions and other actors about recommended actions to address SALW violence prevention through public health approaches;

Mandates the Board and the Secretariat to follow the development of the impact of armed violence on public health, and to take action in line with the adopted policy.

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UN Conference on Illicit Trade in small arms and light weapons, 9–20 July, WHO/NMH/
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[9]Secretariat, G. D. (2008). Global Burden of Armed Violence. Geneva: Geneva Declaration Secretariat. http://www.genevadeclaration.org/fileadmin/docs/Global-Burden-of-Armed-Violence-full-report.pdf

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violence/4th_milestones_meeting/publications/en/