

Public Health & HUMAN SECURITY

Overview

Part I: The Classical role of Public health in Armed Conflicts

Part II: Public Health & Human Security in Armed Conflicts

Part III: Public health and « Political Affairs »

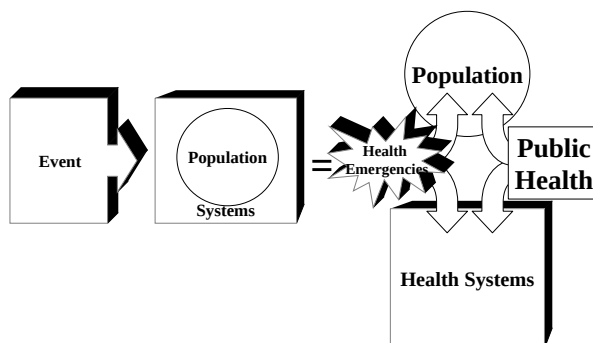
Part I

The Classical role of Public health in Armed Conflict

Public Health

The aim of public health is to improve health and the quality of life of the entire population through the rational organisations of health services.

Health Emergencies & Public Health

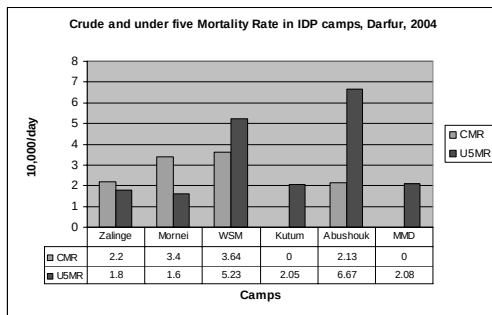


Looking at the classical role of Public Health in three situations

- Darfur. Armed conflict
- Niger: Drought
- Pakistan: Earthquake

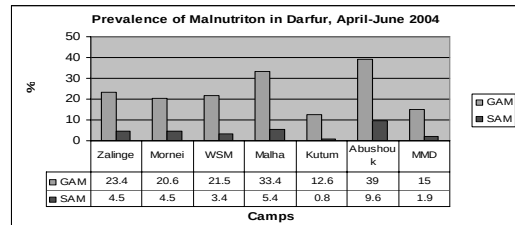
Health Conditions in Darfur

Summary of Mortality rates from surveys conducted in April-May 2004



Health Conditions in Darfur

Summary of results of Nutrition Surveys conducted in April-May 2004



Darfur: Food security



Darfur Shelter



Darfur Hygien



Darfur Water



Darfur Health Services



The health response in Darfur



Niger 2005: Drought

MSF found a global acute malnutrition rate (GAM) of 19.5 percent and a severe acute malnutrition rate (SAM) of 2.9 percent.

World Health Organization (WHO) guidelines, GAM is classified as critical above 15 percent.

Dealing with the consequences of the Drought in Niger



← Camp: Social crisis



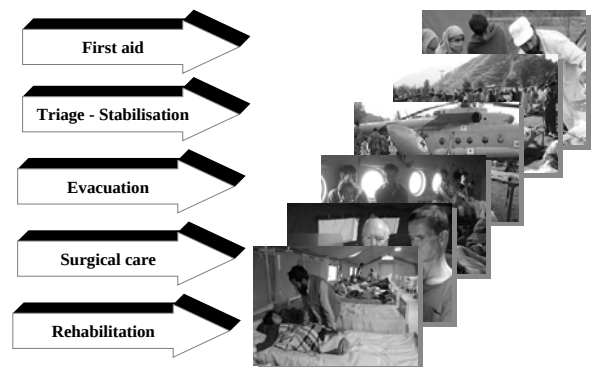
← Humanitarian Crisis

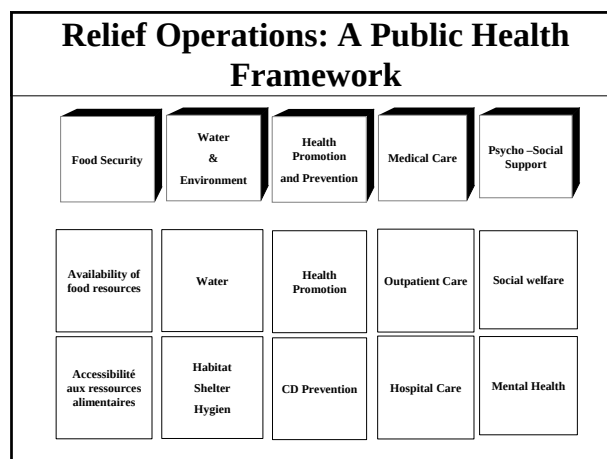
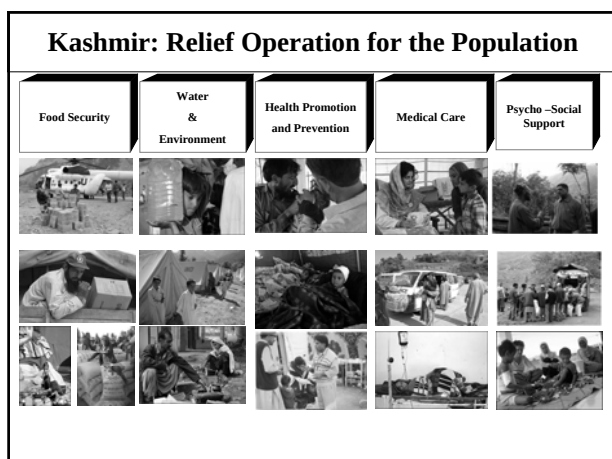
Earthquake Pakistan

The official estimates of casualty figures from the Federal Relief Commission (FRC) is: 73,318 dead and 69,392 seriously injured.

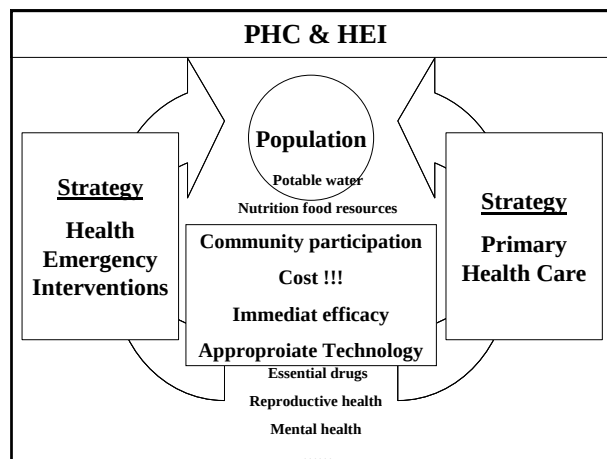
Massive displacement of population
November 11, 2005

Kashmir: Relief operation for the wounded





Is the concept of Primary Health Care (PHC) applicable in health emergencies ?



Part II

Public Health and Human Security

Human Security

Human security must go beyond the traditional concept of physical security as a result of conflict. It includes the elimination of poverty, ensuring access to basic education and health services, the protection of children, the promotion and protection of human rights, the eradication of disease and the preservation of the environment.

Maria Minna
Minister for International Cooperation
Ottawa, Ontario- October 15, 2001

Human security: Definition

Human security means protecting vital freedoms. It means protecting people from critical and pervasive threats and situations, building on their strengths and aspirations. It also means creating systems that give people the building blocks of survival, dignity and livelihood.



Outline of the Report of the Commission on Human Security
Press release May 1, 2003

Human Development Report (1994)

Safety from chronic threats and protection from sudden hurtful disruptions in the pattern of daily life

Seven types of security

- economic security
- food security
- health security
- environmental security
- physical security
- community security
- political security



Health and Human Security in Armed Conflicts

Health is Part of Human Security



Health is Part of Human Security in Armed Conflicts

Health as a right
Access to appropriate health care is a right



Health and Human Security
• Willingness to limit/stop access to health services
• Insecurity in accessing health services

Health & Human Rights

- Prohibiting, limiting access to health services is in itself a violation of the rights of people
- In armed conflicts violations of human rights may well extend to violations of the integrity of people

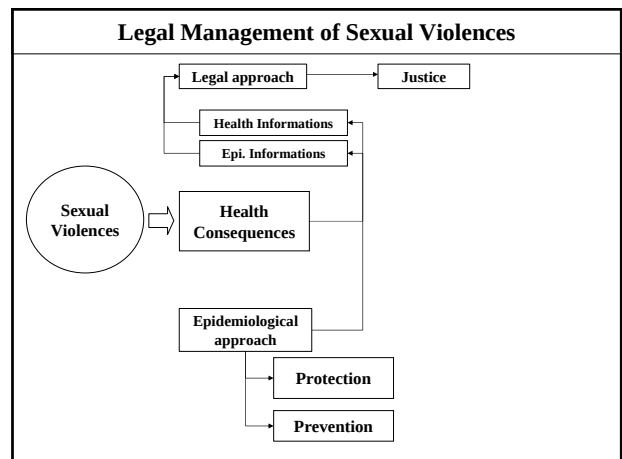
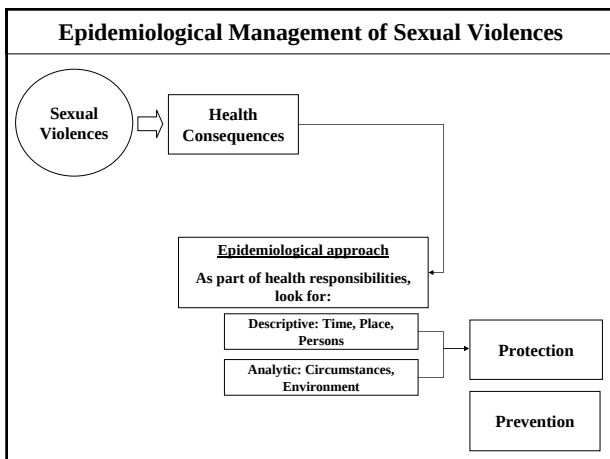
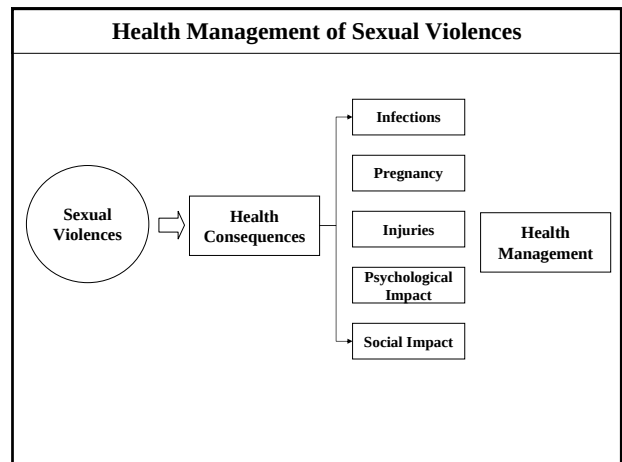
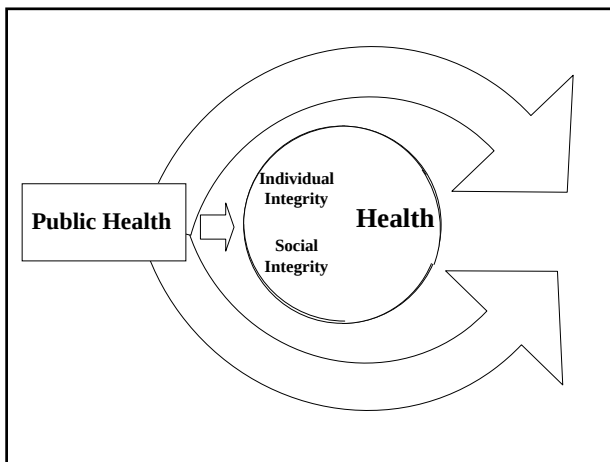
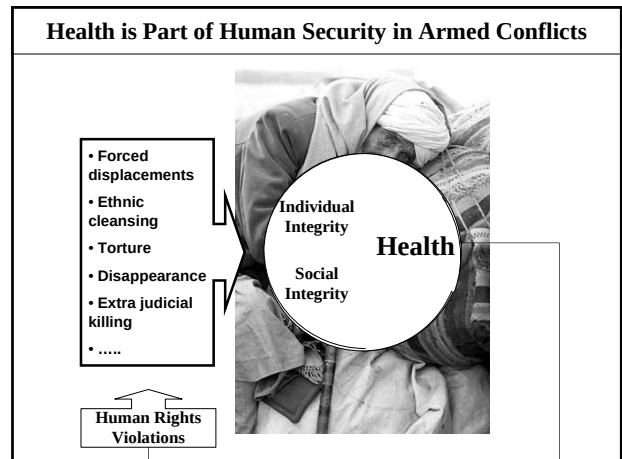
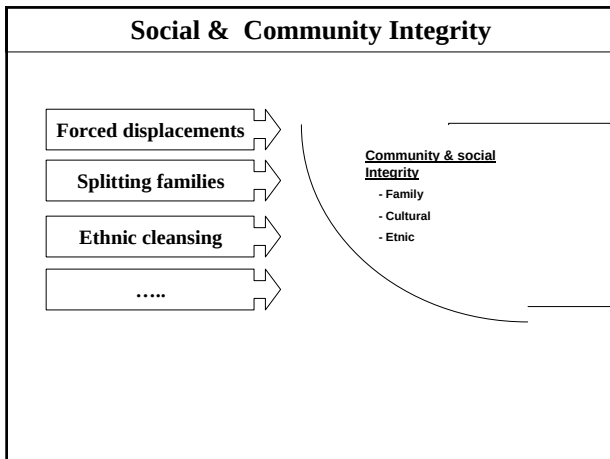
Individual Integrity

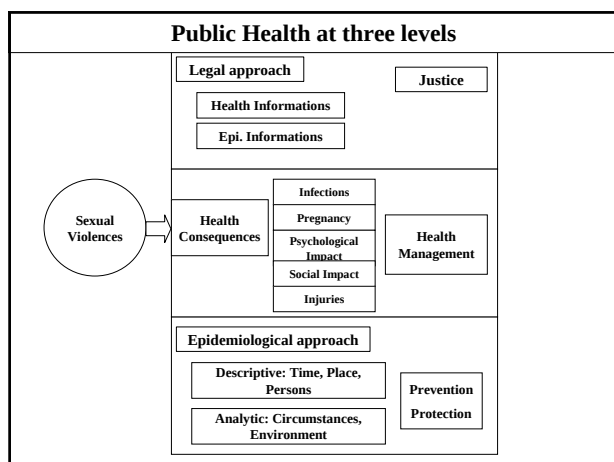
Torture

Disappearances

Sexual violences

Individual Integrity
- Physical
- Psychological





Congo - MSF
Basankusu: Impact of violence on population from 1998 to 2001

Type of violence (n=771)	Nb.	%	C.I.
Theft	596	77.3%	65.8 – 88.8
Destruction Houses/field	362	47.0%	33.0 – 60.9
Physical assault	160	20.8%	10.2 – 31.3
Imprisonment	85	11.0%	5.7 – 16.4
Torture	118	15.3%	8.5 – 22.1
Sexual abuses	103	13.4%	5.8 – 20.9
Mines	3	0.4%	0 – 0.8
Bullet wounds	41	5.3%	0.4 – 10.2
Knife/machete wounds	34	4.4%	0.2 – 8.6
Forced recruitment	82	10.6%	2.1 – 19.2

Of the 912 households questioned, 771, or 84.9% stated that at least one member had experienced violence from 1998 to 2001
Source: MSF, Access to health and violence in Congo (RDC) – Results of five epidemiological surveys – Dec 2001

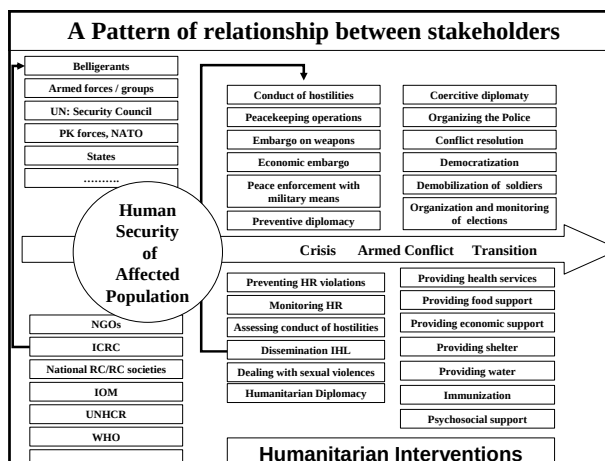
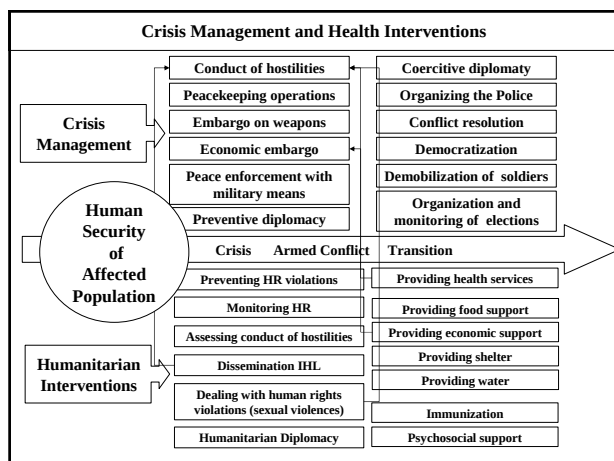
Public Health & Human Rights

A Public Health approach needs to take into consideration human security, which embraces the sustainable satisfaction of basic needs and the respect of fundamental rights of human beings.

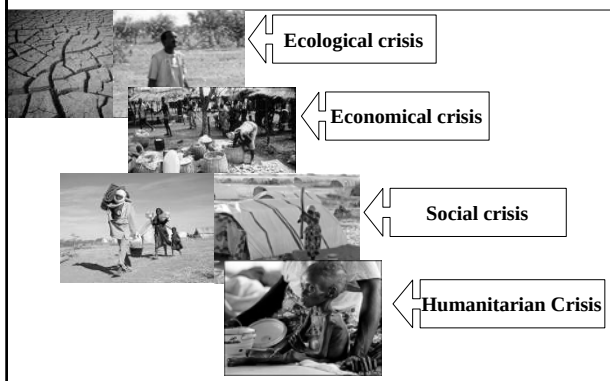
Pierre Perrin WHO, EHA Bulletin

Third Part

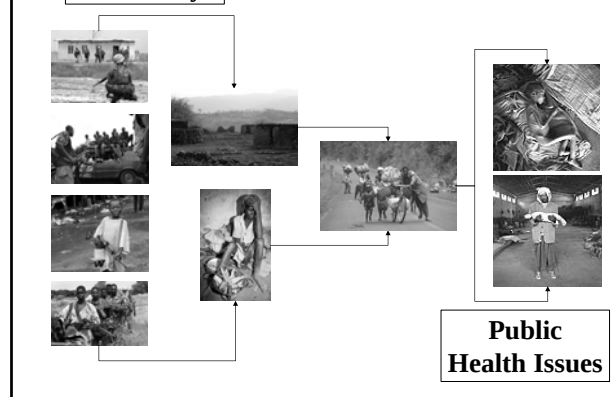
**Public Health & and
« Political Affairs »**



Analysis of the causes of malnutrition Drought in Niger



Insecurity



Antipersonal mines

P. Perle 2002

CCW 80

Protocol on prohibitions or restrictions on the use of mines, booby-traps and other devices (Protocol II)

Art.3.: General restrictions on the use of mines, booby-traps and other devices

1. This article applies to mines, booby-traps and other devices which are:
 - mines
 - booby-traps
 - other devices
2. It is prohibited to use such devices against the civilian population.
3. The use of such devices is prohibited:
 - a) which are indiscriminate;
 - b) which are of a nature to cause superfluous injury or unnecessary suffering;
 - c) which may be expected to cause incidental loss of civilian life, injury to civilians, damage to civilian objects, or a combination thereof, which would be excessive in relation to the concrete and direct military advantage anticipated.

CCW 80 - Geneva, 10 October 1980

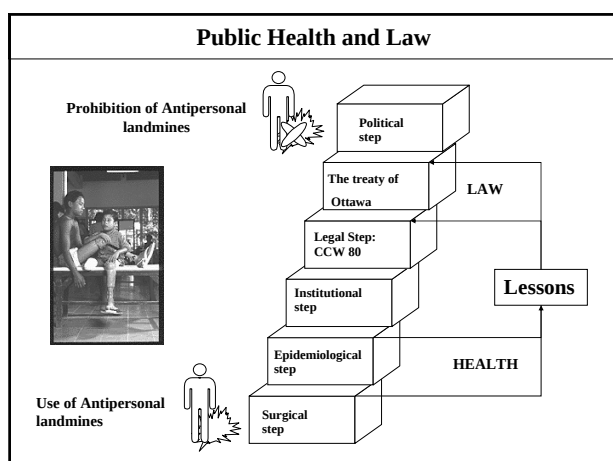
The reality of Antipersonal landmines in the field is:

- . High number of civilian casualties
- . Indiscriminate use
- . No mapping
- . No removal after the hostilities

The reality for the people wounded by Antipersonal Mines Be lucky in Cambodia

- If you are lucky some has heard the explosion
- If you are lucky somebody is able to come to your aid
- If you are lucky, that person is confident in first aid
- If you are lucky, help can be found to carry you to the roadside
- If you are lucky, a truck will come along soon
- If you are lucky, your family can find enough money to pay the transport to the hospital
- If you are lucky, the hospital will admit you
- If you are lucky, you have family members willing to give blood for you
- If you are lucky, there is a surgeon with sufficient skill to manage your injury
- If you are lucky, you have enough money to pay the antibiotics
- If you are lucky, ...

Ian Maddocks in Health or war, Antipersonnel Landmines, p.105.

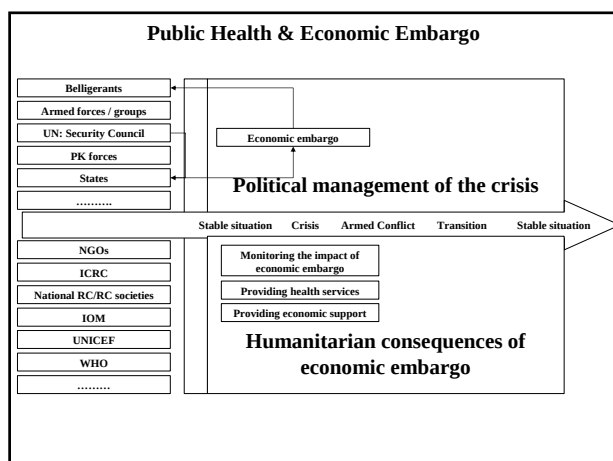


Ottawa Treaty

Convention on the prohibition of the use, stockpiling, production and transfer of anti-personnel mines and on their destruction
18 September 1997

Article 1
General obligations

1. Each State Party undertakes never under any circumstances:
 - a) to use anti-personnel mines;
 - b) To develop, produce, otherwise acquire, stockpile, retain or transfer to anyone, directly or indirectly, anti-personnel mines;
 - c) To assist, encourage or induce, in any way, anyone to engage in any activity prohibited to a State Party under this Convention.
2. Each State Party undertakes to destroy or ensure the destruction of all anti-personnel mines in accordance with the provisions of this Convention.



Introducing the role of public health on the « the conduct of political affairs »

Two recent studies from The Lancet

- Study in DRC
- Study in Iraq

Mortality in the Democratic Republic of Congo: a nationwide survey
The lancet Vol 367 January 7, 2006

	CMR	Under 5 Mortality rate
Health Zones reporting violence	3.0 (2.6 – 3.4)	6.4 (5.7 – 7.2)
Health zones not reporting violence	1.7 (1.5 – 1.9)	3.1 (2.7 – 3.5)

Mortality rates expressed as deaths per 1000 per month (95% CI)
Comparison of east health zones with and without violence

Mortality in the Democratic Republic of Congo: a nationwide survey
The lancet Vol 367 January 7, 2006

Example of statistical analysis

"A Poisson regression analysis of all eastern health zones suggested that the CMR would be 1.7 per 1000 population per month (95% CI 1.6 – 1.9) in the absence of all violence"

Stating the Issue

"These findings show that the DRC remains in the grip of a major humanitarian crisis that continues to be most severe in the eastern provinces."

Mortality in the Democratic Republic of Congo: a nationwide survey
The lancet Vol 367 January 7, 2006

Stating the Cause

"the reductions in crude mortality are closely associated with reductions in violence and by, extension, improvements in security"

Mortality in the Democratic Republic of Congo: a nationwide survey
The lancet Vol 367 January 7, 2006

Giving proposals

"...another key finding of the survey was that most deaths were due to preventable causes such as malnutrition and infectious diseases....Moreover young children are disproportionately affected by these illnesses. Improving food security and increasing access to essential health services, such as immunisations, clean water, insecticide-treated bednets and case management of common diseases, have the potential to contribute greatly to reductions in excess mortality."

Mortality in the Democratic Republic of Congo: a nationwide survey
The lancet Vol 367 January 7, 2006

Giving proposals

"more robust peacekeeping force than the current MONUC contingent of 16,700 is urgently needed to effectively address the security concerns and associated humanitarian needs in DRC"

Mortality in the Democratic Republic of Congo: a nationwide survey
The lancet Vol 367 January 7, 2006

Study from Irak

Mortality after the 2003 invasion of Iraq: a cross-sectional cluster sample survey

Gilbert Burnham, Riyadh Lefla, Shannon Doog, Les Roberts

Methods Between May and July, 2006, we did a national cross-sectional cluster sample survey of mortality in Iraq. 50 clusters were randomly selected from 16 Governorates, with every cluster consisting of 40 households. Information on deaths from these households was gathered.

www.thelancet.com Published online October 11, 2006 DOI:10.1016/S0140-6736(06)64491-9

Mortality Study in Iraq

« We estimate that as of July 2006, there have been 654965 (392979-942636) excess Iraqi deaths as a consequence of the war, which corresponds to 2.5% of the population of the study area.

Of post-invasion death, 601027 (426369-793663) were due to violence, the most common cause being gunfire »

Mortality after the 2003 invasion of Iraq: A cross-sectional cluster sample survey

The lancet Published on line October 11, 2006

Mortality Study in Iraq

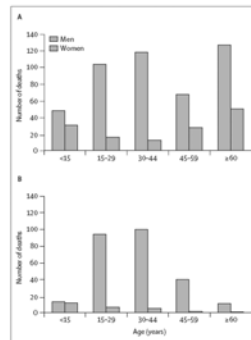


Figure 1: Deaths where age and sex known since start of study period (A) All deaths (n=533); (B) Violent deaths (n=287).

Mortality after the 2003 invasion of Iraq: A cross-sectional cluster sample survey
The lancet Published on line October 11, 2006

Mortality Study in Iraq

	Period				Mortality rates for total time post-invasion	p value*
	Pre-invasion	Mar 03-Apr 04	May 04-May 05	June 05-June 06		
Crude mortality rate	5.5 (4.3-7.1)	7.5 (5.8-9.7)	10.9 (8.3-14.0)	19.8 (14.6-26.7)	13.2 (10.9-16.1)	<0.0001
Non-violent mortality rate	5.4 (4.1-6.8)	4.5 (3.2-5.8)	5.0 (3.8-6.3)	6.0 (5.1-9.5)	6.6 (4.8-7.5)	0.523
Violent mortality rate	0.1 (0.0-0.4)	3.2 (1.8-4.9)	6.4 (4.0-9.8)	13.0 (7.3-16.8)	7.2 (5.2-9.5)	<0.0001
Excess mortality rate	0	2.6 (0.6-4.7)	5.4 (2.7-8.6)	14.2 (8.6-21.5)	7.8 (4.7-11.2)	NA

Data are number of deaths per 1000 people per year (95% CI). *Post-invasion mortality rate vs pre-invasion mortality rate.

Table 3: Mortality rates by time

Mortality after the 2003 invasion of Iraq: A cross-sectional cluster sample survey

The lancet Published on line October 11, 2006

Mortality Study in Iraq

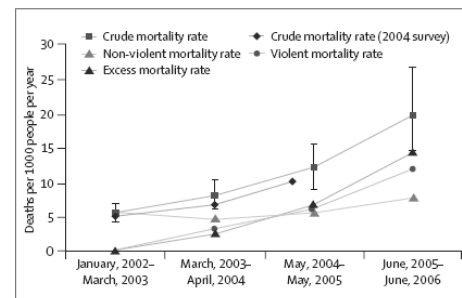


Figure 2: Mortality rates, 2002-06

Mortality after the 2003 invasion of Iraq: A cross-sectional cluster sample survey

The lancet Published on line October 11, 2006

Mortality Study in Iraq

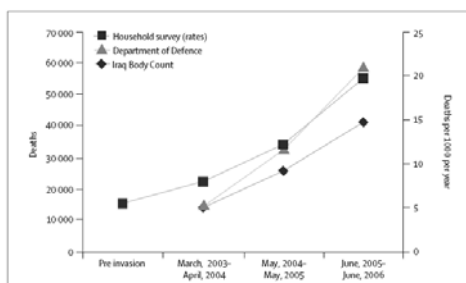


Figure 4: Trends in number of deaths reported by the Iraqi Body Count and the Multinational Corps-Iraq and the mortality rates found by this study

Mortality after the 2003 invasion of Iraq: A cross-sectional cluster sample survey

The lancet Published on line October 11, 2006

Mortality Study in Iraq: Response from the Political Actors

Bush dismisses Iraq death toll study

AP Associated Press

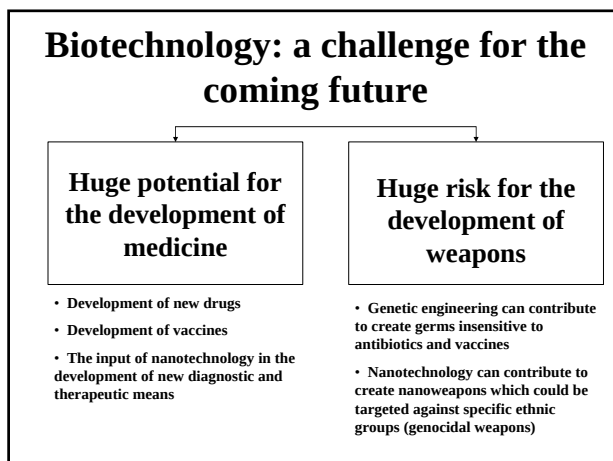
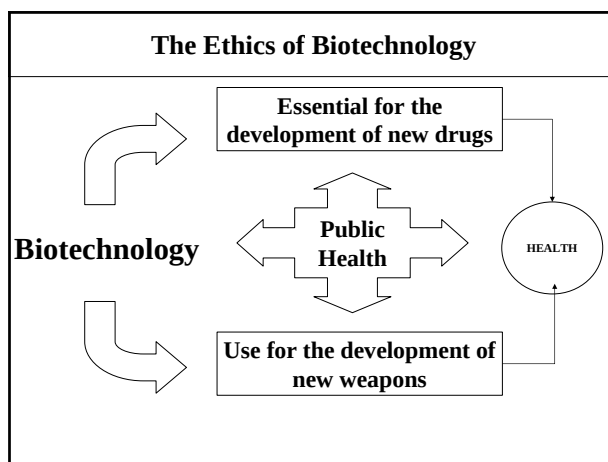
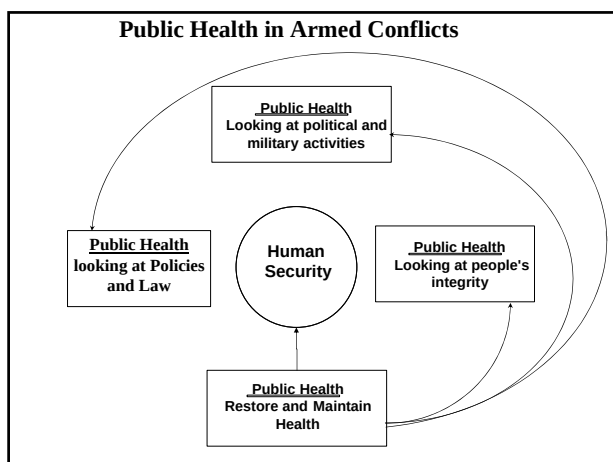


By MALCOLM RITTER, AP Science Writer
Thu Oct 12, 5:10 AM ET

NEW YORK - President Bush says he doesn't believe it. Some experts have a problem with it. But several others say it seems sound. Such was the varied reception for a controversial new study that estimated the Iraq war has led to the deaths of nearly 655,000 Iraqis as of July.

Researchers from Johns Hopkins University in Baltimore and the Al Mustansiriyah University in Baghdad denied that estimate from a door-to-door survey, conducted by doctors, of 1,849 households in Iraq. Taking the number of deaths reported by household residents, they extrapolated to a nationwide figure.

A study published in the Lancet this week estimates that 654,965 Iraqis have died as a consequence of war since 2003. President Bush was quick to dismiss the numbers: "I don't consider it a credible report," he said on Wednesday. The next day a spokesman for Tony Blair said the figure wasn't "anywhere near accurate," and had been extrapolated from a small and unrepresentative sample. So, how good was the sample?



The ICRC has launch an initiative called Biotechnology, Weapons and Humanity.

It is an appeal to governments, the scientific community, the military, industry and civil society, with the aim to reduce the risk that biotechnology will be used to the detriment of humanity.

