Prosthetics Services in Mine Affected Countries: Critical Issues

The Standard Rules on Disability list access to medical care, rehabilitation, and support services among the pre-conditions for equal participation of persons with disability in society. Pre-conditions. For landmine survivors and other persons with disability there is no room for the question, "Should one or shouldn't one make prostheses available to people who have lost limbs?" Having a good, usable, affordable prosthesis does not "fix" anyone's life, but a good prosthesis can help tremendously and a bad one can make life miserable.

A pre-condition. So, what are the main issues? For those who need an artificial limb, for providers, and policy-makers? I will describe only the main ones. An 8 minute limit forces one to focus. Some of the information I am giving you comes from a document published by WHO called: Prosthetics and Orthotics in Developing Countries—a discussion document. Other points are taken from discussion and correspondence with four P and O-focused NGOs: Veterans International, PALM/CIR, Handicap International, and POWER, all of whom have contributed to this paper, but none of whom have endorsed this version of my presentation.

The big issues are:
1. The non-discrimination principle: prosthetic services should be available for all who need them. That means not only landmine survivors, and not only amputees who sustained limb loss in the course of military service.

2. Not enough facilities and low production. Check the WHO document. The stats are there.
Test question: True or false. When landmines exist no more, are found nowhere on earth buried in the ground, prosthetics services will no longer be needed. False.

The numbers of amputees and of all persons with disability will increase in the future. Traumatic accidents are on the increase, so are the disability-causing processes of aging populations. Landmines aside, P&O services are going to be needed for the long term.

Test question: True or false. Disability is a charity issue, therefore, humanitarian aid (NGOs) should always and forever more provide whatever disabled people need. False. Governments hold the key to anything ever being taken seriously. States should ensure the provision of assistive devices. At the very least, states should develop and enforce policies that make P&O services a mandatory part of the health system. Governments should also set up systems to monitor and evaluate services according to good, solid, well thought-out criteria.

Prostheses need to be custom-fit to individual users. One size does not fit all. Used prostheses are not appropriate. They are often not re-usable and take up precious storage space. If used components are to be accepted, they should be disassembled and cleaned prior to shipment. If we agree that custom fitting is the best way to get people good quality devices, it follows that taking the time to train top-quality technicians, and allowing technicians the time to pay attention to each individual user is a necessity.

Prosthetic services should be developed locally. Central fabrication of components in one country, and shipment to another, is not a long-term solution. Some would argue that it is not a good system even for the short term! Not everyone agrees with this. But the four organizations I consulted with would like to see a world where each and every mine-affected or formerly mine-affected state is able to make good quality prostheses, enough to fill the need, in locally sustained workshops.

P&O services often fall apart during emergency situations, as do other health-related services. When other health-related services are re-established, so should be prosthetics and orthotics programs, and a long-term perspective should permeate the new or reestablished programs. Governments should demand that humanitarian aid in

rehabilitation services are structured as any other aid, with long-term local sustainability as a built-in property of the plan.

Education and training for P&O professionals is critical to the sustainability of programs. Government-sanctioned, officially-recognized training, equal in stature to other allied health professions such as physical and occupational therapy, will assist in elevating the status and salary of technicians and ensure their commitment to the field.

Governments should put into place quality control measures, avoid duplication of effort in some places, and demand coverage in under-served places. It is government's prerogative to ensure that service providers reach everyone who needs them with quality devices that are suitable for local conditions and local pocketbooks. There are a variety of evaluation and outcome measure tools being developed by groups such as the International Society of Prosthetics and Orthotics (ISPO). As these tools are refined they can aid governments in their quality control plan.

Finally, when external funding is holding up the sub-sector, donors should bear the burden for having funded programs that are effective, or not. The number of devices produced or beneficiaries served is not a good indicator of success or failure. Donors should ask tough questions, and hold their grant recipients responsible for meeting certain standards.

What does this mean to the Standing Committee? People who have sustained limb loss in mine-affected countries are not getting this, a most basic service, a precondition to full integration and equality, they are not getting prostheses with a minimally tolerable level of quality, and they have no assurance of the service being available for the long term.

Imagine wearing the shoes you have on now for the rest of your life. Imagine having to a) go without shoes for a couple of months or years, b) fix your shoes yourself when they wear out a begin to rub hot spots, blisters, sores c) plead for a new pair of shoes, or d) give up on the idea of ever wearing shoes that fit again.

Can the Standing Committee do anything to help this situation, and is this part of our Mine Ban Treaty obligations? I would like to hear from States Parties on this question. I have my own opinion, and there are others in this room who have their opinions. I would like to hear your views.

The question. Does this Standing Committee have an obligation to work toward improvement of the situation that exists today, that landmine survivors who are amputees do not get a minimal level of physical rehabilitation in many, many parts of the mine-affected world?

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One opinion:
If, by raising awareness of critical issues, we cause governments to take a closer, more critical look at what is happening inside their own borders, that is a step in the right direction, and better than nothing. But we could certainly go further.

We, the Standing Committee, could create specific targets for action that focus on prosthetics production and distribution. We could demand examination of these issues:

Low production rates
Poor quality of devices
Inappropriate/unharmionious technologies
Insufficient numbers of trained personnel
Lack of government recognition of basic priorities
Lack of integration of rehab services into mainstream health care
Lack of long-term funding

We could tackle all these things. We could raise all of these issues to heights that will not easily be ignored. We could do this. If you think it is important enough.

Suggested targets for action on “nationally determined criteria for evaluation of P and O services”:

Development, by the Meeting of States Parties of 2002, of a set of parameters to be used by national authorities to determine their own criteria for evaluation of P and O service providers.

Publication, by the Meeting of States Parties of 2003, of a state by state catalogue of nationally determined criteria for a selection of mine-affected States Party expects P and O service providers to do.

Availability, by the 2004 Review Conference of a completed “Report Card for Prosthetic Services” for all mine-affected States Parties which will include each country’s adherence or not to their own nationally determined criteria for P and O services.