OPEN PARTIAL AGREEMENT ON THE PREVENTION OF, PROTECTION AGAINST, AND ORGANISATION OF RELIEF IN MAJOR NATURAL AND TECHNOLOGICAL DISASTERS

RESOLUTIONS

adopted at the 7th Ministerial meeting of the EUR-OPA Major Hazards Agreement

Monte-Carlo, Principality of Monaco, 24-25 November 1997

Strasbourg 1997
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-Resolution n° 2 "Anti-personnel landmines and their humanitarian implications" **

*Resolutions unanimously adopted
**Resolution unanimously adopted (minus one vote)
RESOLUTION N° 2
ON ANTI-PERSONNEL LANDMINES AND THEIR HUMANITARIAN IMPLICATIONS

The Ministers,

Aware that in spite of the efforts undertaken to reduce at international level the tragedy brought about by the existence of areas infested with anti-personnel mines which each year cause approximately 30,000 victims,

Considering that the existence of anti-personnel landmines will most probably remain a threat for many years to come, a long-term approach is necessary to resolve this drama.

Being of the opinion that the new applications of telecommunications and information processing in particular, combined with space technologies, can be of significant use in the management of mines and contributes to improving the sanitary condition of the rural populations, isolated or cut off from care.

Request that a prospective study be taken on and concrete pilot actions, in liaison with the European Commission, the European Space Agency, the Council of Europe EUR-OPA Major Hazards Agreement and the interested national organisations, in order to develop the integration of space technologies and ground techniques so as to:

1. act at the level of prevention, by improving:
   - the means of remote sensing and tele-control of the areas infested by the anti-personnel mines
   - the means of detecting landmines

2. to assist the populations victims of anti-personnel mines:
   - in the crisis phase characterized by the necessity for emergency medical services and psychological accompaniment.
   - in the post-crisis phase, characterized by a constant need for medical and psychological follow-up.