Thank you Mme Coordinator.

Thank you for giving me the opportunity to speak to the issue of integration of victim assistance measures states must take under the Convention on Cluster Munitions into their relevant existing national mechanisms.

Article 5 calls on states to incorporate victim assistance into existing disability, development and human rights frameworks in the country. This was drafted in such a way to make sure that national mechanisms for victim assistance are sustainable and cost-effective. It aligns victim assistance with the broader social schemes that states provide for their citizens, such as unemployment, education, etc., and with human rights in general, for example – the protection and promotion of the rights of persons with disabilities.

Victim assistance measures will not be sustainable if working in separation and seclusion from mechanisms developed under the Mine Ban Treaty or the Convention on the Rights of Persons with Disabilities, nor will they be able to fulfill their potential for wide-ranging effect.

The most time and resource-effective way to further the complementary relationship is to make sure that, where they exist, the mine action mechanisms take up the role of coordinating VA obligations under the CCM. Several states have already done so, including Albania and Croatia.

In addition to that, states parties to the CCM can maximize the opportunities afforded to them with this treaty by becoming states parties to the Mine Ban Treaty and the CRPD and beginning the implementing obligations under all treaties.
But, it is important to remember that these are separate treaties. States have obligations under different treaties, and these, while overlapping sometimes, are also distinct. States are accountable for fulfilling all of them.

So, regardless of whether they have joined the CRPD yet or not, states should seek an accountable, relevant mechanism to “house” the focus on victim assistance under the CCM. Joining the CRPD, on its own, is NOT the solution that will ensure states comply with their victim assistance obligations under the CCM.

Whether for the broader purpose of the CRPD, human rights, or development, any coordination mechanism must include focus on the specific needs and circumstances of cluster munitions victims. So, when reporting on their obligations under the CCM, states should show how they fulfill their obligations specifically toward cluster munitions victims, as defined in the convention. This means focus on the individual victims, but also their families and affected communities, applying the principle of non-discrimination.

In at least three cases, initiatives to integrate or transform victim assistance coordination into coordination for the broader disability sector offer examples of good practice:

In Afghanistan - victim assistance coordination was included in broader disability coordination mechanisms, the Inter-ministerial Task Force on Disability was established to improve coordination between relevant ministries;

In Cambodia - the National Disability Council of Cambodia, which includes victim assistance stakeholders, began its work in 2010. During the year, the NDCC promoted its role in monitoring the implementation of the National Plan of Action for Persons with Disabilities, Including Landmine and ERW Survivors 2009–2011.
In Mozambique - to ensure the inclusion of mine/ERW survivors and their perspectives in broader disability coordination, the victim assistance focal point as well as survivors participated in the 2010 review of the five-year national disability plan.

It is important to highlight that when speaking of coordination, we are referring to consultations between all governmental institutions and the civil society, including for example associations of victims, DPOs, and VA practitioners. Such consultations must be meaningful and constructive. They must reflect the input of all stakeholders and result in feasible strategies and concrete plans for action.

Victim assistance programs and the CRPD must not live in isolation from one another. As the colleague from OHCHR pointed out, each can have significant impact on the implementation of the other. For example, if a State Party establishes health care services in accordance with the CRPD, this ensures - amongst other things - accessibility of these services and availability as close as possible to affected communities including those located in rural areas, not only for persons with disabilities in generally, but for survivors of cluster munitions as well.

There will be discussion later this week, organized by the CMC, about how states can best meet the needs of survivors living in rural and remote areas, as it is one that is pervasive and challenging to address by states who are responsible for providing assistance to cluster munitions victims in their jurisdiction or control. It is important that states use opportunities such as that discussion to showcase good practice and explain what concrete measures are needed to implement the specific elements of obligations to meet the rights of victims as required in Article 5 of the CCM.

Thank you.