Victim assistance (Article 5)

Australia thanks Bosnia Herzegovina and Afghanistan for their leadership on victim assistance and preparations for this meeting.

Improving the quality of life for victims of explosive remnants of war, including cluster munitions and landmines, remains a focus of Australia’s mine action assistance.

Australia is increasingly focusing its efforts on ensuring our assistance builds appropriate and sustained capacities within affected states to address both the immediate and the long-term challenges of victim assistance.

To enhance the sustainability of victim assistance we are also increasingly focusing our efforts to ensure that they are integrated within existing health, disability and human rights frameworks.

Australia recognises that the Convention on the Rights of Persons with Disabilities (the CRPD) provides guidance on a more systematic, sustainable, gender sensitive and human rights based approach by bringing victim assistance into the broader context of policy and planning for persons with disabilities more generally.

Indeed, most State Parties responsible for cluster munition victims are already guided by the CRPD. (Of the 16 State Parties and signatories of the CCM responsible for cluster munition victims, 10 are State Parties of the CRPD and 2 are signatories).

The CRPD has linkages to all agreed components of victim assistance particularly through the promotion of health, including medical care, physical rehabilitation, psychological support, social inclusion, economic inclusion, data collection, laws and policies.

We note, however, that unlike the Convention on Cluster Munitions, the CRPD does not directly address the needs and rights of cluster munition victims other than the survivors (such affected families and communities).

- This area of work requires attention, but again, the needs of affected families and communities should be addressed through health, disability and human rights frameworks.

Australia has commissioned the Implementation Support Unit of the Anti-Personnel Mine Ban Convention to consider the magnitude of effort being made to assist States in developing responses necessary to meet the rights and needs of all individuals who are injured or who live with disabilities including victims of explosive remnants of war, such as victims of landmines and cluster munitions.

The findings of this research will also be useful in considering how we address victim assistance under the Cluster Munition Convention.
The initial findings of this research indicate that the magnitude of collective effort to provide assistance in basic health care, basic health infrastructure, medical services, medical education/training, and health personnel development in affected countries, is typically not surprisingly significantly greater than assistance that is denominated as only “victim assistance funding.”

- This tells us that relevant development assistance flows that are not listed as “victim assistance”, are greater and likely to make broader and more sustained contributions than specific victim assistance initiatives.

- For example, Australia’s support to basic health care and infrastructure, medical services, medical education and training in Afghanistan and Iraq far exceeds the support that we have provided to victim assistance activities alone.

- Directed to efforts that should be of benefit to the population as a whole, to survivors. (For instance:

In the 2012-13 financial year, Australia provided our $640 million in development assistance for health and over $16 million to assist people with a disability.

- We are continuing to improve the reach and effectiveness of our development assistance by ensuring that people with disabilities are included in, contribute to, and benefit equally from development efforts.

- For example, in Laos implementing partners of Australia’s livelihoods program are required to develop inclusive development strategies and plans to operationalise commitments for inclusive development.

Australia’s assistance on health focuses on strengthening health systems in partner countries. In this way, we will continue to make a substantial and ongoing contribution to helping affected countries in meeting obligations for victims.

Complimentary to our contributions to mainstream victim assistance through health and disability assistance, Australia is providing support for targeted victim assistance with an emphasis on assistance that is integrated into existing health and disability and human rights frameworks.

- For example, we are providing funding to the Mine Action Coordination Centre of Afghanistan to promote a comprehensive response to disability including by providing technical support to build the capacity of the Government of Afghanistan on disability issues.

Under its mine action strategy for the Australian aid program, Australia has provided over $100 million to mine action since 1 January 2010.

- Of this, approximately $22 million (or some 20 per cent) has been directly allocated to victim assistance initiatives.
– Our funding has supported victim assistance in Afghanistan, Burundi, Cambodia, Chad, the DRC, Iraq, Laos, Mozambique, Uganda and Vietnam.

– Our funding has also supported victim assistance efforts in a much broader range of countries delivered through physical rehabilitation programs for victims and people with a disability by the International Committee of the Red Cross Special Fund for the Disabled and the Special Mine Action Appeal.

While humanitarian demining will have an end point, the imperative of States to ensure the well-being of their populations, including mine victims, and to guarantee their rights, will remain an ongoing State responsibility.

We therefore need to be concerned about sustainability, victim assistance roles and responsibilities and ongoing funding and priority setting.

Australia acknowledges that the longer term support and assistance to victims is best provided through health systems and related services working, under the framework of the CRPD, and that the CCM should continue to play a role in promoting this work.

As we continue to build expertise on victim assistance in discussions under a number of fora, we should nonetheless review our understandings of victim assistance and how it should be developed and supported in the future. We look forward to the deliberations by the States Parties on a comprehensive and sustainable approach to victim assistance.