

CMC Statement on Victim Assistance

10th MSP CCM, 30 August -2 September 2022, Geneva



Thank you, Mr. President,

With grave concern we note that from early on this year numerous horrific cluster munitions attacks in Ukraine have resulted in hundreds of new casualties. These cluster munition victims will also need assistance for decades to come.

Yet, without such attacks, a meaningful reduction in cluster munition casualties is possible. In 2021, for the first time in a decade, we were encouraged to see that no new casualties were resulting from cluster munition attacks were recorded by the Cluster Munition Monitor. We also saw a sharp decline of the number of new casualties of cluster munitions remnants in 2021. Still, tens of thousands of cluster munition victims are known to have occurred over time, the majority of them in states parties to this convention.

It is evident that, after an incident resulting from a cluster munition attack or the explosion of a remnant, survivors need longer-term assistance following the first phase of emergency medical care. It takes time, resources and capacity for survivors to learn how to use a prosthetic limb or assistive device, to regain or improve overall mobility, to manage the psychological trauma, to engage again in everyday activities such as going back to work, and returning to school.

There is strength in the synergies between the victim assistance obligations of the Convention on Cluster Munitions and the commitments of the Mine Ban Treaty, and between their action plans. Even more so with the adoption of the International Mine Action Standard 13.10 on Victim Assistance in Mine Action last year. Yet, despite these potentials, there is still a pressing need to address the challenges faced by the 13 States Parties which recognize their responsibility for cluster munition victims.

In most of these countries, healthcare systems are under-funded and lack necessary infrastructure and expertise. This situation has been amplified with the economic crisis and the collapse of health systems, such as is the case in Afghanistan and Lebanon. In many of these countries, there is still a clear need to strengthen the availability, accessibility and sustainability of first aid and long-term medical care, but also rehabilitation, psychosocial and psychological services. While some efforts have been reported to address the challenges faced by rehabilitation services, serious obstacles persist.

In line with IMAS 13.10 on VA in Mine Action and action 34 of the LAP, developing universal health coverage as well as establishing a national referral mechanism, and a comprehensive directory of services are key to facilitating access to services for cluster munition victims.

The Cluster Munition Coalition notes with regret the limited progress made on Action 35 of the LAP in ensuring survivor inclusion in social, economic and educational activities in several affected States Parties, as reported by the Monitor. Here I would like to share a single but striking figure: namely that in Lao PDR, 95% of registered ERW survivors of working age are unable to earn sufficient income.

We reiterate the importance of involving organizations of survivors and other persons with disabilities in all decision-making processes that affect them. They know the needs of network members, they provide essential local services, and can support national authorities to develop national VA or disability action plans and other relevant policies in order to better respond to the needs.

In this respect, the CMC welcomes the national strategies and plans in place to strength the rights of cluster munition victims and disability rights in seven of the States Parties with cluster munitions victims. We support and encourage the continued implementation of these strategies. In addition, we call on all others to make plans for improved assistance.

The ongoing lack of funding for victim assistance is a significant challenge and is impeding the fulfillment of the promise of the Lausanne Action Plan. In particular, psychological and psychosocial support remain insufficient and underfunded. Peer-to-peer support was among the least supported victim assistance activities.

At this crucial time with so many challenges in front of us, we call on the mine action sector as a whole, affected states, donors, and mine action operators, to implement – or continue to implement - the IMAS 13.10 on VA in Mine Action. This standard can be used as an efficient tool towards achieving an integrated approach to victim assistance, as required by Action 33 of the Lausanne Action Plan.

A world free of cluster munitions remnants does not equate to victim free. We have a lot of work ahead to fulfill legal obligations and global potential of this convention. So, let's join our efforts and work together to address the needs of cluster munition victims by ensuring access to comprehensive services, that are gender, disability and age sensitive, shaping societies to be inclusive of all people, including cluster munition victims, those in vulnerable situations, people living with a disability, and others in affected communities.

Thank you, Mr. President.