Cluster Munitions Convention 11th Meeting of States Parties 10.-13.9.2024

Report by the Art 5 Coordinators Austria and Panama

Madam President. Excellencies, Colleagues,

On behalf of the Article 5 thematic Coordinators Austria and Panama it is my pleasure to present the report on the status of the implementation of Article 5 of the convention. The President and many delegations have already underlined the importance of victim assistance as part of the implementation of the Convention and its centrality for the humanitarian impact of Cluster Munitions Weapons.

Art. 5 is very specific with regard to the obligations of States Parties and the Lausanne Action Plan has built on them even further in actions 31 to 37. We want to thank all the delegations that have reported about measures taken in relation to these actions and ask other States Parties with cluster munitions victims in areas under their jurisdiction or control to do the same. An overview of these responses can be found in the Progress Report.

We also want to recall again and as acknowledged in the Lausanne Action Plan that victim assistance is a long-term obligation, that for reasons of sustainability it should be integrated into national policies and legal frameworks and that improved coordination with a wide range of stakeholders is necessary to ensure appropriate, inclusive and effective assistance.

Currently, 12 States Parties¹ are considered to have cluster munition victims in areas under their jurisdiction or control. Ten States Parties with Article 5 obligations (Afghanistan, Albania, Bosnia and Herzegovina, Chad, Croatia, Iraq, Lao PDR, Lebanon, Mauritania, and South Sudan) have submitted their 2023 annual or initial report with updates on the thematic area. One State Party (Somalia) submitted its 2022 annual report with updates on Article 5 implementation during the period under review. Five State Parties² provided disaggregated information on victims by gender, age and type of accident during the reporting period.

Unfortunately, four States Parties³ had to report new cluster munition victims in 2023. Some States Parties also reported about challenges they faced such as difficulties in data collection, outdated national databases of cluster munition victims or challenges in the healthcare system and heavy reliance on international cooperation and assistance to fulfil their obligations.

¹ Afghanistan, Albania, Bosnia and Herzegovina, Chad, Croatia, Iraq, Lao PDR, Lebanon, Mauritania, Montenegro, Somalia, and South Sudan

² Iraq, Lao PDR, Lebanon, Mauritania, and South Sudan

³ Iraq, Lao PDR, Lebanon, and Mauritania

Two of the 12 States Parties with Article 5 obligations (Lebanon and South Sudan), reported not having yet ratified the Convention on the Rights of Persons with Disabilities (CRPD), however, we would like to acknowledge that South Sudan acceded to the Convention in February this year.

During the period under review, Austria and Panama as current coordinators aimed their efforts at enhancing the implementation of victim assistance obligations under the Convention and increase exchange of information on good practices.

In building on previous efforts, Coordinators continued to work with other relevant disarmament conventions to improve coordination on victim assistance issues. In 2024 the Coordinators participated in a retreat organized by the Committee on Victim Assistance of the APMBC, together with the Victim Assistance Coordinators of Protocol V of the Convention on Certain Conventional Weapons (CCW), and the Committees on the Enhancement of Cooperation and Assistance of the APMBC and the CCM. The retreat served as a platform to share plans and objectives, discuss respective priorities and identify possible opportunities for cooperation, since the Coordinators share the common goal of assisting and empowering victims and persons with disabilities and to promote concerted and synergistic approaches to victim assistance.

The Coordinators also gave input and supported a Joint Statement by the Victim Assistance Coordinators of the Conventions in the Fourth Meeting of the WHO Standing Committee on Health Emergency Prevention, Preparedness and Response, which took place on 17 and 18 April 2024. The aim was to highlight the need to integrate victim assistance in access to first aid, healthcare, rehabilitation and assistive technology, mental health and psychosocial support, as well as to ensure the meaningful inclusion and participation of survivors and persons with disabilities in discussions related to health policies and programmes. It also encouraged stronger cooperation between Victim Assistance efforts in those Conventions and the WHO.

The Coordinators acknowledged that there is a need to update the Guidance on an integrated approach on Victim Assistance, which was developed in 2016, in order to align the aforementioned document with the Lausanne Action Plan and the new International Mine Action Standards IMAS 13.10, which are also focused on Victim Assistance. These efforts were advanced by convening with Humanity and Inclusion (HI) to discuss the structure and drafting a timeline of the document. This work is still ongoing. The document will aim to support strengthening national implementation mechanisms through a better understanding of the roles and responsibilities of the national authorities involved in the provision of Victim Assistance.

For the discussion under this agenda item five guiding questions were prepared and outlined in the progress report for this meeting for the consideration of States Parties. They read as follows:

- (a) What obstacles prevent States from developing national disability action plans and national action plans on victim assistance?
- (b) How can states enhance their efforts with respect to the collection and analysis of disaggregated data on gender, age and disability?

- (c) What can States do to better understand the different roles and responsibilities of national authorities in supporting victim assistance?
- (d) How can cooperation and assistance and sharing of good practices help ensure the establishment of sustainable and integrated victim assistance frameworks?
- (e) What mechanisms/actions can help strengthen involvement, inclusion and meaningful participation of victims in policy and decision-making processes on issues that concern them?
- (f) How can States strengthen their efforts to provide mental health and psychosocial support for victims?

Let me once again thank all delegations to give due attention to victim assistance in their implementation efforts, in their reporting and in their interventions. The coordinators stand ready for any exchange on this topic and with regard to reporting and also to help with any problems arising in this regard.