Distinguished delegates, colleagues,

Thank you for this opportunity to join you today, representing Humanity & Inclusion.

I have been invited to speak on a difficult topic. I say difficult because we are facing two diverging realities. On the one hand, the number of civilians affected by war, including cluster munitions, is sharply increasing. This growth in casualties brings with it an urgency that demands our collective attention and action. While we continue to focus on preventing the use of such weapons, we must also confront the long-term impacts on those already affected.

At the same time, resources are pressed to their limits – strained between the continued cost of war and waning funding commitments. How, in this context, can we uphold the rights of the increasing number of victims to participate equally and effectively in society?

Now, I must digress for a moment to recall the principle of non-discrimination, which is embedded into the very text of the Convention. In providing victim assistance, it says, States Parties shall not discriminate against or among cluster munition victims, or between cluster munition victims and those who have suffered injuries or disabilities from other causes. In line with this principle, it should be understood that my remarks today are reflective of victim assistance as a whole, inclusive of but not limited to those who have experienced accidents involving cluster munition remnants.

With this in mind, I would like to highlight three core challenges facing victim assistance efforts in the field today.

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The first is a need for **stronger national ownership**. Victim assistance is, it *must be*, a multi-sectoral undertaking. Yet in many affected contexts, there is no clear government body responsible for leading or coordinating VA efforts – or if there is, it remains disconnected from national disability, health and social protection frameworks. By better integrating VA into national policies, this will ensure it becomes part of the broader national vision.

What in particular is needed at national level? The Lausanne Action Plan mentions three such priorities: a centralized database of victims and their needs, as well as a national referral mechanism and a comprehensive directory of services. NGOs and civil society have a role to play in maintaining these, but if not centrally owned and driven, the result is fragmented at best and remains inaccessible to many survivors. But these actions do not happen organically; it requires a deliberate policy push and sustained technical and financial support.

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A second challenge that we are facing is the **gap in service provision** for victims, particularly in rural or conflict-affected areas. Many survivors still do not have access to essential services like rehabilitation, psychosocial support, or economic inclusion opportunities. Barriers include cost, distance, lack of transport, lack of qualified personnel, stigma and limited awareness among victims. These gaps are compounded by financial constraints and the short-term nature of many interventions, leaving long-term needs unmet.

To bridge the gap, first and foremost we need more earmarked funding for victim assistance broader efforts, with flexible, multi-year commitments that go beyond immediate rehabilitation to include mental health services and socioeconomic support. Within available resources, mobile and decentralized service delivery models should be capitalized on, for example through the training of community-level actors, to bring support directly to survivors in remote areas and in affordable ways.

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Finally, one of the most critical aspects of victim assistance is the inclusion of **survivors** themselves, as well as persons with disabilities, in the decision-making processes related to their care and support. Yet **survivors are often not meaningfully involved in the development of policies, services, or monitoring systems**. This lack of participation risks creating systems that do not fully address their needs or reflect their lived experiences.

To truly honor our commitments under the convention, States must ensure survivor participation in the planning, design, and implementation of victim assistance programs. This can be done through the creation of formal mechanisms for engagement in national policy processes, as well as supporting local organizations of persons with disabilities to participate as equal partners.

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While the challenges we face are significant, they are not insurmountable. Too often, the biggest barriers to meaningful victim assistance are not technical but political, structural, even bureaucratic. Breaking these barriers will require bold thinking, flexible funding, a leadership commitment from States Parties, and a reimagining of how VA is delivered in fragile contexts. Without this, the commitments made to victims under this Convention will remain unmet. But with it, comprehensively addressing the needs of victims is within our reach.

Thank you.