

CMC Statement on Victim Assistance

*13th Meeting of States Parties of the Convention on Cluster Munitions
Geneva, 16-19 September 2025*

Thank you, Mr. President,

The Cluster Munition Coalition is deeply alarmed by the rise in casualties in 2024. The *Monitor 2025* recorded over 300 civilian casualties last year—nearly 100 more than in 2023. The actual number is likely much higher as many casualties go unreported. Most of the casualties were from cluster munition *attacks* in states not party: Ukraine, Syria, and Myanmar. However, casualties from the *remnants* of cluster munitions occurred also in States Parties: Afghanistan, Iraq, Lao PDR, Lebanon, Mauritania, as well as Yemen. Children accounted for 42% of casualties from the cluster munition remnants. The use of cluster munitions and the contamination from unexploded submunitions continue to have devastating humanitarian consequences; in border conflicts and wars, they not only create new casualties but also exacerbate the suffering of existing victims, many of whom are displaced or deprived of their livelihoods.

With regard to victim assistance, the *Cluster Munition Monitor 2025* recorded some well-directed efforts that have resulted in measurable improvements in the availability of services that respond to the needs of victims. Yet serious challenges persist. Access to emergency and continuing medical care, rehabilitation, and psychological support remains limited in countries such as Afghanistan, Lebanon, South Sudan, and Lao PDR, to name only few. National health systems remain weak, with international NGOs often filling the gaps. This is particularly notable in rural and active conflict affected locations.

Progress on socio-economic inclusion is limited, and many survivors still lack access to education, employment, and financial support. The Monitor did note some positive developments, such as Montenegro's legislation granting compensation rights to civilian casualties. However, this does not mitigate the lack of progress to establish and implement inclusive policies and opportunities.

States Parties should embrace the fact that victim assistance is a legal obligation under this convention, not just good will or an act of sympathy. Survivors, their families and all other persons with disabilities, have the right to inclusive and accessible healthcare, rehabilitation, psychological support, and socio-economic opportunities. States need to ensure survivors participation in decision-making occurs at all levels and is translated into actions. Ample guidance is available in the work of the CRPD, and we continue to urge states to adopt national standards on VA in line with IMAS 13.10

We call on States Parties to allocate nationally available resources to build sustainable systems; while donors live up to their Article 6 commitments by allocating long-term international support, especially for national systems that remain fragile and under resourced.

Too many survivors still lack access to the medical care, rehabilitation, and psychological support they need. And while services are available in some urban centers, those in rural and remote communities are too often left behind.

Strong victim assistance remains vital in the wider global context – reduced humanitarian funding, multiple conflicts creating more civilian casualties, isolated errant states that are erroneously taking skeptical view over what the majority of the world knows to be lifesaving humanitarian disarmament law.

As we approach the final year of the Lausanne Action Plan, States Parties must demonstrate that commitments translate into action. That means stronger national strategies, better coordination with existing implementation and monitoring mechanisms such as those under the CRPD, and—above all—sustainable funding to make sure victims are not forgotten.

Thank you.