Review Conference of States Parties to the Convention on Cluster Munitions

11 September 2026

English only

Third Review Conference
Vientiane, 14–18 September 2026
Agenda item 9(e)
Review of the operation and status of the Convention and other matters important for achieving the aims of the Convention
Victim Assistance

Living the Convention: Victims' Voices in the Implementation of the CCM

From the roundtable to priorities for States Parties with cluster munition victims and States Parties in a position to provide assistance*

Submitted by the Coordinators on Victim Assistance (Niger and Japan)

I. Victim Assistance under the Convention

A. Victim Assistance as a defining feature of Humanitarian Disarmament

1. Victim assistance is a defining feature of humanitarian disarmament. Unlike traditional arms-control instruments, the Convention on Cluster Munitions not only prohibits a category of weapons but also establishes obligations to assist victims already affected by the use of these weapons.

2. Article 5 reflects the recognition that the humanitarian consequences of cluster munitions do not end when hostilities cease or when contaminated land is cleared. Victims frequently require lifelong medical care, rehabilitation, psychosocial support and opportunities for social and economic inclusion. Affected families and communities may also experience varying long-term social and economic consequences of cluster munitions.

B. The Broad Definition of Victims, a groundbreaking legal innovation

3. One of the Convention's important features is its broad definition of a "cluster munition victim." Article 2 defines victims as all persons who have been killed or suffered physical or psychological injury, economic loss, social marginalisation or substantial impairment of the realization of their rights caused by the use of cluster munitions. Importantly, the definition also encompasses their affected families and communities.

4. Victim assistance often focuses primarily on individuals who have sustained physical injuries. On the other hand, their affected family members may also be impacted, having to assume caregiving responsibilities, experience loss of income, or face social and

* The present document is being issued without formal editing.

psychological burdens. Entire communities may experience diminished access to land, education, livelihoods and public services as a consequence of contamination or the long-term effects of injuries sustained by their members.

C. Practical Implications for Implementation

5. The breadth of the Convention's definition of "victims" has important implications for the implementation of Article 5:

(a) First, victim assistance cannot be understood solely as the provision of emergency medical care or physical rehabilitation. Effective implementation requires a comprehensive response that addresses psychological support, socio-economic inclusion, education, employment, accessibility and the removal of barriers that prevent victims from fully participating in society.

(b) Second, the broad definition of "victims" requires States Parties to develop mechanisms capable of identifying and understanding the diverse needs of different categories of victims. This underscores the importance of reliable data collection, needs assessments, and consultation with victims and their representative organisations.

(c) Third, the recognition of affected families and communities highlights that victim assistance extends beyond individual service delivery. It calls for policies that strengthen community resilience, promote inclusive public services and support the social and economic recovery of communities affected by cluster munitions.

D. The relations between Article 5 and other articles

6. The implementation of Article 5 is closely connected with other obligations under the Convention, including:

(a) Clearance and destruction of cluster munition remnants and risk reduction education (Article 4);

(b) International cooperation and assistance (Article 6);

(c) National implementation measures (Article 9);

7. Clearance reduces future harm, while victim assistance addresses the consequences of past harm. International cooperation supports national implementation, while domestic legislation and policy create the institutional framework necessary for sustainable assistance.

II. The Roundtable "Living the Convention: Victims' Voices in the Implementation of the CCM"

8. The roundtable entitled "Living the Convention: Victims' Voices in the Implementation of the CCM" held on 22 May 2026 brought together approximately 80 participants, including victims, civil society organisations, national mine action authorities and UN agencies. It was grounded in the recognition that victims' experiences and testimonies could provide valuable insight into what meaningful implementation of the victim assistance obligation under Article 5 of the Convention on Cluster Munitions (CCM) should look like.

9. The summary of the participants' contributions is as follows;

A. The Gap Between Legal Commitment and On-the-Ground Reality

10. Multiple participants emphasised that, although important preconditions to assistance, strong treaty language and well-designed action plans do not automatically translate into assistance reaching those who need it. The following challenges were raised:

(a) Severe funding shortfalls affecting the continued operation of rehabilitation centres and victim assistance programmes in conflict-affected settings.

(b) Many victims face compounding barriers: poverty, stigma, physical inaccessibility of services, and the absence of long-term support beyond emergency care. Assistive devices including prosthetic and orthotic devices, where available at all, are often decades old and in disrepair, causing additional health problems.

(c) In several contexts, the cost of transport to the nearest rehabilitation centre is itself unaffordable, rendering services that exist on paper effectively unattainable in practice.

(d) Assistive devices are often the only form of support recognised as part of victim assistance in public perception and in national programmes, while psychological and psychosocial support and social and economic inclusion remain under-resourced and poorly understood.

B. Inclusion and Meaningful Participation

11. Participants strongly endorsed the principle, reflected in Article 5.2(f) of the CCM and in the Lausanne Action Plan, that cluster munition victims and their representative organisations should be closely consulted and actively involved in relevant processes, including the development of laws, policies and programmes that affect them. They also shared the following perspectives:

(a) Victims are not only beneficiaries of assistance; they are leaders, partners, and contributors to peace, development, and community resilience.

(b) The roundtable itself was welcomed as a positive instance of the CCM community acting on this principle. The value of direct victims' input to the development of the action plan was considered essential, not supplementary.

(c) When victims are included in policy design, policies become more human, more effective, and more accountable.

(d) Youth from conflict-affected areas were identified as an underrepresented stakeholder group, particularly those engaged in grassroots activities in affected communities.

C. Holistic and Long-Term Approaches

12. Several participants underlined the need to treat recovery as a lifelong, multidimensional process in the provision of assistance, as follows:

(a) Medical assistance must not stop at life-saving intervention. It should encompass long-term medical care, rehabilitation, prosthetic maintenance and repair, pain management, and psychological and psychosocial support.

(b) The connection between health, social and economic policies was positively acknowledged in the Lausanne Action Plan but needs stronger operationalisation. Assistance programmes should not operate in silos.

(c) Psychological and psychosocial support and social and economic inclusion, including income generation and vocational training, must be treated as integral components of victim assistance.

(d) One participant specifically highlighted the importance of economic inclusion, noting that victims who lack financial independence cannot sustain their own recovery, and raised compensation mechanisms at national level.

D. National Systems, Coordination, and Referral Pathways

13. Participants from national mine action authorities and civil society organisations shared their experiences with coordination challenges as follows:

(a) Several countries have developed national victim assistance plans, but these have faced obstacles in implementation: lack of dedicated budgets, expiry without renewal, limited engagement of relevant ministries, and poor alignment between mine action actors and broader social service systems.

(b) The mine action sector's role was described as identifying victims, recording them in information management systems, referring them to relevant services, and advocating to address service gaps, but the broader ecosystem of health, education, economic, and social actors needed to deliver integrated assistance is often fragmented or absent.

(c) It was stressed that national mechanisms must exist in practice, not only on paper; they must play an active supervisory and monitoring role, identifying bottlenecks and constraints rather than simply coordinating at a formal level.

(d) Data collection, victim identification, and categorisation remain significant operational challenges in several affected contexts, slowing the delivery of targeted assistance. Digital tools and mobile applications for mapping affected areas and tracking victims were highlighted as promising instruments.

(e) One country noted that its national victim assistance plan had expired and that it was seeking support to update and align the plan with the Lausanne Action Plan.

E. Resource Mobilisation

14. In response to a direct question from the CCM Coordinators on Victim Assistance on how organisations mobilise resources at national level, participants shared a range of approaches as follows:

(a) Peer support and victims' networks as mechanisms for identifying needs and delivering services at community level.

(b) Partnership with international organisations to obtain refurbished assistive devices for distribution to victims who cannot access or afford new equipment.

(c) Annual community fundraising events to support rehabilitation services, particularly for children.

(d) Advocacy towards governments to embed rehabilitation into mainstream health systems and to allocate dedicated budget lines for victim assistance, including parliamentary and legislative engagement.

(e) Calls for international donors to increase and sustain funding specifically for victim assistance, recognising that this area tends to receive less support relative to clearance operations.

III. Implementation of victim assistance

15. The Lausanne Action Plan provides that States Parties, as appropriate, will take the following actions on victim assistance:

A. Priority actions for States Parties with cluster munition victims

1. Needs, data and national planning

Action #31: Ensure the collection and analysis of data disaggregated by gender, age and disability, to assess the needs and priorities of cluster munition victims and insert this data into a centralised database, taking into account national data protection measures. This information will be made available to relevant stakeholders to ensure a comprehensive response to addressing the needs of cluster munition victims.

Action #32: Ensure that national policies and legal frameworks related to disability, health, education, employment, sustainable development and human rights are developed in a participatory manner, address the needs and rights of cluster munition victims and are in line

with the Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals, taking into account international standards, including the IMAS.

Action #33: Develop a measurable national action plan addressing the needs and rights of cluster munition victims. Designate a national focal point, with adequate resources, to develop, implement and monitor the action plan, and ensure that victim assistance corresponds to the needs of victims and is integrated into broader policies, plans and frameworks related to disability, health, education, employment, development, poverty reduction and human rights.

Action #41: When seeking assistance, develop coherent and comprehensive national plans aimed at developing national ownership, based on appropriate surveys, needs assessments and analysis and providing national capacity. These plans will take into account broader frameworks such as the Sustainable Development Goals and respond to the needs and experiences of affected communities and will be built on sound gender, age and disability analysis. These plans should adequately reflect the areas in which assistance is required.

2. Assistance and inclusion

Action #34: Provide effective and efficient first aid and long-term medical care to cluster munition victims, as well as access to adequate rehabilitation and appropriate psychological and psychosocial support services as part of a public health approach, possibly through a national referral mechanism and a comprehensive directory of services facilitating access to services for cluster munition victims in a non-discriminatory, gender-sensitive, disability and age-sensitive manner.

Action #35: Ensure that measures are in place to facilitate the social, education and economic inclusion of cluster munition victims, such as access to education, capacity-building, employment referral services, microfinance institutions, business development services, rural development and social protection programmes, including in rural and remote areas.

3. Participation and professional capacity

Action #36: Strengthen the inclusion and meaningful participation of cluster munition victims in the development of laws, policies and programmes relevant to them as well as encourage their participation in work under the Convention, taking into account gender, age, disability as well as the diversity of populations in affected communities.

Action #37: Endeavour to support the training, development and official recognition of multidisciplinary, skilled and qualified rehabilitation professionals.

B. Considerations for States Parties in a position to provide assistance

Action #3: Provide targeted assistance, where feasible, to other States Parties in developing, updating or implementing their national strategies and work plans to fulfil obligations under the Convention, if possible, by entering into multi-year partnerships and providing multi-year funding.

Action #40: When in a position to do so, provide sustainable assistance to other States Parties in the implementation of their obligations under the Convention and provide timely responses to requests for assistance, as well as mobilise technical, material and financial resources for this purpose.

Action #42: Further detail the modalities of platforms such as the country coalition mechanism to enhance targeted regular dialogue between affected States Parties, donors and operators, leverage such platforms, share experiences made, as well as explore synergies with similar forums, as appropriate.

IV. Looking Forward: Possible Areas for Reflection at the Third Review Conference and beyond

16. Without seeking to establish new legal obligations, the Third Review Conference provides an opportunity to reflect on how existing commitments may be strengthened considering current implementation realities.

17. Discussions could consider:

(a) How the new action plan will ensure that assistance reaches those who need it, especially with regard to funding and access to services such as rehabilitation and assistive devices;

(b) How to sustain long-term financing for victim assistance;

(c) How victim assistance organisations can effectively mobilise resources at national level;

(d) How national victim assistance plans can be made sustainable, with sufficient resources and disaggregated data collection, and integrated into broader social service systems;

(e) How cluster munition victims and their representative organisations can be closely consulted and actively involved in relevant processes, including the development of laws, policies and programmes that affect them, as well as in work under the CCM;

(f) How recovery assistance, including rehabilitation and prosthetic maintenance, psychological and psychosocial support, and social and economic inclusion, can be ensured as a lifelong, multidimensional process;

(g) How national ownership may be strengthened through integration into broader public policies;

(h) How the meaningful participation of victims may continue to guide implementation;

(i) How stronger connections between humanitarian action, disability inclusion and development may enhance the effectiveness and sustainability of victim assistance; and

(j) How international cooperation can better support sustainable national systems;

V. Conclusions and Way Forward

18. Victim assistance is the pioneering, comprehensive provision of the Convention. Cluster munitions victims are receiving better care and their rights have been enhanced. The active participation of cluster munition victims in their communities and in the work of the Convention is a constant source of inspiration.

19. However, we need to further strengthen sustainable implementation by promoting a balanced approach that combines predictable international cooperation with greater national ownership, integration into public systems and long-term planning.

20. The roundtable highlighted the importance of listening to victims, but it is not the end of the process. Their accounts should inform the assessment of needs, national plans and budgets, the provision of assistance, monitoring, and international cooperation and assistance.

21. The Third Review Conference offers an opportunity to consider how to better integrate victims' voices into CCM implementation. We hope that this working paper will support discussions aimed at further improving victim assistance.