

CM Monitor Statement on Victim Assistance and Casualties
Third Review Conference, Convention on Cluster Munitions
Vientiane Capital, 14-18 September 2026

Thank you, Mr. President.

The Cluster Munition Monitor welcomes this opportunity to speak on casualties and victim assistance under the Convention on Cluster Munitions.

Article 5 establishes a clear and measurable standard. States Parties must provide adequate, age- and gender-sensitive assistance to cluster munition victims. This includes medical care, rehabilitation, psychological and psychosocial support, and social and economic inclusion.

States Parties must ensure that differences in treatment are based only on medical, rehabilitative, psychological or socioeconomic needs. They must also closely consult with, and actively involve victims and their representative organisations. Their participation is essential to ensuring that assistance responds to their rights, needs, and priorities.

These are long-term obligations. Survivors may live with injuries and impairments for the rest of their lives, while families and affected communities face lasting social and economic consequences. Assistance must therefore continue for as long as needs exist, including after clearance has been completed.

The urgency of these obligations is underscored by the scale of recent harm.

Since 2010, when the Convention entered into force, the Monitor has recorded at least 7,974 cluster munition casualties. In 2025 alone, at least 1,063 people were killed or injured—one of the highest annual totals since monitoring began. Civilians accounted for 87% of recorded casualties in 2025. This reflects a longstanding pattern: civilians have consistently accounted for around 90% of all recorded cluster munition casualties.

New casualties were recorded in nine countries in 2025: Afghanistan, Cambodia, Iraq, Lao PDR, Lebanon, Myanmar, Russia, Syria, and Ukraine. Ukraine recorded at least 927 casualties in 2025 and had the highest annual total of any country for the fourth consecutive year.

As in every year since the Convention was adopted, all recorded casualties from cluster munition attacks occurred in states not party. There has been no confirmed use of cluster munitions by any State Party since the Convention's adoption. This is powerful evidence of the protection its norm provides and the urgent need for universalisation.

At the same time, the Monitor identified serious gaps in the provision of victim assistance during 2025, and throughout the Lausanne Action Plan period.

Across affected States Parties, services continued but were often insufficient, unevenly available, and increasingly threatened by funding reductions.

In Afghanistan, physical rehabilitation centres struggled to maintain essential services, while restrictions continued to affect access, particularly for women and girls.

Here in Lao PDR, rehabilitation centres continued to provide services, including prostheses, but geographical coverage and resources remained insufficient to meet victims' needs.

In Iraq, access to rehabilitation, psychosocial support, and socioeconomic inclusion remained uneven, particularly outside major urban areas.

In Lebanon, renewed conflict increased needs and placed further pressure on services already affected by the economic crisis and declining resources.

Outside the convention, conflict damaged health systems and restricted access to services in countries where new casualties were recorded, including Myanmar and Ukraine.

These findings demonstrate that the existence of policies or services does not necessarily mean that victims can access them. Distance, cost, insecurity, discrimination, inaccessible infrastructure, and shortages of trained personnel all create barriers. Funding reductions further threaten the continuity and availability of essential services, with the greatest impact on people already facing barriers to healthcare, rehabilitation, employment, and participation in their communities.

The Monitor therefore welcomes the draft Vientiane Capital Action Plan's recognition that victim assistance is a long-term obligation. Its commitments to stronger data, adequately resourced national focal points, measurable action plans, accessible services in urban and rural areas, socioeconomic inclusion, and the meaningful participation of victims provide an important framework for progress.

These commitments must now be translated into funded implementation.

States Parties must sustain national and international resources, strengthen services outside major urban centres, and ensure that victims and their representative organisations participate meaningfully in every decision affecting them. Progress must be measured not only by policies adopted or activities reported, but by whether victims can obtain the assistance they need.

Victim assistance is both a legal obligation and a measure of the convention's humanitarian impact. It must remain available, accessible, and adequately funded for as long as victims need it.

I will now hand over to my colleague So Not, who will share his perspective on victim assistance in his country.

I thank you, Mr President.