ICRC Statement on Victim Assistance
23 June 2004

Thank you Madame Co-Chair,

The Convention on the Prohibition of Anti-personnel Mines is a promise to mine affected communities that the threat of these weapons will be eliminated, a promise to victims that their chances of survival will improve through increased access to medical care and a promise to survivors that their lives will be better through access to physical rehabilitation and socio-economic reintegration programs. Yet it has become clear since the Convention entered into force that the fulfilment of these last two promises has been the most difficult to implement and, by far, the most difficult on which to measure progress.

We have evidence that some additional resources have been made available for victim assistance and rehabilitation and some new programs have been launched. For it's part the ICRC has started or resumed assistance to an additional 9 physical rehabilitation projects in 2003, for a total of 68 projects in 25 countries. However, it is also known that some existing programs in affected areas have been closed down or seen their capacity significantly reduced due to lack of political support, bureaucratic obstacles and a lack of resources - or a combination of all three.

Because mine victim assistance is not a distinct field of professional activity like other pillars of mine action, but depends on support for a functioning health care system in affected areas, it is also the most difficult to implement and measure. Assistance must also not discriminate against those with other health or rehabilitation needs. Successive Co-Chairs of this Standing Committee have recognised these realities and we welcome the increased focus they have placed on discussions by States Parties on their problems, progress, plans and priorities in this field. This Committee has an important role to play as the only forum in which States and international agencies consider how key promises of the Convention to victims of AP mines are being implemented. But it is still extremely difficult to measure whether we have made progress or even to agree on how that progress is to be measured in this field of treaty implementation.

Numbers may tell part of the story...such as the number of victims treated, the number of prosthesis fitted, the number of opportunities created for mine survivors. But even such information is rarely available in a sufficiently systematic or comprehensive manner to draw conclusions. The rest of the story is told by mine survivors in nearly every affected area in which the ICRC works. Their story is that assistance is inadequate - if it is available at all.

Clearly we need to take the opportunity of this meeting and the upcoming Review Conference to consider how we can do better in the coming years. In this regard the ICRC would like to make several suggestions.

1. First, we need to encourage both affected States and those able to provide assistance to give significantly <u>increased</u> attention to fulfilling their commitments in the field of victim assistance. Without discriminating against victims of other injuries or persons with other forms of disabilities, a certain priority needs to be accorded to health systems in mine affected areas which experience increased resource demands due to the specific needs of landmine victims and survivors. In too many contexts investments in health pale in comparison to other priorities and investments in the disabled are often not high among health priorities. Mine victims and other disabled persons pay a life-long price for these priorities.

2. Second, we believe there is a real need to increase the participation of health and social service professionals – both from affected States and from relevant ministries in donor States

- in the work of the Convention and of the Standing Committee. Indeed it is precisely these actors which have primary responsibility for implementing a State's obligations in this field. One can imagine structuring the meetings of the Standing Committee on Victim Assistance so as to give priority to dialogue among such participants, whether from governments, international agencies or NGOs, while taking care to avoid duplicating the work of other professional fora such as the ISPO or WHO:

3. Third, the Committee could consider hosting events which bring together health and social services professionals on a regional basis or, at the invitation of a State party, on a national basis so that these discussions occur at the closest possible level to where the needs exist.

4. Fourth, as the "Raising the Voices" program comes to an end after this year, we encourage consideration of ways to continue the involvement of landmine survivors in the work of the Convention, and in the work of this Committee, as proposed by the ICBL. This could take the form of participation in national decision making processes, participation in national delegations to the Intersessionals and MSPs, support from the sponsorship program and assistance in the shaping of the Committee and Intersessional agendas.

5. And finally, we believe increased attention needs to be given to how commitments in the fields of socio-economic reintegration can be implemented.

As we move forward towards the Nairobi Summit it is important to recall that it was the plight of landmine victims that gave rise to this Convention and it was first and foremost to them that political leaders promised a better future when they signed the Convention in Ottawa in December 1997. It is now our task to do all in our power to ensure these promises are fulfilled by building on the work of this Committee in recent years and significantly increasing our ability to make, and record, progress in the coming five years. Success in this field will benefit not only mine victims but also other persons with disabilities living in mine-affected areas.

In closing, we would welcome comment on the proposals we've just made and encourage the adoption of specific steps in this direction by the Nairobi Review Conference.

Thank you Madame Co-Chair.