

**Statement by
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The Meeting of the Standing Committee on Victim Assistance
and Socio-Economic Reintegration
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**Co-Chairs,
Distinguished Delegates,**

It is my pleasure to inform you of Thailand's progress regarding victim assistance under the Mine Ban Convention. Thailand wishes to reiterate that humanitarianism has long been and will continue to be at the forefront of Thailand's foreign policy. As one of the key objectives under the Mine Ban Convention, victim assistance, will therefore, remain one of Thailand priorities.

In the past ten years, we have maintained effective programmes and services to assist landmine victims. Our medical and rehabilitation services are very well-integrated and are considered to be one of the most advanced among the VA26. Formulation of Master Plan for Mine Victim Assistance integrated the medical, social and economic plans to ensure proper physical and mental care, rehabilitation and assistance, including financial and vocational support, to landmine survivors. More importantly, we accommodates all persons with disabilities equitably with no discrimination on the causes of disability. All persons with disabilities including landmine victims receive prompt emergency medical care and are well taken care of in their rehabilitation processes.

One of Thailand's major development to date is the successful completion of the Project on Mine Victim Survey and Situation Analysis which was conducted between June 2008 – April 2009. The Project is the collaboration between Ministry of Foreign Affairs, Ministry of Public Health, Ministry of Social Development and Human Security, Ministry of Labour, the Handicap International (Thailand) and other NGOs active in mine victim assistance. The purpose of the Project is to survey and establish a database on landmine victims. This Project is the first comprehensive survey on information on landmine victims which successfully established a database on landmine survivors. The Project also allowed

us to comprehensively review Thailand's medical and rehabilitation services provided to persons with disabilities and landmine survivors and assess the needs of survivors.

Allow me to take you through four key developments on Thailand's victim assistance processes.

1. Statistics/Database

From the survey, Thailand now holds official and reliable records on landmine survivors. We found that there are only 1,252 landmine survivors in Thailand. This amounts to only 0.002 percent of Thailand's 63 million total population and only 0.065 percent of Thailand's 1.9 million population of persons with disabilities.

2. Emergency and continuing medical care

In assessing the needs of persons with disabilities, the Project also conducted a satisfaction survey on the country's medical care. The findings helped demonstrate the achievements of Thailand's emergency medical system which is overseen by the National Institute of Emergency Medical System and the Ministry of Public Health. What we found is that our system is effective and integrated in a way that all emergency patients are cared for from the beginning at the point of accident until the end when they are physically rehabilitated.

The findings showed that survivors are very satisfied (87 percent) with the country's emergency medical the services. Thailand has indeed come a long way in this area. Such services are available in all provinces, including local communities. A comprehensive network of emergency response teams is now in place at different levels nationwide. The emergency hotline service (or 1669) is now fully functioning and easily accessible, perhaps with the exception of very remote communities along the Thai borders. With regard to physical rehabilitation which is generally overseen by the Sirindhorn National Medical Rehabilitation Centre under

the Ministry of Public Health, all landmine survivors are entitled to receive prosthetics at their local hospitals free of charge, as well as from the mobile units which provide regular service at various local communities. Persons with disabilities who receive these services are generally satisfied with the assistance they receive (67 percent).

3. Psychological support and economic reintegration

With regard to psychological support, survivors are adequately satisfied (56 percent) with counseling services provided in hospitals and in their homes by community-based rehabilitation (CBR) volunteers during their rehabilitation processes. As for the economic reintegration processes, there is still space for improvement. A large number (71 percent) have yet to receive training for economic purposes, while at the same time, they view that such training are inconsistent with their agricultural livelihoods. Agencies responsible for these areas include the Ministry of Public Health and Ministry of Social Development and Human Security, and Ministry of Labour. These agencies help maintain local programmes and centres, such as CBR programmes and vocational training centres.

4. Relevant legislations on persons with disabilities

As for legislations concerned with persons with disabilities, Thailand is well advanced especially in promoting rights of persons with disabilities. A number of laws, including the Persons with Disabilities Empowerment Act 2007, the Mental Health Act 2008, and the Social Welfare Act 2002 have been passed to accommodate the needs of persons with disabilities. Thailand tries to ensure that there is opportunity for persons with disabilities to find work. For instance, the Persons with Disabilities Empowerment Act 2007 requires that for every 200 employees, local companies are obliged to hire one person with disabilities. Otherwise, they are required by law to contribute to a Central Disability Fund. Moreover, apart from Thailand's active involvement in the Convention on the

Rights of Persons with Disabilities, Thailand, as part of ASEAN, is also working actively on the establishment of a regional human rights commission for ASEAN.

Furthermore, the Project provided an opportunity for relevant agencies to come together to identify Thailand's current VA situation as well as the challenges. We were also able to set priorities for the future. The resulting domestic VA roadmap would indeed be a useful tool for further development of Thailand's medical services. Most importantly, the by-product of the dedication in the Project gave rise to greater coordination amongst agencies concerned. This experience would certainly enhance the workings of the National Sub-Committee on Victim Assistance.

Mr. President,

The findings from this Project have demonstrated the strengths and shortcomings of Thailand's medical and rehabilitation services. We will indeed utilize such information as groundwork for future improvements and enhancements. There remain challenges that we are aware of. We will need to effectively maintain the survivors' database and regularly re-assess their needs. VA programmes and services should also be regularly monitored. The Project should not be an end in itself but a beginning to the implementation of the integrated domestic VA roadmap. The other challenge is the need to create greater coordination and enhanced integration among government agencies in the localities. Unlike the agencies at the capital, local actors have yet to effectively share information, especially on information on persons with disabilities and integrate their systems to provide prompt services.

Thailand wishes to reiterate that our medical system is advanced enough in a way that we are ready to share our lessons learnt with other interested countries. In contributing to victim assistance processes under the Mine Ban Convention, Thailand, in cooperation with EU and ISU/GICHD organized the Programme for Victim Assistance Experts in parallel with the Bangkok Workshop on Achieving a Mine-Free South East Asia VA between 1-3 April this year. This

parallel meeting, which convened participants from States Parties and non-States Parties, produced productive exchanges of views which in turn helped raise awareness of the importance of this issue. The result of this meeting, which I will report on Friday, will contribute to the formulation of a VA action plan for beyond the Second Review Conference. With regard to sharing experiences, Thailand, especially the Protheses Foundation and the Sirindhorn Centre, has been active in providing training on physical rehabilitation to neighbouring countries.

Mr. President,

Thailand's responsibility on VA is not a short-term project. Just like other States Parties, we are all in for the long haul. VA is a multi-dimensional affair requiring integrated systems as well as close coordination among concerned agencies. Such factors are required to generate sustainability in the VA process. When looking at Thailand's overall medical structure, Thailand is pleased with our achievements on the assistance provided to landmine victims and will continue to enhance our procedures. Nevertheless, with regard to measuring the success of VA processes, it must be noted that there should not necessarily be a one-size-fits-all indicator. The indicators should not be an end in itself but guidelines to better understand the domestic contexts of each State Party.

To conclude, I wish to reaffirm that Thailand stands ready to cooperate with interested States Parties in this area and will remain committed to continually improving our VA processes.
