Thank you Mr. Co-Chair.

Since the First Review Conference in 2004, victim assistance work within the Mine Convention has matured and become more structured. We now have a common understanding of what victim assistance entails and of the importance of embedding mine victim assistance within a broader context of national health and social systems. While significant progress has been made, affected States Parties continued to face major challenges in developing and implementing national programmes which ensure adequate care for victims and survivors and access to rehabilitation processes aimed at their full and effective inclusion in society.

The Cartagena Action Plan should contain elements that will set priorities and objectives for all affected States, and not only those included in the group of 26 States Parties with the most significant number of survivors. These should also be set for donors and supporting organizations. If the objective of tangibly improving the lives of individual victims is to be achieved, affected States must increase their ownership and capacities in planning, developing and implementing programmes for emergency care, rehabilitation and reintegration that address the needs of persons with disabilities, and that include those persons in their planning and development. Donors will need to increase, or at least maintain, their financial and technical support while helping to ensure that development cooperation both addresses and includes persons with disabilities. This will not only benefit mine survivors and other persons with disabilities, but is also essential if countries are to meet their development objectives. Supporting organizations can contribute to these efforts, but it is States that have the ultimate responsibility of ensuring the rights and needs of persons with disabilities, including mine and ERW survivors.

The objectives of the Cartagena Action Plan, should not only be "SMART", but should also establish a framework within which affected States Parties develop or update their own action plans, taking into account the local context and capacities. We urge States parties at the Review Conference to call for the development of more standardized and rigorous reporting and monitoring of the implementation of victim assistance commitments. Providing all States Parties with a sense that progress, based on realistic objectives, is being made, is in our view essential to maintaining a focus on victim assistance beyond the Review Conference and demonstrating that it is an area of implementation that merits increased investment.

Among the six elements of victim assistance identified in the Nairobi Action Plan, four involve direct services and care to individual victims and survivors. These four elements, (emergency and continuing medical care, physical rehabilitation, psycho-social support, and socio-economic reintegration) form part of a process. Survivors will continue to suffer long-term loss as a result of their injuries unless all these elements are given adequate attention.

We would like to highlight in particular the need for States to do more to strengthen emergency care and access to medical services. Too many victims never become survivors and die of their injuries at the site of the accident or while they are being transported to receive care over long distances. This problem is particularly acute during armed conflicts.
and in rural mine affected areas. We urge the Review Conference to call for more investment in such services in affected areas.

The Cartagena Action Plan should also develop objectives that encourage a coherent approach to the implementation of victim assistance obligations with other relevant international instruments, in particular the Convention on Cluster Munitions, the Protocol on Explosive Remnants of War and the Convention on the Rights of Persons with Disabilities. As resource mobilization could become an even greater challenge in the years ahead, we believe that ensuring the most effective use of the resources that are available is essential.

The principle of non-discrimination based on the cause of injury in the field of victim assistance is essential and is now well established. However, we believe that it is important not to forget those challenges that specifically relate to providing adequate assistance to mine victims and their communities. It is a reality that health and social services in areas affected by mines and explosive remnants of war carry a particular burden and most often will require additional support due to the scale of resources required to treat the serious injuries caused by these weapons and to provide long-term care to survivors.

Mr Co-Chair,

To contribute to the victim assistance agenda for the Second Review Conference and beyond, the ICRC will organize a workshop for practitioners, survivors and experts, which will be hosted by the Norwegian Red Cross in Oslo between June 23rd and June 25th. An appeal from and recommendations of the workshop will be published and submitted to the Second Preparatory Committee for the Review Conference in September.

To conclude, while we have seen important progress in understanding the concept of victim assistance and what it requires, we have to recognize that the challenges identified at the First Review Conference still remain important challenges on the eve of the Second Review Conference. The outcomes of the Cartagena Summit and the next 5 years of implementation of victim assistance commitments will be a crucial period during which the Convention must improve its ability to make a difference in the life of victims and survivors. In these five years, the ICRC will continue to support affected States with the aim of developing their capacities in addressing the rights and needs of the victims.

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