3 December 2013

Statement delivered by Ms Anne Giles.

Mr President

Improving the quality of life for victims of explosive remnants of war, including landmines and cluster munitions, is a significant focus of Australia’s mine action assistance.

As a country in a position to assist, Australia is increasingly focusing our efforts on ensuring that our assistance builds appropriate and sustained capacities within affected states to address both the immediate and the long-term challenges of victim assistance. In order to enhance its sustainability, we are seeking to ensure that our victim assistance efforts are integrated within national level health and disability programs.

By way of example, Cambodia has raised the issue of victim assistance and disability as a national priority and proposed that it be considered as a priority for international cooperation and assistance.

On that note, Australia is pleased to be assisting Cambodia to develop a new National Disability Strategic Plan (2014 – 2018) and supporting this opportunity for Cambodia to use the Convention on the Rights of Persons with Disabilities as the guiding framework in developing the new Strategic Plan. This initiative has evolved from the Landmine Survivor Assistance Program and the Cambodia Initiative for Disability Inclusion and is expected to ensure a more comprehensive approach to assisting victims and other people with a disability.

Mr President
Australia has also supported the Convention’s Implementation Support Unit (ISU) to conduct research on the experience and contribution that national mine action programs have made to victim assistance. Today at 1.00pm, Australia and the ISU will host a side event which will share the findings of this research. I warmly encourage all delegations to attend this event.

One of the important outcomes of this research will be a compilation of case studies illustrating how mine action programs have demonstrated good practice in contributing to the integration of victim assistance in broader contexts.

This research has documented a wealth of good examples that could be replicated elsewhere. These include in Afghanistan, South Sudan and Tajikistan where mine action programs and activities have promoted disability inclusive development. A common theme running through examples of good practice is the recruitment by mine action agencies of qualified and experienced personnel to coordinate victim assistance activities and build capacities.

Australia believes that documenting such good practice will provide a substantive input to furthering our understanding of victim assistance ahead of next year’s Third Review Conference.

**Mr President**

While humanitarian demining will have an end point, the imperative of States to ensure the well-being of their populations, including mine victims, and to guarantee their rights, will remain a continuing State responsibility.

On this note, the ISU’s research will also enhance our understanding of the true magnitude of the effort being made to assist States in developing the responses necessary to meet the rights and needs of all individuals who are injured, or who live with disabilities, including landmine survivors.

Given our collective understanding of the totality of what constitutes victim assistance within existing frameworks such as healthcare, disability and human rights, it is perhaps surprising that we have had such a narrow perspective of what we generally count and report as support to victim assistance within this Convention.
We hope, therefore, that the outcomes of the ISU’s research work and today’s side event will make a strong contribution to ongoing deliberations under the Convention on a comprehensive and sustainable approach to victim assistance.

With the Convention’s Third Review Conference only months away, now is the time to review our understandings of victim assistance and how it should be developed and supported in the future. Nearly 15 years after the Convention’s entry into force, we should be able to point to examples of sustainable outcomes and improvements in the quality of life of survivors. If we can’t, all State Parties should consider what we could do differently to ensure that we utilise scarce resources effectively to meet our promise to assist victims.

Finally, Mr President, Australia encourages mine-affected States, with support from development partners, to proactively integrate victim assistance requirements into national plans that address disability, healthcare, rehabilitation, social services and employment. This will help ensure that victim assistance is addressed by national institutions and predictably funded into the future.

I thank you, Mr President
**Background:**

In providing victim assistance support, Australia does not discriminate against or among victims, between cluster munitions victims and other victims of armed conflict and other persons with disabilities. It is therefore difficult to separate out and identify in precise terms our support for victims of antipersonnel mines from assistance provided for victims of other ERW and nor do we believe such separation is necessary.

Under its mine action strategy for the Australian aid program, Australia has committed over $100 million to mine action since 1 January 2010.

- Of this, approximately 20 per cent or some $22 million has been directly allocated to victim assistance.
- This funding has supported victim assistance work in Burundi, Cambodia, Laos, Uganda, Vietnam, Afghanistan, Tajikistan and the DRC.
- Our funding has also supported victim assistance efforts in a much broader range of countries delivered through the International Committee of the Red Cross.

Australia’s support to Cambodia to develop a new National Disability Strategic Plan for 2014 – 2018, will support the Government of Cambodia to effectively coordinate implementation of the National Disability Strategic Plan, aligned to the CRPD.

- It will provide for increased capacity for Disabled People’s Organisations to effectively represent the needs and priorities and advocate for the rights of people with disability.
- Central to this is improved rehabilitation services for people with disability through strengthened rehabilitation sector leadership, planning and coordination, and increased access to quality rehabilitation services.
- At the local level, people with disability will have access to community-based services and support from their local decision-makers in reducing barriers to participation.

The Implementation Support Unit (ISU), with funding provided by Australia, has carried out two research initiatives concerning assisting landmine and other ERW survivors in the context of disarmament, disability and development.

The first initiative will produce a compilation of cases where mine action programmes have demonstrated good practice with respect to playing an important in contributing role in to the integration of victim assistance in broader contexts. This research has already documented a wealth of good examples that could be replicated elsewhere. These include:

- Tajikistan, where the mine action programme has taken the Convention’s inclusive approach to victim assistance to promote disability inclusive development and the CRPD, and to provide technical and financial support to the Government to develop the first State Program on Social Protection of Persons with Disabilities.
- Afghanistan, where the Mine Action Coordination Centre has played an instrumental role in taking the Convention’s imperative to support survivors to promote a comprehensive response to disability, including by providing technical support to build the capacity of the Government of Afghanistan on disability issues.
• And South Sudan where mine action funding was obtained to carry out disability survey activities which will be fundamental to informing disability strategies in a country where data is lacking to back up evidence-based policy formulation.

The second initiative explores the role of development assistance with respect to victim assistance. Australia believes there is great value in targeted initiatives that we often specifically label as “victim assistance.” However, the research suggests that relevant development assistance flows that are not listed as “victim assistance” are probably playing an even bigger role.

For example, Australia’s total victim assistance contributions between 2007 and 2011 – to a variety of countries and a variety of purposes – amount to only about half of the assistance Australia provided to only two States – Afghanistan and Iraq – over the same period for basic health care, basic health infrastructure, medical services, medical education / training, and health personnel development.

Much, if not all, of this was directed to efforts that should be of benefit to not only the population as a whole but also to victims and survivors. For instance, efforts that we have supported that are not captured by victim assistance funding surveys include resources in Afghanistan for the Panjshir Valley General Hospital, for the Australian Red Cross to work with the IFRC to implement a health care program in Afghanistan, for the efforts of the Afghanistan Reconstruction Trust Fund in the area of basic health care services.