

Madam Chair,

It is my pleasure to **report on the conclusions** of the “Victim Assistance Experts Meeting” that was held in parallel to this 17th MSP. The Experts Meeting saw an active participation of affected States Parties, civil society, UN organisations, and landmine survivors. We are also grateful for the participation of the incoming Norwegian Presidency.

For the sake of time, let me stress some **key points** that stood out of our thematic sessions:

The **first conclusion** we can draw is that all agree that there is a **need for a platform** where affected States can exchange on best practices and challenges.

The Experts Meeting focused on the implementation of **Action Item 15** of the MAP.

States identified the **following main barriers** to **increasing access to services** for victims and **strengthening local capacities**:

1. Lack of **data on victims and lack of information management system**. To expand services, you must know where the victims are and what they need. Data collection and data management remains an important challenge in many States;
2. The fact that **physical rehabilitation** remains a **low priority** for most States that consequently do not invest in the expansion of such services. The **cost** of assistive products and material is also a barrier to effective rehabilitation. Many also stressed the difficulty to **retain trained personnel**;
3. **Limited resources and funding** further negatively affect the expansion of services. Many also stressed that **VA is rarely a priority** for mine action donors;
4. **Socio-economic inclusion, in particular access to employment opportunities** remains difficult to achieve, for reasons ranging from cultural and societal barriers that impede public acceptance of disability, to the difficulty to compete with existing businesses, and the lack of training and reintegration opportunities.

Participants suggested the **proposed strategies** to tackle these obstacles:

1. **Peer support** whereby trained peers could support new victims in matters of emergency aid, psycho-social and physical rehabilitation, and social inclusion;
2. **Enhanced engagement of all national stakeholders and the building of national capacities**: sustainable victim assistance
3. requires effective coordination between all actors, national and local authorities and civil society;
4. **Regional exchanges** on best practices and **South to South cooperation**;
5. **Increased VA-earmarked funding**.

Madam Chair,

Let me also add some **key messages** that were stressed by the excellent speakers that addressed the Experts Meeting:

1. The **WHO** estimates that some 2 billion people will require access to assistive technology by 2050. Investing in **rehabilitation services** for mine victims is thus investing in the health for all. The WHO has developed **rehabilitation support packages** for States and standards and guidelines on assistive products. They have also launched a Global Partnership to reshape the market for assistive technology, called ATScale (generic medicine). Their aim: make assistive products affordable. This is a major piece of news for the mine action community. → For interested States, the WHO presentations will be made available on the Convention's website.
2. The **CRPD** has stressed some opportunities for reinforced cooperation with the VA committee and affected States: the **adoption by the CRPD of general comment on art. 11** CRPD is one such opportunity. The CRPD has called for the **engagement and input** of the humanitarian and VA communities (they have the expertise).
3. On the **New Action Plan** (4RevCon): States have stressed the following:
 - It should be "**user-friendly**": simpler and more concrete.
 - We should seek to **harmonize** the language on VA with the CCM and Prot. V.
 - It should contain some **accountability** and **monitoring** mechanism, e.g. in the form of VA **indicators** not only for affected States but also for donors.
 - It should clearly request States to **include victims** and their representatives in all **planning processes** that affect them and include language on the specific needs of victims' families and communities.
 - The language on **gender** should also be reinforced.

Finally, Madam Chair, States hope to pursue this work next year in a **2nd edition of the Experts Meeting** which could focus on the **socio-economic empowerment** of victims, **data collection, physical rehabilitation**, and the further sharing of **good practices**. States also called on the promotion of **regional meetings** and the **development of regional networks**.

To conclude, I would like to warmly thank the States and organizations that actively participated in the Experts Meeting, and made it a success.

I thank you Madam Chair.