The special hardships suffered by mine victims and their long-term challenges and needs were eloquently expressed by the two mine survivors who addressed us at the opening of this Meeting on Monday – Mr. Thawee Khemprapha and Mrs. Prakaikul Thepnork. We thank them for sharing their experiences with us, which we hope will guide us all in our work.

As was mentioned in the ICRC's opening statement to this Meeting of State Parties, "victim assistance" remains the most challenging field of mine action. This can be explained by the fact that assistance to mine victims cannot be dealt with in isolation from broader public health-care policy, and requires an integrated approach. In other words, the well-being of landmine victims depends on the well-being of public health care and social services as a whole.

Over the last year, the Standing Committee on Victim Assistance (SCVA) has focused its discussion on the situation at "field level" by taking a "country-by-country" approach, inviting mine-affected States Parties to present their plans and needs to the Standing Committee meetings. The ICRC supports this approach, we thank the outgoing Co-Chairs, the distinguished delegates of France and of Columbia, for their efforts in this regard, and we encourage further work in this direction.

Assistance to victims of war, including mine victims, is of course one of the core humanitarian activities of the ICRC, and victim assistance is of the pillars of ICRC mine action. ICRC assistance to victims of landmines and other ERW consists mainly of curative care -- in the form of first aid, and medical, surgical and hospital care -- and physical rehabilitation (53 projects in 22 countries). A more in-depth description of the ICRC’s victim assistance activities, including a country-by-country description, is included in the ICRC Mine Action Special Report 2002, which was distributed here yesterday.

The ICRC is ready to provide its expertise to those mine-affected States which require help to undertake needs assessments at the local and national levels, as a basis to prepare national plans and programmes for victim assistance. We encourage States to present such plans at the meetings of the SCVA.

In terms of the future of ICRC mine action, we foresee an increase in our assistance activities to mine victims, both in terms of physical rehabilitation and curative care. For example, the ICRC is planning to expand its surgical assistance to cover amputees in need of corrective surgery.
Mine victim assistance is a long-term commitment – concretely, for the lifetime of mine victims. The child that steps on a landmine today will need some 25 prostheses during his or her lifetime.

In post-conflict situations, the ICRC has experienced ever-increasing difficulties in “handing-over” its physical rehabilitation programmes to the concerned authorities, due to lack of capacity and resources, and/or competing priorities. This problem led to the ICRC created the *Special Fund for the Disabled* whose primary objective is to ensure continuity of former ICRC programmes, i.e. to ensure that the child that steps on a landmine today will get her 25 prostheses through his or her lifetime.

We echo the calls made earlier this week for sustained resource mobilisation for assistance to mine survivors, and in this respect, it should be noted that the ICRC has observed a decrease in funding for assistance to mine victim programmes over the last three years. We also wish to emphasise the importance for mine-affected States to take ownership for victim assistance by giving utmost priority to reconstruction and development of their public health care systems.

We hope that greater attention will be paid, in the period leading up to the Review Conference and beyond, to responsibilities and commitments regarding victim assistance. And we urge States to pay more attention to this field in lead-up to Review Conference, maximising the opportunity presented by the SCVA for this purpose.