



**Government of Afghanistan
Ministry of Martyrs and Disabled**

Statement regarding:

Assisting the Victims

**by Naqibullah Hamdard
Advisor to Minister**

**Sixth Meeting of States Parties to The Convention on the Prohibition of the Use, Stockpiling,
Production and Transfer of Anti-Personnel Mines and on Their Destruction**

**November/December 2005
Zagreb, Croatia
[CHECK AGAINST DELIVERY]**

Excellencies, Ladies and Gentlemen,

I am very pleased to be here today to address the Sixth Meeting of States Parties to The Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction. I would like to use the time I have now to brief you on the situation of mine victims and disabled persons in Afghanistan and on our objectives in victim assistance for the years to come.

Afghanistan is now -- and has been for the last 25 years -- one of the most mine-affected countries in the world. We estimate that over 100,000 Afghans have been killed or injured by mines or unexploded ordnance since 1979. We also estimate that some 100 Afghans a month are still being killed or injured each month by these devices. I understand that these figures are some of the highest among the 24 States Parties that have completed the victim assistance questionnaire process this year.

The process of putting together the victim assistance questionnaire has been very useful for Afghanistan. I would like to take this opportunity to express my sincere appreciation to the Co-chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration, Nicaragua and Norway, and commend you both for your leadership over the past year. Your work

will make the job for Switzerland and Afghanistan, as in-coming Co-Chairs in the year ahead, that much easier. Your focus on obtaining concrete objectives and plans on the ground is crucial for mine-affected countries like Afghanistan. I am confident that this will garner results for landmine survivors, their families and communities, in addition to other persons with disabilities.

I would like to briefly highlight some of the findings of the victim assistance questionnaire in Afghanistan.

In terms of **defining the scale of the challenge**, as I have said, some 100,000 Afghan men, women, girls and boys have been killed or injured by mines and other unexploded ordnance. Recent Landmine Impact Survey data confirms that newer victims tend to be young men and boys, though it is important to acknowledge that almost 10 percent of new victims are women or girls. In terms of the broader question of disability in Afghanistan, the data collection on the number of disabled Afghans continues. Hard numbers are currently difficult to come by; with estimates ranging from 800,000 to 2 million persons, or as much as eight percent of the total population. Work on a National Disability Survey continues and this should allow us to narrow the range of estimates by next year.

Our immediate mine action data goal is to use the Landmine Impact Survey information – and related victim statistics collected by the ICRC, the Afghan Red Crescent Society and others – to develop detailed risk education and demining plans for the next three years and beyond. These plans will include clear targets for reducing the number of new mine victims in Afghanistan. We will also ensure that the information on recent and new survivors helps the Ministry of Martyrs and Disabled to strengthen activities in the disability sector. This Ministry is the lead ministry for people with disabilities in Afghanistan and is overseeing a broad consultation process ahead of the development a new national disability policy framework.

Turning to **medical care**, I would like to provide you with some figures from the WHO's World Health Report for 2005:

- Private spending on healthcare in Afghanistan is very low in US dollars terms, estimated at eight dollars per person per year in 2002, including a dollar and half per person per year spent by NGOs.

- The Afghan Government spent an additional six dollars per person on healthcare in 2002, for a total per capita healthcare-spending rate of 14 dollars per person per year from private and public sources.
- This level of healthcare expenditure is the equivalent of eight percent of gross domestic product in 2002. To put this percentage in context, the rate of healthcare spending in the OECD countries was only slightly higher than our own at eight and half percent in 2002. In addition, of the WHO's 192 member states only 33 recorded a higher percentage of GDP spent on healthcare than Afghanistan.
- One final statistic, while six dollars of Government healthcare expenditure per person per year is very low in absolute terms, this represents nearly a quarter of all Afghan Government expenditures in 2002.

With economic growth rates in Afghanistan now above seven percent, the situation has improved since 2002. However my point is that Afghanistan remains a poor country emerging from years of conflict that not only killed hundreds of thousands of Afghans and left further hundreds of thousands disabled, it also devastated our economy and our state institutions and therefore undermined the ability of the state to provide basic services. It is of course a basic service – emergency medical care – which someone needs when she or he steps on a landmine or is caught by the blast of a piece of unexploded ordnance. The Afghan hospital system, the ICRC and national and international medical NGOs are doing what they can, but much more should be done.

It is with this in mind that Afghanistan's overall goal is to continue to grow our economy so that both public and private healthcare spending can increase. However, poverty reduction does not happen overnight and pro-growth policies must take income distribution into account. For now, we must unfortunately accept that healthcare spending will be lower than we would like. Therefore public healthcare expenditures must be targeted towards the most vulnerable. This includes landmine survivors and other disabled Afghans who are recognized as a priority in our healthcare system. We must also invest in preventative healthcare, the best way to improve the overall health situation. It would of course help if international support to our healthcare sector increased. I therefore call on those of you here today who have influence on such things to use this influence in favour of Afghanistan. The bottom line is that Afghanistan cannot afford to provide adequate healthcare for many of our citizens, and this unfortunately includes landmine survivors and other disabled Afghans.

When it comes to **rehabilitation services, psychosocial aspects and economic reintegration** the situation is much the same. Broadly speaking, our objectives are to empower people with disabilities, and their families and communities, and of course to strengthen government policies and increase the state's ability to provide services to our people. We can improve the policy environment for mine victims and other disabled Afghans – our victim assistance questionnaire submission explains how – but if there is not enough spending on policy implementation, including capacity building and institutional development, then achieving positive impacts with and for Afghans with disabilities will be very difficult indeed. To get to results, we need a stronger partnership with our international friends. I look forward to working with you to develop this partnership on the basis of a clear plan with measurable objectives.

Ladies and Gentlemen,

Thank you for your kind attention.