

Mr. President, Your Royal Highness, esteemed Co-chairs, dear colleagues,

Fifteen years ago Croatia was forced into a war whose humanitarian crisis was devastating for the whole society, but especially for old people, women and children. Whereas Croatia has almost recovered from war destruction, landmines and unexploded ordnances still represent a threat for nearly 20% of our population.

Croatian health and social service systems continued to operate uninterruptedly during the war time, not only for its own population, but also for numerous refugees from Bosnia and Herzegovina. To illustrate the extent of burden covered locally, between 1992 and 1998, 157 million US dollars were spent only for the health care of refugees from Bosnia and Herzegovina, with over 85% of financial resources coming from the Croatian economy, itself faced with a difficult rehabilitation and transition period.

After the problem of landmines became apparent, our professionals, with support of the World Health Organization, initiated a program for the development of rehabilitation information system and for monitoring epidemiology of injuries caused by landmines and unexploded ordnances. The rapid response pilot programs contributed to the development of a model for monitoring the needs in rehabilitation. The Centre for Disaster Management, Ministry of Foreign Affairs, Ministry of Health and Social Welfare, Ministry of Interior, and CROMAC began collecting data on new victims and updating the existing database.

As we all know, the suffering of civilian population continues long after the wars end. In Croatia more than 2,200 direct victims of mine and UXO accidents have been recorded since 1991; for some 420 of them the injuries sustained were fatal. Even though it is encouraging that the yearly number of mine victims has been declining, from about 50 to 60 per year at the time of signing of the Convention to 10 to 18 over the last few years, we can not be satisfied while a single person can become a mine victim.

Croatia has passed acceptable legislation regulating the rights of persons with disabilities, including landmine survivors. However, a large discrepancy exists between those injured during the war, and those civilian victims of mines and UXOs and their families, with the former receiving ten times more in financial support than the latter. There is also an unacceptably large discrepancy between legislation which exists on paper and its implementation in real life.

Whereas Croatia has reached an appropriate level in the provision of physical rehabilitation for people with disabilities, including mine victims, provision of continuous psychosocial rehabilitation and reintegration remains weak. Preventive care is non existent, follow-up care is haphazard and scant, and the assistance as aid and/or rehabilitation and reintegration that exist is provided mostly through the non-governmental sector which is financed by international, as well as domestic donors.

There is one example of public-private collaboration in which one individual initiated and two NGOs joined with some government support to form a center for psychosocial rehabilitation of victims. The Regional Center for Psycho-Social Rehabilitation and Reintegration, with a total capacity of 600 people per year, slated to be opened by summer 2008 in Rovinj, will provide two week long workshops for mine victims and their families. As 20% of mine victims in South East Europe are children and adolescents, they will represent a primary target group. The Center will provide assistance not only to victims and their families from Croatia, but also to all survivors of mines and other explosive ordnances from South-East Europe and a small but constant number of places will be reserved for children and young people from mine-affected countries around the world.

Consequences of physical and psychological trauma exposure of mine victims last a lifetime. Even 10 years after the war ended in Croatia there is a need to encourage trauma survivors to seek treatment they need, and to help every victim to understand that physical and mental illnesses can be treated with equal effectiveness. Croatia has continued to prioritize care for the physical and social rehabilitation and for mental health of survivors of mine accidents: in our current collaborative agreement with WHO we proposed to prepare a national strategy on mental health for vulnerable groups, focusing *inter alia* on landmine incident survivors. Professionals assisting victims are committed not only to helping people affected by mine-related traumas secure the appropriate social services needed and reach the appropriate level of health care, but also ensure respect due to all people, including people with disabilities in order to make the dilemma between treatment or dignity obsolete.

Professional and scientific resources available in countries passing through the recovery phase may actively contribute in bridging the existing gap between the real needs of victims and evidence-based best approaches to meet their needs. Recognizing the need for evidence-based practices relying on scientifically sound evidence, the Croatian Ministry of Health initiated ten years ago a scientific project in which all medical records for each person injured during the war will be retrieved so that all diagnostic and therapeutic procedures will be analyzed for their health outcomes. A special emphasis in this program was put on mine accident survivors. This comprehensive research on health outcomes in treatment of war injuries has been completed, and more than 30 thousands medical records with over 4 million of individual procedures performed are available for scientific evaluation. With the aim to identify best practices in health system organization and provision of treatment to mine victims, health professionals are now performing in-depth scientific evaluation of collected data.

Creation of effective mechanisms of international cooperation is crucial for alleviating the suffering of populations exposed to mine accidents. Yet, there is no standardized global approach for mental and physical treatment of traumatized victims. As health workers, it is our professional and ethical obligation to provide support not only to victims in our own country, but also to actively participate in all international actions aimed at assisting victims of physical or mental traumas, helping them to avoid social exclusion and maintain their self-respect in society. The disastrous fate of countries exposed to the danger of landmines and unexploded ordnances frequently led to considerable upgrading of local professional capacities, a resource that is infrequently used by current instruments of international assistance. It is the moral and ethical obligation of professionals to create and actively promote in their own country a network for cooperation between individuals, institutions, organizations and countries in order to upgrade the existing international mechanism of victim assistance. Croatia is prepared to accept its own share of responsibility in assisting victims to reach appropriate care, and we encourage the creation of a network that would join professional resources from countries exposed to landmines and unexploded ordnances in order to assist all societies in need.

Understanding the impact of victims' physical and mental health to communities that were exposed to violence, we believe that victim assistance should continue to be prioritized in international and local political agendas. Providing adequate assistance to victims is a direct contribution not only to rehabilitation and social development, but also to peace and reconciliation in areas that were affected by atrocities.

Let us reiterate our commitment to the plan accepted at the Nairobi Summit and our intention to support all international activities aimed at intensifying cooperation between the mine affected countries. Thus we will contribute to equitable access of mine victims to health and social services and to overall respect of their human rights.