

**Intervention by the Delegation of Thailand  
Exchange of views with Professor Ron McCallum  
Standing Committee on Victim Assistance  
and Socio-economic Reintegration  
24 June 2010**

Co-Chairs,

We thank Professor McCallum for his presentation and the opportunity to exchange views today. We also congratulate him on his Chairmanship of the Committee as well as the work of the Committee in promoting implementation of the CRPD, to which Thailand is a State Party.

In general, Thailand sees that victim assistance must be an integral part of the work of persons with disabilities in the long run. Promotion of the linkage between the two areas is urgently needed at all levels in order for the work on victim assistance to benefit from the broader framework of persons with disabilities.

In the case of Thailand, the number of victims alone would have been too small to gain any political attention for the purpose of resource mobilization, among other things. The most recent survey revealed 1,252 mine victims. This number amounts to only 0.002 percent of Thailand's 63 million total population, and only 0.065 percent of Thailand's 1.9 million population of persons with disabilities. We were fortunate to first establish universal healthcare coverage which included persons with disabilities, and subsequently managed to secure regular annual funding for victim assistance programs.

Co-chairs,

We also wish to highlight a number of challenges. First, coordination and coherence among actors at all levels is important in order to promote efficient use of resources. For example, there should be, at the minimum, enhanced dialogue on victim assistance between

the disarmament and the human rights communities: at both government and non-government levels. Your presentation today is a step in the positive direction.

The second challenge is the pursuit of the “twin-track approach.” The approach emphasizes the importance of moving the agenda on persons with disabilities forward while adequately addressing the specific needs of landmine victims.

Outreach to local communities is our third major challenge. Many of the landmine survivors remain in the rural areas and often lack access to urban health services.

The last challenge is collection of qualitative and quantitative data. Many of mine survivors in the remote areas can easily be miscategorized for other types of persons with disabilities; therefore their needs may be overlooked. At the same time, poor data can lead to underestimation of problem.

We realize that a new data gathering is expensive. Therefore, we hope that the Committee can consider ways to help maximize existing data gathering efforts such as the one conducted by the WHO. Addition of landmines as another cause of injuries to the standard form already required to be filled out by all hospitals will strengthen data collection significantly. We hope that the Committee can take such basic steps into account so that the linkage between victim assistance and broader framework of persons with disabilities can be strengthened.

Co-chairs,

We have two sets of questions to Professor McCallum. First, how would Professor McCallum foresee a way to address the specific needs of all persons of disabilities and to avoid discrimination against one type of disabilities over another?

Second, a challenge for long-term implementation of victim assistance work is inter-ministerial coordination. For example, short to medium-term work of assisting the victims is often separated between the Ministry of Public Health and other Ministries responsible for long-term programs such as socio-economic reintegration. Even at the international level, coordination and coherence among all actors is not always apparent. Does Professor McCallum have any suggestions on how to link the two groups of actors together?

Thank you.

\* \* \* \* \*