

# **THE TIRANA WORKSHOP ON ACHIEVING A MINE-FREE SOUTH-EASTERN EUROPE**

## **VICTIM ASSISTANCE PARALLEL PROGRAMME**

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**presentation by**

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It is a pleasure to be back in Tirana again and to see so many old friends from the region. Some of you I have known since I first started working on the victim assistance issue in the region in 2003. Bardhyl may remember when we first met in February 2003 in Vlahan. Coming from Australia I had never been so cold!

I was very impressed visiting the Kukes Hospital yesterday to see how much has been achieved in the past 6 years to improve access to quality services for mine survivors and other persons with disabilities in the area.

Some of you are already familiar with the concept of victim assistance but for those of you that may be new to this issue I will first provide some background before highlighting some of the challenges and lessons learned in implementing the Anti-Personnel Mine Ban Convention over the past 10 years.

The Anti-Personnel Mine Ban Convention was the first multilateral disarmament treaty that aimed to assist the victims of a particular weapon. In the early years after entry into force of the Convention, States Parties, who were mostly represented by disarmament experts and diplomats, were not clear what needed to be done to assist the victims, how this should be done, and who was ultimately responsible.

The First Review Conference of the Convention in 2004 provided an opportunity for States Parties to formally clarify some of these questions, and to identify the key challenges to be addressed. Briefly, the States Parties agreed that victim assistance comprised six key components: understanding the extent of the challenges faced, for example through data collection; emergency and continuing medical care; physical rehabilitation; psychological support and social reintegration; economic reintegration; and, the establishment, enforcement and implementation of relevant laws and public policies.

States Parties also adopted a clear understanding of principles to guide their efforts, including that victim assistance efforts should not exclude any person injured or disabled in another manner. States Parties also recognised that “victim assistance is more than just a medical or rehabilitation issue – it is also a human rights issue.” A significant achievement has been the move from a charity based to a rights based approach to victim assistance. The ultimate aim of victim assistance is now understood to be the full and effective participation and inclusion of mine survivors in the social, cultural, economic and political life of their communities.

Since the First Review Conference, the 26 States Parties who reported a responsibility for significant numbers of landmine survivors, including Albania, Bosnia and Herzegovina, Croatia and Serbia, have been working intensively at the national level to apply the conclusions on implementation adopted at the First Review Conference.

Actions have been guided by the clear understanding that the ultimate responsibility for addressing the rights and needs of mine victims rests with sovereign States. States Parties

have come to understand that objectives and plans should see that victim assistance is integrated into broader healthcare, rehabilitation, development, disability and human rights contexts. As such, relevant ministries and agencies need to be at the forefront of “victim assistance” efforts.

In some countries, strategies already exist for the healthcare or disability sector or for poverty reduction more generally. When plans exist, the focus should be to ensure that mine survivors have access to the services and benefits enshrined within those plans. In other countries, there is a need to engage all relevant ministries in the process of developing a comprehensive plan to address the rights and needs of persons with disabilities, including mine survivors.

The Mine Ban Convention’s work on victim assistance has inspired the inclusion of commitments to assist victims of specific weapons in other international humanitarian law instruments. The victim assistance provision in the Convention and the understandings adopted at the Nairobi Summit provided the basis for a comprehensive legal obligation to provide assistance to the victims in the Convention on Cluster Munitions. In 2008 an action plan for victim assistance in the context of the Convention on Certain Conventional Weapons’ (CCW) Protocol V on explosive remnants of war was also adopted. The framework developed for victim assistance in the context of this Convention is equally applicable to addressing the rights and needs of victims of other explosive remnants of war, including unexploded cluster submunitions. It is important to ensure that appropriate steps are taken to harmonise efforts and foster synergies in the implementation of all relevant instruments in relation to victim assistance.

Another important development since the First Review Conference is the Convention on the Rights of Persons with Disabilities. The CRPD provides a new standard by which to measure victim assistance efforts and can provide guidance to all States in meeting their responsibilities to persons with disabilities, including mine survivors. The CRPD has clear linkages with the six components of victim assistance and provides States with a more systematic, sustainable and human rights based approach by bringing victim assistance into the broader context of policy and planning for persons with disabilities more generally.

In terms of challenges, the 2003 study on Landmine Victim Assistance in South East Europe identified several challenges in adequately addressing the rights and needs of mine victims. These challenges included:

- Facilitating access to appropriate healthcare and rehabilitation facilities
- Affordability of appropriate healthcare and rehabilitation
- Improving and upgrading facilities for rehabilitation and psycho-social support
- Creating opportunities for employment and income generation
- Capacity building and on-going training of healthcare practitioners, including doctors, nurses, physiotherapists and orthopedic technicians
- Raising awareness on the rights and needs of persons with disabilities
- Establishing an effective social welfare system and legislation to protect the rights of all persons with disabilities, including mine survivors
- Obtaining sufficient funding to support programs and coordination of donor support
- Supporting local NGOs and agencies to ensure sustainability of programs

In our discussions today it will be interesting to hear what steps have been undertaken to overcome these challenges or if the challenges remain and if new challenges have been identified.

The challenges faced in this region are not unlike the challenges faced by other States reporting a responsibility for significant numbers of mine survivors. In particular, there is the persistent challenge of translating increased understanding on victim assistance into tangible improvements in the quality of daily life of mine victims on the ground.

Other challenges identified that may be of relevance to States in this region include: limited capacity within State and non governmental structures to address disability issues, limited or lack of inclusion of survivors and other persons with disabilities in planning, implementation and monitoring processes, lack of long-term sustainability of services, limited implementation of policies, plans and laws, and low priority given to disability issues.

There have been many lessons learned over the past 10 years since the Mine Ban Convention entered into force. I will highlight just five.

Firstly, for a State that is fully implementing policies and programs that address the rights and needs of their citizens with disability, the victim assistance provisions of a disarmament convention should not raise concerns about new obligations but rather should focus attention on ensuring that the victims of a particular weapon system have access to existing services and infrastructure.

Second, if a meaningful difference is going to be made in enhancing the well-being and guaranteeing the rights of mine survivors, victim assistance must be seen as a set of concrete actions for which specific States hold ultimate responsibility. Officials and experts from relevant ministries must be engaged in developing and implementing specific, measurable and time-bound responses to the needs of victims.

Third, victim assistance should be understood as a process that involves a rights based, holistic and integrated approach in which each component – emergency and continuing medical care, physical rehabilitation, psychological support, and social and economic reintegration / inclusion – is essential and requires specific objectives to ensure high quality standards, availability and accessibility of services to promote the ultimate aim of full and effective participation and inclusion.

Fourth, success in victim assistance also means understanding victim assistance in the broader contexts of development and seeing its place as a part of existing State responsibilities in the areas of healthcare, rehabilitation, social services, education, employment, and human rights.

And finally, States Parties have come to recognise the value of inclusion and the active participation of mine victims and other persons with disabilities in the development, implementation and monitoring of policies, plans, and programs.

Thank you