Excellencies, ladies, and gentlemen,

Uganda is pleased to speak on behalf of the Anti-Personnel Mine Ban Convention’s Committee on Victim Assistance which includes Italy, Slovenia, and Zambia. We are grateful for this opportunity to strengthen bridges between our humanitarian efforts and healthcare stakeholders. The Committee’s mandate is to support States Parties to the Convention in the fulfilment of their Victim Assistance obligations. The Committee's mandate is to assist States Parties to the Convention in fulfilling their obligations related to Victim Assistance. This involves providing crucial components such as healthcare, rehabilitation, and assistive technology, which are integral to the Victim Assistance obligations of States Parties.

Based on our observations of the situations of mine survivors, affected families, and communities in over forty countries across the world, we would like to draw your attention to the following:

First, on access to healthcare, we welcome the WHO’s report on health equity for persons with disabilities which suggests concrete actions to address health inequalities for persons with disabilities that include landmine survivors. We encourage Member States of the WHO to ensure the implementation of the Resolution on “The highest attainable standard of health for persons with disabilities” and, where relevant, encourage the integration of Victim Assistance obligations of the Anti-Personnel Mine Ban Convention in their respective efforts.

Second, on rehabilitation and assistive technology, our engagements with mine-affected States Parties illustrate the need for the international community to scale up efforts to ensure that the needs and rights of persons with disabilities, including mine survivors, are met. The Committee appreciates efforts by the WHO and Member States on last year’s landmark report by WHO and UNICEF on Assistive Technology. Mine-affected States have reported tremendous constraints in making rehabilitation and assistive technology available in an accessible and affordable manner, especially in rural areas where mine-affected communities are located. We also support the Director-General’s call for action: to protect, invest and act together in support of health workers and the call to increase technical support to States to address shortcomings in human resources and assistive technologies.

Thirdly, this year, the Victim Assistance Committee’s focus is “Mental Health and Psychosocial Support (MHPSS)”. Psychological, psychosocial, and peer-to-peer support are pillars of Victim Assistance but are also a challenge for the States Parties to implement. We, therefore, call on the WHO and other stakeholders to assist the States Parties with Victim Assistance obligations to address this challenge, and integrate the psychosocial and psychological needs of mine victims into broader mental health policies and programmes.
Finally, on behalf of the Committee on Victim Assistance and the States Parties to the Convention, allow me to mention that although over 80% of the world’s countries have already joined the Convention, our desire to achieve an end to the suffering and casualties caused by anti-personnel mines is still far from our goal of zero casualties. Significant achievements indicate reduced casualty rates from over 20,000 per year in the 1990s to about 6,000 in 2021. There is still a long way to rid the world of the plague of anti-personnel mines and therefore, I invite all the States that have not joined the Anti-Personnel Mine Ban Convention join us in this noble humanitarian goal.

Thank you.