

Wellington Conference on Cluster Munitions 18 - 22 February

Intervention by Norway on Article 5, Victim Assistance 20 February 2008

The understanding that victim assistance is a core feature of the new convention was very clearly reaffirmed at the Vienna Conference. This process was initiated because of the humanitarian suffering caused by cluster munitions use. In addition, it is well documented and widely recognised that the use of cluster munitions hampers development and drains resources much needed elsewhere. The logic answer is to ensure that the new convention incorporates provisions for securing the rights, and addressing the needs, of cluster munitions victims.

Experts from the victims and practitioners community have come up with specific recommendations on how to structure the provisions for victim assistance in the future convention. This diverse group of experts states that the objective of Article 5 should be that all cluster munitions victims can fully enjoy all human rights and fundamental freedoms. The Victim Assistance article should facilitate the effective implementation of the following main obligations of victim assistance:

- Data collection and distribution
- Emergency and long term medical care
- Physical rehabilitation
- Psychological support
- Social inclusion, including inclusive education
- Economic inclusion
- The enactment and enforcement of adequate laws and public policies

This list is not meant to be an exhaustive list. Our further work should ensure that we structure the article in a way that ensures effective and gender-sensitive victim assistance in the future.

Principles and provisions for victim assistance should be reflected in the convention as a whole. To ensure the proper implementation of effective victim assistance, the new treaty should incorporate references to, and provisions for, victim assistance in other articles and sections of the text. These include the following:

Overall, we should make all efforts to ensure that the new treaty incorporates the highest human rights standards in the provisions for victim assistance. At the same time Provisions for the care and rehabilitation should be non-discriminatory and not create a new particular group of victims.

The preamble should reflect the strong commitment to victim assistance articulated by all stakeholders in this process, reinforcing the operative articles of the treaty and contributing to making the new treaty a framework for effective implementation of victim assistance. We would find it useful to have a very clear reference to the importance and relevance of the UN Convention on the Rights of Persons with Disabilities.

The purpose of this convention is to effectively address a problem – and the problem is that cluster munitions create victims. We are here to prohibit the weapons that cause this effect. We acknowledge that the burden of proof is on us to document that any exception to the prohibition would have to be based on evidence that exempted weapons does not create the humanitarian problem we are here to address.

The inclusion of the definition of victims in Article 2 is an important element that we welcome. It is appropriate – both as it is a facts-based and accurate description of who the victims are, and also because it is directly in line with our overall ambition to make this convention a useful and relevant basis for future implementation in the field.

As we benefit from having the knowledge and expertise of affected states, humanitarian organisations and supporting states sitting in this room, we do not think that we need to spend time on explaining why the approach on victims definitions include both the survivors and their communities. We appreciate and support the reality-based approach in the text, and we will implement our humanitarian assistance and support in accordance with this definition.

Language on the rights and needs of cluster victims in a new treaty is not aiming at creating new and parallel health and rehabilitation systems for cluster munitions victims only. It is about ensuring that the rights of these victims are being recognised and that the needs are being adequately addressed. In some national [health] care systems may need to be reinforced and improved to meet the specifics of cluster victims needs.

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Not all countries with cluster victims are in a position to do this by themselves, and this is why we must include provisions on cooperation and assistance.

Thank you