**Landmine and Cluster Munition Monitor Responses to Questionnaire on "the right of persons with disabilities to the highest attainable standard of health"**

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Responses are based on some examples from the reports *Cluster Munition Monitor 2017* (September 2017) and *Landmine Monitor 2017* (December 2017), as well as individual country profiles from the Landmine and Cluster Munition Monitor. Responses also draw from additional research and findings by the organization including past annual Landmine Monitor and Cluster Munition Monitor reports and special papers such as Equal Basis 2015: Inclusion and Rights in 33 Countries; Disability in Challenging Environments; and Equal Basis 2014: Access and Rights in 33 Countries.

**Landmine and Cluster Munition Monitor**

Landmine and Cluster Munition Monitor (the-monitor.org / @MineMonitor) is an initiative providing research for the International Campaign to Ban Landmines (ICBL) and the Cluster Munition Coalition (CMC). It produces several research products including the annual *Landmine Monitor* and *Cluster Munition Monitor* reports, online country profile reports, as well as factsheets and maps.

Research on disability issues has been carried out as an integral part of monitoring the implementation of provisions of what has been termed in humanitarian disarmament conventions as “victim assistance.”[[1]](#footnote-1) In purpose and in practice, this encompasses responses to the needs of persons with disabilities, who face similar barriers and impairments (acquired through other causes or at birth) as those faced by survivors[[2]](#footnote-2) of landmines, cluster munitions, explosive remnants of war (ERW), and other weapons.[[3]](#footnote-3) The provisions arise within the work of humanitarian disarmament conventions, particularly the [Mine Ban Treaty](http://www.apminebanconvention.org/) (1997) and its subsequent five-year action plans, and the [Convention on Cluster Munitions](http://www.clusterconvention.org/) (2008). States Parties to these treaties have agreed to provide adequate age- and gender-appropriate medical care and rehabilitation (including psychological support) as well as to provide for social and economic inclusion, in accordance with applicable international human rights law, based solely on needs and without discrimination as to the cause of impairments.

States Parties to the Convention on Cluster Munitions with victims are legally bound to implement adequate victim assistance in accordance with applicable international humanitarian and human rights law. *Applicable international human rights law specifically includes the CRPD*. The Convention on Cluster Munitions requires for adequate assistance to be provided, but it has no definition, or measure of, what might constitute “adequate” assistance. However, applicable international law provides more specific classifications, and includes such requirements as achieving the “highest attainable standard of health.” Only one State Party to the Convention on Cluster Munitions with cluster munition victims is not a signatory to the CRPD (Somalia), another two are signatories to the CRPD (Lebanon and Chad) and all others are States Parties to the CRPD.

**Questionnaire on** **the right of persons with disabilities to the highest attainable standard of health**

1. Please provide information on existing or planned legislation and policies to ensure the realization of the right to health of persons with disabilities, including current challenges and good practices.

In most low-income countries, particularly those experiencing or recovering from conflict where mines and cluster munitions were used, people continue to pay a high proportion of the costs of health and rehabilitation services out of their own pockets. The goal of universal health coverage is to ensure that all people can obtain the health services they need without suffering financial hardship when paying for them.

Efforts towards coverage of rehabilitation-related costs in countries with mine/ERW survivors among persons with disabilities in recent years included making healthcare cards, or similar, available. Senegal launched a new “Card of equality of chances” aimed at providing free medical care to all persons with disabilities. In Turkey, persons without social insurance can apply for a special “green card” to be eligible for free medical services. In practice those persons with disabilities eligible for the green card medical insurance still contribute to part of their medical expenses. Thailand passed legislation to increase the monthly allowance for registered persons with disabilities and continued to provide a multi-tiered system of universal health coverage, supporting services for persons with disabilities in rural areas according to needs. Lebanon was in the process of reviewing the eligibility requirements for persons with disabilities, including mine/ERW survivors, to receive disability cards to entitle them to some free health services and steps were taken to establish coordination between the Ministry of Social Affairs and the Steering Committee to ensure that all eligible survivors will be granted a disability card. In 2015, it was reported that persons with psychosocial impairments in Lebanon had been recently granted the use of disability identification cards.

1. Please provide any information and statistical data (including surveys, censuses, administrative data, literature, reports, and studies) related to the exercise of the right to health of persons with disabilities in general, as well as with particular focus in the following areas:

Monitor findings establish that increased efforts are needed in all countries to remove barriers and to make existing healthcare systems more inclusive of and accessible to persons with disabilities. This remained true across the 33 states with significant numbers of landmine survivors. Particularly among states in the midst of armed conflict and developing states, there was a lack of even basic healthcare available for or accessible to persons with disabilities, especially those living in remote and rural areas.

Notably, medical care services for survivors and other persons with disabilities with similar needs were strengthened in some countries in the Sub-Saharan Africa region, including in Burundi, Chad, and Mozambique. However, access to medical care remained limited in the DRC, Guinea-Bissau, Senegal, and Zimbabwe, with survivors having to travel long distances in order to access services, or being unable to access primary healthcare services at all. In Somalia, ongoing conflict damaged health facilities and continued to weaken an already fragile health system. In Sudan emergency healthcare services were mainly provided by international organizations and NGOs.

In Afghanistan, where ongoing conflict resulted in continued high-demand for medical care, there were fewer resources available for mine/ERW survivors in recent years. Some healthcare services for persons with disabilities were available in Iraq, but have decreased over time. International organizations continued to provide much needed assistance in conflict affected areas. In Yemen, health facilities were damaged and the ongoing conflict further weakened the health system.

1. Please provide information on discrimination against persons with disabilities in the provision of healthcare, health insurance and/or life insurance by public or private service providers.

The Convention on Cluster Mentions and Action Plans of the Mine Ban Treaty have emphasized, there should be no discrimination against mine/ERW victims, among mine/ERW victims, nor between survivors with disabilities and other persons with disabilities that with regards to the assistance provided.

It has been often reported in most countries—not only States Parties to the Mine Ban Treaty and Convention on Cluster Munitions—that war veterans with disabilities are assigned a privileged status above that of civilian war survivors and other persons with disabilities with regard to the provision of healthcare. In theory, the level of health and healthcare available to former military survivors of conflict could be taken as a measure of the standard in a State Party of that health which is the highest attainable. However, a clearer agreed understanding should be clarified in this regard of what specifically the “attainable” refers to and what it encompasses. Many such services that exist are not offered or accessible to other survivors or persons with disabilities, or are only made available in exceptional circumstances.

1. Please describe to what extent and how are persons with disabilities and their representative organizations involved in the design, planning, implementation and evaluation of health policies, programmes and services.

The World Health Organization (WHO) Global Disability Action Plan 2014–2021 was developed and revised with broad input, including a joint contribution by members of the International Campaign to Ban Landmines – Cluster Munition Coalition, and participating survivor networks. The plan reflects many of the most important concerns raised by survivor networks, such as ensuring access to rehabilitation in rural and remote areas, as well as participation and inclusion.

Survivors’ own representative organizations, including DPOs, conduct needs assessment for persons with disabilities including mine survivors in affected areas including the rural and remote areas, including in recent years Albania, Cambodia, Croatia, Serbia, Uganda, and Mozambique. Such assessments often contribute to the development of national and local planning and policies with regard to healthcare and physical medicine and rehabilitation.

Due to a lack of official recognition, peer-to-peer support and referral networks for survivors and persons with disabilities, which often provide assistance and liaison with vital health and rehabilitation facilities, mostly cannot currently be funded through national healthcare, universal health coverage, or national health insurance systems. Reporting indicates that the recognition, registration and sustainability of such organizations run by and for persons with disabilities would significantly increase the level of participation in decision-making about health services.

1. To date, victim assistance efforts have mainly been limited to the enhancement of programs and policies for persons with disabilities including survivors. The definition of “victim” in humanitarian disarmament treaties relates to the violation of human rights and humanitarian norms and includes all persons who have been killed or physically or psychologically injured, or suffered economic loss, social marginalization, or substantial impairment of the realization of their rights caused by the use of the prohibited weapon. This includes those persons directly impacted as well as their affected families and communities including persons with disabilities. [↑](#footnote-ref-1)
2. A survivor is a person who was injured by any of these weapons and lived. [↑](#footnote-ref-2)
3. Please see the *Landmine Monitor Report 2017* for more information about these weapons. [↑](#footnote-ref-3)