

2009 Meeting

Geneva, 7-11 December 2009

Item 6 of the provisional agenda

**Consideration of, with a view to enhancing international
cooperation, assistance and exchange in biological
sciences and technology for peaceful purposes, promoting
capacity building in the fields of disease surveillance,
detection, diagnosis, and containment of infectious diseases**

**MODERATORS' SUMMARY OF THE INTERNATIONAL WORKSHOP
ON IMPROVING COOPERATION UNDER ARTICLE X FOR DISEASE
SURVEILLANCE, DETECTION, DIAGNOSIS AND CONTAINMENT**

Submitted by Sweden on behalf of the European Union

1. As part of the European Union Joint Action in Support of the Biological Weapons Convention, the Presidency of the European Union, in cooperation with the Personal Representative on non-proliferation of WMD, and the Biological Weapons Convention Implementation Support Unit co-hosted an International Workshop on Improving Cooperation Under Article X for Disease Surveillance, Detection, Diagnosis and Containment in Brussels, Belgium on 11-12 November 2009.
2. The workshop was held in order to contribute to the discussion in the BWC intersessional process on improving cooperation for disease surveillance, detection, diagnosis and containment begun at the Meeting of Experts, 24-28 August 2009, in preparation for the Meeting of States Parties, 7-11 December 2009.
3. More than 40 representatives from EU Member States and six other countries (Indonesia, Jordan, Kenya, Mexico, Pakistan and the Philippines), the EU institutions and four international organizations participated in the meeting. Substantive contributions were made by national experts from EU Member States and a number of developing countries, the World Health Organization (WHO), the World Organisation for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO), the Implementation Support Unit, the Personal Representative on non-proliferation of WMD and the European Commission.
4. Participants discussed ways and means of improving cooperation between States Parties under Article X in the areas of disease surveillance, detection, diagnosis and containment,

focusing on three main themes that had emerged from discussions at the Meeting of Experts: coordination of cooperation and assistance activities; integration of approaches to human, animal and plant health; and sustainability of cooperation in terms of human resources, infrastructure and equipment. Discussion on each of these themes was begun with presentations from the perspective of a developed country, a developing country, and relevant international organizations.

5. The workshop did not negotiate any outcome document, but the moderators of the respective sessions of the workshop made the following observations:

- (i) Participants recognized that human demographics, increase in travel, climate change, poverty, war, urbanization, and a lack of political will all contribute to the emergence or reemergence of diseases. These disease outbreaks do not respect national borders or the level of development of countries.
- (ii) Participants recognized that international public health security is based on strong national public health and veterinary infrastructures with strong capacities for disease surveillance, detection, diagnosis, and containment, connected by global information sharing networks.
- (iii) It was stressed that Article X was a useful and appropriate platform for collaboration on these issues and that through implementation of Article X States Parties could improve global surveillance and response, strengthen domestic public health and veterinary capacity, increase transparency, improve disease reporting and communication, explore innovative systems of surveillance, develop and use rapid diagnostics, and educate and train policy makers, health managers and experts.
- (iv) Participants underlined the fact that plant and animal diseases represent a threat not only to animal health and welfare, but also to public health, food security, livelihoods, and national economies. Moreover, zoonoses represent a significant portion of human diseases, emerging diseases, and potential bioterrorism agents. Therefore, participants recognized that public health can no longer be considered distinct from national security.
- (v) Participants noted that there is very little capacity for surveillance of plant diseases, and that there is currently no reference laboratory network for plant diseases. While plant diseases do not directly threaten humans, they do represent a threat to the livelihoods of many people, and to global food security.
- (vi) It was stressed that donor countries need to be aware of each other's activities in order to avoid duplication, and that information-sharing at the international level would help donors and recipients to identify specific needs, coordinate between different national and international initiatives, focus efforts on previously neglected regions and diseases, and evaluate the effectiveness of initiatives from both the donor and recipient perspective.

- (vii) It was recognized that the ISU could play an important role in sharing information on cooperation under Article X and facilitating coordination, but that it is necessary for States Parties to inform the ISU as to their activities. It was noted that the ISU could play a role in facilitating communication between scientists and policy makers.
- (viii) Participants noted the value of cooperation and the establishment of information sharing networks between international organizations such as the FAO, OIE and WHO, as well as the value of other networks of laboratories. The value of the Global Early Warning System (GLEWS), the OIE-FAO Network on Animal Influenza (OFFLU), and Global Laboratory Directory (GLaD) were cited as useful examples. The planned creation of CBRN Centers of Excellence was presented by the European Commission.
- (ix) Participants emphasized the need for long-term, sustainable capacity building in disease surveillance, detection, diagnosis and mitigation. In order to achieve this, agreements between partners in twinning and other cooperation programs should include agreed time frames, exit strategies, and sustainability plans that allow the local partner to take control of the facilities at the end of the program.
- (x) It was noted that risk assessments are important in identifying what capacities are needed within countries. In conducting risk assessments the risk of bio-terrorism must be considered in balance with the risk from naturally occurring and newly emerging diseases.
- (xi) Participants noted that effective disease surveillance is reliant on adequate human resources. Staff shortages, inequitable distribution of resources, insufficient training, demotivated staff, high attrition rates in remote areas, emigration of health staff to developed countries, and weak leadership and management capacity represent significant human resource challenges in developing countries.
- (xii) Lack of resources, heavy workloads resulting from staff shortages, lack of training, and lack of professional career development opportunities contribute to the demotivation of health care professionals in developing countries. Therefore, measures such as training programs, access to career development, recruitment based on need and job requirements, incentives for deployment in difficult areas, mentorship programs, laboratory twinning programs, workshops and networking opportunities, as well as applied epidemiological training and curricula should be used to increase motivation of health care professionals.
- (xiii) Participants recognized that Article X applies not only to the transfer of biological technology and materials, but also to the transfer of best practices and training. Good laboratory facilities and procedures must be supported by proper training, and long term commitment to workshops and exercises held both domestically and internationally is necessary. Training programs focused on “training the trainers” can be especially effective in promoting long-term sustainability.

- (xiv) Public private partnerships, both at the international level and between governments and local investors, can facilitate development of public health and veterinary capacity. These partnerships can allow the public sector to mobilize the resources of the private sector to contribute to public health and medical research. The private sector can be motivated by investment and potential financial returns or appeals to corporate responsibility or public relations benefits. But caution needs to be exercised to ensure the public interest is protected.
 - (xv) Participants noted that BSL-3 and BSL-4 facilities, while desirable, are expensive to establish, staff and maintain. Intermediate options should be explored including BSL-2 facilities with special procedures for handling particular pathogens such as influenza and tuberculosis, and regional sharing of BSL-3 and BSL-4 facilities and associated training.
 - (xvi) Participants recognized that laboratory twinning is a useful tool for extending networks of reference laboratories to underserved regions and focusing on neglected diseases. These programs, built on mutual benefit to parent and candidate labs, help build disease surveillance capacity, establish biosecurity and biosafety best practices, and give scientists valuable opportunities to collaborate. These programs also help build communities of scientists within countries and integrate them into the international scientific community.
 - (xvii) Participants noted a range of opportunities for South-South cooperation, particularly in the areas of sharing of facilities and resources, training, approaches to administration and governance, and regional initiatives.
 - (xviii) Participants underlined the value of implementing the International Health Regulations (2005) for public health and international health security, noting both that cooperation under Article X could support the development of national capacities required by the IHR, and that Article X of the BWC and Article 44 of the IHR were mutually reinforcing.
 - (xix) Participants emphasized that improving cooperation for disease surveillance, detection, diagnosis and containment would directly support the security and non-proliferation objectives of the BWC, as well as supporting the development of the peaceful applications of biological science and technology in accordance with Article X.
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