
**Meeting of the States Parties to the Convention
on the Prohibition of the Development,
Production and Stockpiling of Bacteriological
(Biological) and Toxin Weapons and on Their
Destruction**

17 July 2012

English only

2012 Meeting

Geneva, 10–14 December 2012

Meeting of Experts

Geneva, 16–20 July 2012

Item 5 of the agenda

**Standing agenda item: cooperation and assistance,
with a particular focus on strengthening cooperation
and assistance under Article X**

Assistance and Cooperation

Submitted by the European Union

1. Following the Seventh BTWC Review Conference in December 2011 in Geneva, the EU is engaged in the intersessional process, with the first Meeting of Experts due to take place in Geneva from 16 to 20 July 2012. With the present Working Paper, the EU is pleased to provide an overview of the implementation of Article X of the BTWC by the EU and its Member States, of the contributions allocated by the EU, and of the EU's engagement in the field of biosafety and biosecurity through its support to WHO activities and through the CBRN Centres of Excellence initiatives.

2. The EU has identified in its WMD-Strategy the increasing threat emanating from biological weapons. Since 2006, the EU has funded projects in support of the BTWC with more than EUR 2 million and a new Council Decision which we hope will be adopted shortly will ensure continued support and financial contribution to increase adherence to, and promotion of, the implementation of the BTWC through: regional workshops, enhanced assistance programmes, and various enabling tools and activities.

3. The EU is actively engaged in supporting improvements in biosafety and biosecurity. A first Joint Action adopted in April 2008 and expired last December has supported several World Health Organisation activities - worth EUR 2.1 million – aimed at: 1) ensuring the safety and security of microbial or other biological agents or toxins in laboratories and other facilities, including during transportation as appropriate, in order to prevent unauthorised access to and removal of such agents and toxins, 2) promoting bio-risk reduction practices and awareness, including bio-safety, bio-security, bioethics and preparedness against intentional misuse of biological agents and toxins, through international cooperation in this area. A new Council Decision to further support WHO activities in the areas of laboratory biosafety and biosecurity was endorsed by the CODUN Working Group in May 2012.

4. The EU has also launched the CBRN Centres of Excellence (CoEs) Initiative. This aims at enhancing the institutional capacity of partner countries to mitigate CBRN risks, whether they are criminal, accidental or natural in origin. Nineteen projects amounting to EUR 16 million were recently launched and contracting is underway. Projects for additional EUR 8 million are under review. Current projects address issues such as: knowledge development and transfer of best practices on biosafety, biosecurity and biorisk management; strengthening laboratory biosafety and biosecurity through the development of a laboratory ISO-bank system; creation of an international network of universities and institutes for raising awareness on dual-use concerns in biotechnology. The CoEs Initiative is continuing and should reach a total budget of nearly EUR 100 million by 2013.

Development assistance by EU institutions and EU member states with regard to capacity building in the fields of disease surveillance, detection, diagnosis, and containment of infectious diseases (Amounts are in USD million)

Source: Official Development Assistance – OECD
<http://stats.oecd.org/index.aspx?DataSetCode=CRS1#>

Type of assistance	ODA ¹ sector code	2006	2007	2008	2009	2010
Infectious Disease Control	12250	469.54	473.70	422.26	369.78	276.89
Basic Health Care	12250	525.64	681.90	885.44	821.25	842.89
Health Education	12261	24.30	24.42	40.53	27.89	33.2
Basic health infrastructure	12230	73.13	128.49	204.09	177.29	146.92
Malaria control	12262	4.60	47.53	56.24	80.80	155.93
Tuberculosis control	12263	1.88	31.69	25.02	18.01	46.52

5. The following table sets out some illustrative projects by EU Member States and EU Institutions.

Belgium

5. The Institute for Tropical Medicine in Antwerp, Belgium – a partner for health professionals from the South (<http://www.itg.be/itg>)

6. For many years the Institute for Tropical Medicine in Antwerp (ITM) has been providing scholarship programmes for health professionals from the South, for training at advanced master level and for experts in specific fields of science through short courses. The majority of participating students benefit from scholarships financed by Belgian

¹ Official Development Assistance.

Development Cooperation. For this purpose EUR 12.9 million are available for the period 2008-2013. The ITM also receives core funding from several governmental entities. The ITM currently offers three Master tracks and nine specialised short courses covering the fields of tropical clinical sciences, public health (health systems policy & management and disease control) and tropical animal health. All Masters and short courses included in the scholarship programme are accredited through international bodies.

- (a) Master degrees included in the scholarship programme:
- Master in Public Health – Health Systems Management and Policy;
 - Master in Public Health – Disease Control;
 - Master of Science in Tropical Animal Health;
 - Master in International Health – Tropical Clinical Sciences.
- (b) Specialised short courses accredited as course components of a Master degree:
- Short Course on Antiretroviral Therapy;
 - Short course on Clinical Research and Evidence-based Medicine;
 - Planning & Management of Reproductive Health Programmes;
 - Planning & Management of Tropical Diseases Programmes;
 - Health Policy;
 - Strategic Management of Health Services.

7. Furthermore Belgian Development Cooperation helps the ITM to cooperate with and support similar institutions in the South in order to mutually reinforce capacities and accomplish their respective scientific and societal missions in the fields of tropical medicine for humans and animals, disease control and health services management. In the period 2006-2010 the ITM has been cooperating with and supporting the following institutions:

- The National Institute of Hygiene, Epidemiology and Microbiology and the Institute of Tropical Medicine Pedro Kouri in Cuba;
- Instituto de Medicina Tropical Alexander von Humboldt de Universidad Peruana Cayetano Heredia in Peru;
- The University of Pretoria, Department of Veterinary Tropical Diseases in South Africa;
- L'Institut National de Recherche Biomédicale de Kinshasa in DR Congo;
- The National Institutes of Malariology, Parasitology and Entomology in Vietnam, Cambodia and Laos;
- Le Centre Hospitalier Universitaire de Dakar in Senegal;
- The Tropical Disease Research Centre of NDOLA in Zambia;
- The Sihanouk Hospital Center of HOPE in Cambodia;
- Instituto de Salud Publica of the Pontificia Universidad Católica in Ecuador;
- The Institute of Public Health, Bangalore India;
- Le Centre MURAZ / Santé maternelle et nouveau-nés, paludisme, nutrition in Burkina Faso;
- Centro Internacional de Zoonosis, Quito, Ecuador.

Bulgaria

8. In the period 2007-2011, the National Center for Infectious and Parasitic Diseases (NCIPD) was designated as WHO Collaborating Center for research and training in surveillance of communicable diseases and antimicrobial resistance, among its tasks being the coordination and collaboration in this field with partners in countries in Southeast Europe, North Africa and Central Asia. The Center collaborated, inter alia, with NAMRO (Cairo) on hemorrhagic fevers, partners in the FYROM on polio and swine flu diagnosis, in Turkmenistan, Uzbekistan, Kyrgyzstan, as well as in Armenia on malaria diagnosis.

9. In 2006-2008, through twinning projects with The Netherlands and Italy (PHARE projects) aimed at strengthening the combat capacity against infectious diseases, NCIPD received equipment for identification of highly pathogenic bacterial and viral agents. As a part of these twinning projects, an intensive post-graduate educational programme was implemented, involving epidemiologists, microbiologists and virologists working in the field of surveillance of infectious diseases with a focus on early warning.

10. The Republic of Bulgaria has collaborated with EU partners and participated in activities carried out through the Executive Agency for Health and Consumers, the European Center for Disease Prevention and Control (ECDC), the EU Early Warning and Response System, etc.

Czech Republic

11. The Czech Republic fulfils its obligations under Article X through various projects in development aid and assistance.

12. The foreign aid projects include the health, agriculture and other related topics to the BTWC.

13. The Czech Republic has been recently active in providing help to prevent and cure infectious diseases. Through the bilateral project the program to prevent HIV/AIDS disease in Ethiopia was launched. Other programs providing help in management of cholera epidemics in Haiti and in Zimbabwe, including prophylactic and awareness rising issues, were completed. In 2010 the Czech Republic built microbiological laboratory for drinking water analysis in Georgia. On July 14, 2011 the Memorandum of Understanding among the US Agency for International Development (USAID), the Swedish International Development Cooperation Agency (SIDA) and the Czech Development Agency (CzDA) was signed in Bosnia and Herzegovina in Sarajevo. The main goal is the participation in the long-term agricultural projects.

Denmark

14. Statens Serum Institut (SSI) prevents and controls infectious diseases, biological threats and congenital disorders. Since 1978 SSI researchers have been in charge of a major health research project in Guinea-Bissau, West Africa. The project, called Bandim, is financed primarily by external funds via Danida, the EU, the Danish National Research Foundation and private funds such as the Novo Nordisk Foundation.

15. The main focus of the project is demography surveillance of more than 100.000 people in 6 suburbs of the capital Bissau and additional 180 clusters of woman and their children in the rural areas. The thorough registration process provides the Bandim Health Project with a unique opportunity to study the population effects of new health

interventions such as the introduction of new vaccines, vitamin A supplementation or the distribution of bednets to prevent malaria.

16. The registering of the population in the area has meant that the project returns valuable research results and health statistics to the population. One of the most important findings was that a new measles vaccine used in low-income countries was associated with a two-fold increase in mortality among girls. The discovery led to the withdrawal of the vaccine.

17. In addition, the participants are offered free health consultations and essential medicine. So far, the project has educated 12 local graduates (MAs) and six local PhDs.

18. Another and major part of SSI's research focus has been on "forgotten and overlooked" diseases such as tuberculosis, malaria and HIV, which threaten mainly developing countries. The vaccine research program at SSI has special expertise in the production of synthetic vaccines that in contrast to live, but inactivated vaccines cannot trigger a disease outbreak. The vaccines are of special interest because they are safe, cheap to produce and potentially flexible. E.g. SSI's inactivated polio vaccine has been prequalified by the WHO, which means that the vaccine will be considered when UN organizations purchase vaccines. Since 1988, WHO's goal has been to eradicate the disease.

Finland

19. Strengthening the Management of Public Health Emergencies in Vietnam - with focus on the Prevention and Control of Diseases of Epidemic Potential including Highly Pathogenic Avian Influenza (HPAI).

20. The United Nations system agencies (FAO, WHO, UNICEF, UNDP) in Vietnam have worked together with local ministries (Ministry of Agriculture and Rural Development, Ministry of Health, Ministry of Education) in implementing the Joint Government-UN Programme "Strengthening the Management of Public Health Emergencies in Vietnam - with a focus on the Prevention and Control of Diseases of Epidemic Potential including Highly Pathogenic Avian Influenza (HPAI).

21. Phase I of this Joint Government-UN Programme provided emergency support to control HPAI in poultry and respond to the threat of a human pandemic. The objectives were to reduce risk of a global pandemic of Highly Pathogenic Avian Influenza (HPAI) emanating from Vietnam and enhance national and local capacity to manage outbreaks of diseases of epidemic potential caused by human and animal pathogens. This was done by controlling the disease in poultry population at risk through vaccinations and by strengthening the national and local epidemiological and surveillance capacities.

22. Phase II of the Joint Programme supports Vietnam's transition to a sustained response through implementation of activities within the Vietnam Integrated National Operational Program for Avian and Human Influenza, 2006-2010 (the OPI, also known as the "Green Book"). The OPI was prepared by a Government taskforce established under the National Steering Committee for Avian Influenza (NSCAI), with support from UN agencies, the World Bank and other donors. It was adopted by the Government on 31 May 2006 as the framework for mobilization of national resources and international support to fight HPAI. It was also broadly endorsed by the international community at a Government-Donor meeting on 2nd June 2006 as a basis for harmonised support following the principles of the Hanoi Core Statement (HCS).

23. Finland has supported both phases of the programme.

France

24. France fulfils its obligations under article X through many projects, among which two organizations' activities might be highlighted:

The Institut de Recherche pour le Développement (IRD)

25. The IRD is a French research institute which, working with Southern partners, addresses international development issues. The aims underpinning all its work are to improve health and public health with a view to achieving the global Millennium Development Goals.

26. Through partnership-based research, training and innovation, it is present in more than 50 countries in Africa, the Mediterranean basin and Latin America. Its projects are jointly run with partners and are based on an interdisciplinary approach. They address questions vital for Southern countries, such as tropical diseases, the links between health and environment, water resources or food security.

27. One emblematic project conducted by IRD, in the field of biological research, is RISA (Résistance Insecticide Santé Agriculture), a team working on insecticide resistance, health and agriculture, formed in 2009 and following a thesis funded by the IRD. It unites regional efforts to assess the impact of pesticide use in Africa on insecticide resistance in the malaria vector *Anopheles gambiae* and the plant pests *Bemisia tabaci* and *Plutella xylostella*. Research is conducted in Benin, Burkina Faso and Togo. The aim, at a time when food resources are strained, is to introduce crop protection programme management strategies that will limit the ecotoxicological risks connected with large-scale pesticide use.

The Institut Pasteur International Network (RIIP)

28. The RIIP is a partnership of 32 research and public health institutes on five continents. With its global presence and the top-level expertise of its scientists, the RIIP is well-positioned to perform infectious disease surveillance and participate in the global response to major epidemics. The Network hosts several Reference Centres and WHO Collaborating Centres, which carry out constant surveillance for diseases with epidemic potential such as influenza, cholera, dengue, yellow fever and emerging infectious diseases. As such, RIIP member institutes provide technical advice at the national and international level.

29. The RIIP interacts with local and international public health authorities and works closely with health ministries, the WHO's Global Outbreak Alert and Response Network (GOARN) and the Institut Pasteur's Laboratory for Urgent Response to Biological Threats (CIBU).

30. Research is conducted on several infectious diseases, among which: HIV/AIDS, tuberculosis, malaria, influenza, dengue, rabies, viral hepatitis, bacterial meningitis, antibiotic resistance, leishmaniasis, diarrheal diseases.

31. The RIIP also strives to improve scientific capabilities and human resources around the world. To achieve this, the RIIP develops training programs in partnership with universities and local stakeholders. Over 100 RIIP trainees come every year to complete their training by taking courses or serving traineeships in Paris.

32. The Institut Pasteur and the Institut Pasteur International Network provide international grants for traineeships and courses taken in Paris.

Germany

33. Under the 7th Framework Programme, which runs from 2007 to 2013, direct funding can be obtained for “International Cooperation” as an integral part of the thematic area “Health”, which is of particular significance in areas with a bearing on global health problems, such as resistance to microbicides, HIV/AIDS, malaria, tuberculosis, neglected diseases and international health systems. The calls for proposals and expressions of interest also cover topics of international relevance, which are tailored to the international partners’ R&D needs and which, for example, are specifically intended to be implemented in collaboration with African partners.

34. Following the first two rounds of the call for proposals and expressions of interest, 25 African states are currently involved in projects in the thematic area “Health”. African scientists are collaborating with German institutions in 18 projects which have an African input. An example is the Poverty Related Diseases College: International Programme on BioMedicine and Development (PRD College) project, which will help to close educational gaps between the bio-sciences and the health and development sector in Africa. The creation of a training and exchange programme for African doctors and young scientists is being supported. The project is coordinated by the University of Yaoundé in Cameroon. The network includes African partners in Cameroon, South Africa, Zambia, Uganda and Tanzania and European institutions, including the Department for Infectious Diseases and Tropical Medicine of the University of Munich and the Max Planck Institute for Infection Biology in Berlin.

35. Since 2007, partnerships between German universities and clinics on the one hand and medical schools and clinics in developing countries on the other have been supported as part of Germany’s development cooperation policy. These partnerships have, among other things, facilitated exchanges in the field of applied and clinical research with a view to improving medical treatment for HIV/AIDS sufferers. In Cameroon, for example, the aim is to optimize the treatment of HIV by means of early diagnosis and research into the causes of resistance to treatment, in cooperation with a German research institute. Universities and hospitals in African partner countries will benefit from the know-how of German scientific institutions and will learn to adopt the necessary quality standards required for implementing clinical trials, etc.

36. In cooperation with the Kwame Nkrumah University of Science and Technology (KNUST), the Bernhard Nocht Institute for Tropical Medicine (BNI) in Hamburg operates the Kumasi Centre for Collaborative Research in Tropical Medicine (KCCR) in Kumasi (Ghana) as a joint venture. The KCCR provides a platform for collaborative research projects involving Ghanaian scientists and has acquired an international reputation as a teaching and research centre which is open to scientists from around the world. The collaboration is based on a long-lasting contract. In the first years of the collaboration the research projects at KCCR were financed predominantly by the BNI. The project financing by the BNI now decreases and financing of projects by other resources increases. This demonstrates that KCCR is now established and acknowledged in a way which makes investment in research for other donors more and more interesting, and thus creating an element of sustainability.

Greece

Mediterranean Zoonoses Control Programme of the World Health Organization and its Coordinating Centre in Athens, Greece

37. The Mediterranean Zoonoses Control Centre (MZCC) started its operation in February 1979 following a special agreement between WHO and the Greek Government. During the last 5 years, the activities of the MZCP co-ordinated by the MZCC and with the support and contribution of the Greek Government, have been as follows: besides the regular MZCP activities development, the Greek Government provided an extraordinary financial contribution to implement 2 projects in Syria and Jordan on the inter-sectoral epidemiological surveillance of Brucellosis in humans and animals. Both were successfully concluded. The Government of Greece is available to further support the MZCP and its Coordinating Centre in Athens, financially and technically. This will permit further expansion and enrichment of the capacity building activities of this regional programme. To this end, negotiations are on the way with WHO and other International Organizations.

National Reference Laboratory for Arboviruses and Hemorrhagic Fever Viruses, Aristotle University of Thessaloniki, School of Medicine, Dept. of Microbiology

38. Training of scientists from the Central African Republic, Nigeria, Iran, China, Albania and Bulgaria on the rapid diagnosis and molecular epidemiology of viral hemorrhagic fevers. Their expenses were jointly covered by EU Research Programmes (INCO), WHO and the Greek Government.

Ministry of Rural Development and Food (MRDF) - General Veterinary Directorate

- Programme TAIEX. Study visit on Protection and Control Strategies, monitoring and reporting system of Echinococcosis and Hydatidosis (May 2011 with the participation of Greece and Turkey).
- Control and eradication programmes of Bovine Brucellosis, Sheep and Goat Brucellosis and Bovine Tuberculosis (July 2009 with the participation of Greece and Armenia).
- Control of Foot and Mouth Disease (FMD) Includes activities such as sero-surveillance, vaccination campaigns and training workshops.
- Monitoring of Zoonoses and Zoonotic agents, antimicrobial resistance of zoonotic agents and food borne outbreaks. Zoonoses Monitoring - Implementation of National control and eradication programmes based on European Veterinary Legislation (Directive 2003/99/EC). Covers mandatory monitoring for the major zoonoses: Brucellosis, Tuberculosis, Echinococcosis, Salmonellosis, Campylobacteriosis, Listeriosis, Trichinellosis, Verotoxigenic Escherichia coli. Participation of the the Balkan Tripartite (EuFMD/EC/O.I.E) Group of Bulgaria, Greece and Turkey.

Ministry of Foreign Affairs

39. Greece contributes to the Global Fund to Fight AIDS, Tuberculosis and Malaria and supports EU activities in the area of HIV/AIDS, whilst it also contributes to UNAIDS.

Ministry of Health and Social Solidarity

40. The Hellenic Center for Disease Control and Prevention, Athens, Greece (Zoonoses and Foodborne diseases Bureau), coordinated the WP8 Zoonoses of the EpiSouth from 2006 to 2010, for the 27 Mediterranean and Balkan countries participating to the network.

The aim was the construction of a firm network of public health institutes, epidemiologists and laboratory experts, for the exchange of epidemiological data and the diffusion of public health alerts concerning infectious and non infectious agents.

41. From 2010 to 2013 the Hellenic Center for Disease Control and Prevention, Athens, Greece is participating in the EpiSouthPlus, as member of the steering committee of the WP5, co-led by the Instituto de Salud Carlos III (Spain) and the Institut National de Santé Publique (Algeria) Public Health Preparedness and Response, and the WP7 co-led by the World Health Organization - Lyon office (WHO-LYO) and the Italian National Institute of Health (ISS), aimed to facilitate IHR implementation in the EpiSouth Region.

Hungary

42. Hungary facilitates the exchange of equipment, materials, scientific and technological information concerning the use of bacteriological (biological) agents and toxins for peaceful purposes. Hungary also supports the development and application of scientific discoveries in the field of bacteriology (biology) for the prevention of disease and for other peaceful purposes.

43. Hungarian medical system often provides medical help in different parts of the world in cases of natural disasters, including the prevention of epidemics. For example: At the end of last year a Hungarian group of doctors with appropriate equipment and the necessary drugs provided support for the treatment and for the prevention of the outbreak of dangerous epidemics in flood stricken Thailand. In such cases Hungarian specialists use “the available best technology”, and in conjunction with that they also provide assistance to the local experts on how to apply that technology.

44. In addition to providing assistance for the diseased people, the National Centre of Epidemiology has further developed its international relations in the area of the prevention of different epidemic diseases.

45. Several thousand of foreign students study at Hungarian universities and follow courses in foreign language (English and German), thus foreign students can study without knowing Hungarian. Accordingly universities and the academia provide ample opportunities for them to familiarise themselves and learn about the latest developments in the scientific-technical field.

46. A number of young foreign PhD students and high academics are involved in scientific research and studies at the Hungarian universities and scientific research institutes of the Hungarian Scientific Academy. The themes of these studies and research programmes in the field of biology (bacteriology, viruses), biochemistry, chemistry (toxins), and related engineering disciplines (equipment), or medical sciences (epidemics) may be relevant in the context of the BTWC.

Ireland

Ireland Viet Nam Blood Borne Virus Initiative (IVVI)

47. UCD & NIHE: Irish Aid contribution EUR 2.5 million

48. Bringing Vietnamese research capacity to a new level: Laboratory Facility and Skills Development.

49. The Ireland-Vietnam Blood-Borne Virus Initiative (IVVI) began in 2007 with funding from Irish Aid and Atlantic Philanthropies. The goal was to develop the infrastructure and capacity needed to better diagnose viral diseases such as HIV, Hepatitis

B and C, and the Human T Lymphotropic Virus (HTLV). The project also aimed to improve Vietnam's health policies, which will in turn reduce the burden of infectious diseases.

50. Ireland's National Virus Reference Laboratory in University College Dublin and the Vietnam's National Institute of Hygiene and Epidemiology (NIHE), are the two driving forces behind IVVI.

51. Through IVVI, 33.000 individuals representing a large cross-section of the population, including blood donors, renal dialysis patients, blood transfusion patients, pregnant women and the general population have been tested. Along with large scale testing, IVVI has also provided virus testing for outbreaks, such as measles in northern Vietnam and swine influenza (H1N1).

52. To help IVVI achieve its targets in training and testing, financial support went towards building a modern diagnostic laboratory at NIHE in Hanoi. New approaches have cut the cost of tests.

53. In addition to construction of a high tech facility, nine NIHE staff members have completed a Master's degree in clinical and diagnostic virology in University College Dublin and now have the capacity to manage the NIHE/IVVI laboratory and implement studies that will help improve healthcare in Vietnam. Joint research work between the University College Dublin and NIHE will continue with these trained researchers.

54. The NIHE/IVVI laboratory has been recognised as a reference laboratory by the Ministry of Health. It has received international ISO accreditation and is taking initial steps to be certified by the World Health Organisation as a HIV drug resistance-testing centre in Vietnam and as a regional training centre for South East Asia.

Italy

55. Over the last three years, the activity in the health sector has been organised following the provisions contained in the guidelines "Global health: leading principles of the Italian Cooperation", a policy document which was approved in 2009 by the Italian Steering Committee for Development Cooperation sitting in the Ministry of Foreign Affairs and represents the reference framework for the activities of Italian Cooperation in the social and health fields.

56. Within this framework of reference, the initiatives which are currently under way and those which were approved in 2010 are primarily intended to offer assistance to Developing Countries in order to improve their policies and practices in fields such as: the organization and management of basic social and health services, the control of infectious diseases, environmental health, medical and surgical emergencies, the fight against mother and infant mortality, the control of chronic and degenerative diseases, the community mental health, the promotion and protection of disabled people's rights.

57. Italy has assigned about 8% of its Official Development Assistance (ODA) to interventions in the health sector. In 2010, the Directorate General for Development Cooperation alone allocated about EUR 70.32 million for specific projects in the field of health and sanitation, in priority Countries identified by Italy's Programming Guidelines and Directions.

58. In the field of infectious diseases one activity of major interest is the initiative in Tanzania implemented by the Italian National Institute of Infectious Diseases "L.Spallanzani" aimed at constructing a BSL 3 (Bio Safe Level 3) laboratory in Bagamoyo that represents one of the most advanced laboratories in East Africa. Activities carried out

in the laboratory focus on control of highly infectious diseases such as Viral Haemorrhagic Fever (Ebola, Marburg, Dengue Fever, etc.).

59. WHO, moreover, has given Italy the task to elaborate an evacuation plan for UN staff in countries with a high risk factor for infectious diseases in Africa. The plan is to be implemented in collaboration with the above Institution, which has wide ranging experience in managing one of Italy's safest laboratory (BSL 4) and ward for treatment and isolation of patients worldwide.

60. Also in South Africa, jointly with the Italian National Institute of Health and the South African Government, Italian Cooperation is carrying out a program for the phase two experiment on the therapeutic HIV vaccine.

61. In Vietnam, in collaboration with the University of Sassari, the Italian Cooperation has funded, in the city of Hue, the creation of a Center for Control of Viral Diseases, which includes the construction of a laboratory BSL 3 for diagnosis of viral diseases, the construction and an intensive care unit for treatment of patients. In the University annexed to the Center it has also funded the institution of a Master Course of two years on "Microbiology and Virology in Public Health" opened to students coming from the region (Viet Nam, Lao People's Democratic Republic, Myanmar).

Netherlands

62. The Netherlands facilitates and participates in the fullest possible exchange of equipment, materials, and scientific and technological information for the use of bacteriological (biological) agents and toxins for peaceful purposes.

63. The Netherlands contributes individually and with other states, international organizations, non-governmental organizations, and other relevant partners, to the further development and application of scientific discoveries in the field of bacteriology (biology) for the prevention of disease and for other peaceful purposes.

64. The Netherlands has a strong tradition in international cooperation and belongs to the world's largest donors to the specialized UN agencies that are relevant for implementing this clause of the convention. In this regard, in particular the Dutch longstanding support to the WHO is worth noting. The Netherlands seeks to support the WHO's work with a sizeable contribution, of which a large part is un-earmarked. The WHO undertakes various initiatives, including guiding public health responses to biological and chemical weapons, as well as ensuring access to, quality and use of medical products and technologies.

65. In addition, the Netherlands has, since the Global Alliance for Vaccines and Immunisation (GAVI) was launched in 2000, contributed more than EUR 200 million to this global public-private partnership for immunization. GAVI aims at enlarging the "standard package" of vaccination with relatively expensive vaccines, like the ones against yellow fever, hepatitis B, pneumonia and other diseases. Research is planned on new vaccines against AIDS, tuberculosis and malaria. In this context, the Netherlands donated bilaterally over \$ 600 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria and EUR 252 million to the WHO in the period 2000-2010, of which EUR 126 million for the termination of polio. In addition, the Netherlands has committed more than EUR 170 million to the development of new drugs, vaccines and diagnostics through international product development partnerships and the European Developing Countries Clinical Trials partnership.

66. On a smaller scale, the Netherlands is involved in several MATRA and Twinning Projects aimed at the strengthening of infectious disease surveillance, early warning and

response systems in new EU Member States and pre-accession countries (a.o. Bulgaria, FYROM). The National Institute for Public Health and the Environment (RIVM) collaborates with China, Vietnam, Indonesia, Ethiopia and Gambia in the field of infectious disease control, for example by participating in AsiaFluCap.

Poland

67. Poland facilitates the exchange of equipment, materials and scientific and technological information concerning the use of bacteriological (biological) agents and toxins for peaceful purposes.

68. Poland also supports the development and application of scientific discoveries in the field of bacteriology (biology) for the prevention of disease and for other peaceful purposes.

69. Polish universities and research institutes are actively engaged in the international exchange of knowledge in the field of health and bacteriology, including through participation in international research projects and hosting international seminars and symposiums.

70. The Government of Poland has been providing scholarships programmes for students and trainees from the developing countries pursuant to bilateral agreements. In the period 2006 – 2010 more than 2000 undergraduate and postgraduate students, as well as trainees from the South, were provided free education in medicine, health science and biological sciences. The costs amounted to over EUR 5 million, and the value of grants paid by the Ministry of Science and Higher Education and the Ministry of Health exceeded EUR 2 million.

71. The following study modes are available for the holders of the scholarships of the Republic of Poland:

- Bachelor studies (1st cycle studies) – duration of 3 to 4 years; a student receives Bachelor title;
- Master's studies (2nd cycle studies) – duration of 2 years; designed for students with Bachelor degree; a student receives Master's degree;
- Master's long-cycle studies – duration of 5 to 6 years; a student receives Master's degree or a medical doctor title in case of medical studies;
- PhD studies (3rd cycle studies) – duration of 2, 3 or 4 years depending on a subject; available to students with Master's degree; a student receives PhD degree.
- Medical specialization, the period of training is 4 to 6 years, depending on the requirements of the specialization.

72. Foreign students can also take part in the post-doctoral internships, science internships, specialization courses and medical internships. Individuals applying for a scholarship should contact Polish diplomatic posts.

Portugal

73. Portugal fulfils its obligations under article X, partly through its National Institute of Health "Dr. Ricardo Jorge" (INSA), the Portuguese National Laboratory of Reference for disease surveillance and detection.

74. For INSA, the dissemination of technical and scientific information is considered a priority. In addition, INSA believes that the establishment of partnerships that ensure the technical exchange and international collaboration are essential to strengthen national and regional scientific capacities.

75. In this light, INSA has invested in the training of human resources, improvement of infrastructures and development of standard operating procedures applied to investigation and research. In addition, INSA also develops several cooperation programmes with other European and African countries. That is why INSA, benefiting from its experience and expertise, can play an important role regarding the implementation of the Convention in the Community of Portuguese Speaking Countries such as Mozambique, Angola, and Cape Verde. INSA already works towards this goal.

76. Article X goals are also pursued by other Research and Development (R&D) institutions, such as the Institute of Hygiene and Tropical Medicine (IHMT) of the New University of Lisbon (<http://www.ihmt.unl.pt/> and <http://cmdt.ihmt.unl.pt>). The Institute of Hygiene and Tropical Medicine is recognized both nationally and internationally for its research, post-graduate training, and cooperation programmes with developing countries. The IHMT is a privileged interlocutor of the Community of Portuguese Speaking Countries. The IHMT has signed protocols with Health Care and Education institutions from the African Portuguese Speaking Countries, the World Health Organization (WHO), Brazil and EU institutions.

77. The following are some highlights of IHMT expertise and activities:

- IHMT runs 6 MSc (Tropical Health; Medical Parasitology; Medical Microbiology; Biomedical Science; Health and Development; and Epidemiology); 3 PhD programs (Biomedical Science; Tropical Medicine; International Health; and Human Genetics and Infection); and several courses in the African Portuguese Speaking Countries (<http://www.ihmt.unl.pt/formacao/default.asp>). Some of the curricula include biosafety and approximately 10% of our students (40% if only PhD students are considered) originate from the Community of Portuguese Speaking Countries other than Portugal.
- IHMT is a Collaborating Centre for Human Resources of the WHO.
- IHMT collaborates with WHO AFRO in the following areas: a) Enhancement of disease surveillance and response with focus on training of rapid response team of experts; b) Preparedness and response to vector borne disease outbreaks through capacity building in medical entomology; c) Strengthening of laboratory capacity in the region; d) Human Resources for Health.
- IHMT has institutional protocols, among others, with Mozambique National Institute of Health, Angola Ministry of Health, and FioCruz Brazil.
- Surveillance of tick and mosquito-borne arboviruses in high-risk Lusophone countries;
- IHMT integrates a network of European and African TB laboratories, currently being extended to include American, South American and Indian laboratories for the training of human resources and control of multi-drug resistant (MDR) and extensive drug resistant (XDR) strains of *Mycobacterium tuberculosis*.
- IHMT is an associated partner of the ERINHA (European Research Infrastructure on Highly Pathogenic Agents) project (<http://www.erinha.eu/>)

78. The Faculty of Sciences of University of Lisbon (FCUL) is another public higher education and research centre in the field of life sciences. It has a long history of international cooperation.

79. FCUL has ongoing collaboration with Portuguese speaking countries such as Mozambique, Angola, Cape Verde and Brazil. Students of those countries have been taking FCUL courses throughout the years and this number is rising due to recent cooperation agreements, in particular, we are in the process of receiving about sixty students from Brazil. In the academic year of 2012/2013 Master degree courses in the field of chemistry will open at the University “Agostinho Neto”, in Angola, and at the University “Eduardo Mondlane”, in Mozambique, in partnership with the FCUL. Both degrees will include Safety as one of the subjects.

80. Furthermore, FCUL is very interested in the exchange of scientific and technological information concerning several aspects of biological agents and toxins for peaceful purposes. FCUL, in close collaboration with its R&D units, provides its researchers with a wide range of multi-user facilities (e.g. computing, microscopy, mass spectrometry, cell cultures, greenhouses, etc.) promoting interdisciplinary experimentation.

Spain

81. The Health Institute Carlos III - The International reference on Spanish bio-research.

82. The Institute Carlos III is the reference on biological research in Spain and responsible for national and international representation, coordination and cooperation in many international fora related to biological health. For more than ten years, the Institute has been involved in cooperation projects and international programs aimed at supporting the sustainable development of biological sciences.

83. Among the projects that can be named, Spain would like to underline:

(a) The long term collaboration activities with the Organización Panamericana de la Salud (Panamerican Health Organization): this programme is supported by the Institute Carlos II, the Ministry of Health and the Ministry of Foreign Affairs and Cooperation. This programme is implemented by workshops, seminars, training, funding and direct support to education and training projects, as well as the support to an system of early alarm on the spread of infectious diseases.

(b) Project Virored: this project is aimed at creating and reinforcing the existence of laboratories of reference for the purpose of identifying and correct diagnostic of emerging viral pathogens. This project is being implemented with regional workshops, and direct communication among the laboratories, researchers and scientists.

(c) La Red Iberoamericana Ministerial de Aprendizaje e Investigación en Salud (Iberoamerican Ministerial Net for Training and Research on Human Health). This is an effort to improve the capabilities of Latin-American health ministries through information, technological innovation and best practices sharing in a regional context.

84. Spain is also part of many multilateral programs, among those Spain would like to mention:

(a) The TDR (OMS): among other activities, this program is aimed at improving and developing the research capabilities on tropical diseases in those countries where those diseases have a great impact on the population.

(b) The International Vaccine Institute: This is a research, training and assistance centre responsible for vaccines innovation to cope the developing countries' needs.

Sweden

SIDA (Swedish International Development Co-operation Agency)

85. Development cooperation in Health through SIDA (not including health research) was EUR 186 million in 2006 and is EUR 138 million in 2010. SIDA primarily works with bilateral aid but also regionally, and has a budget line for global programs.

86. The major areas of support according to DAC classification are (2010) HIV/AIDS (33%), Reproductive health care (17%), basic health care (20%) and infectious disease control (19%).

Strengthening of the Health System

87. The number of countries where SIDA has bilateral programs in place for support of the health sector has declined in recent years mainly due to a reduction of countries with bilateral Swedish development cooperation. The largest programs in 2009 were found in Bangladesh, Burkina Faso, Mali, Uganda, Zambia and Nicaragua. In total, these countries received a subsidy of EUR 35 million in 2009. In 2010 Nicaragua and Mali had been phased out. Much of the aid goes directly to health services, as infectious diseases are the largest burden of disease in these countries.

88. During 2009, SIDA initiated a process for developing a new financial instrument to enable support for product development and innovation in the health sector. The main objective of the process is to create the conditions for mobilizing capital from the private sector, foundations, etc., for research in poverty areas. In the first pilot project, SIDA investigated the possibility of establishing a funding model, to promote the flow of capital into the research and development of pharmaceuticals and diagnostics for poverty related diseases. The model has been tested in the development of new antibiotics and/or the development of a diagnostic tool for detection of antibiotic resistance.

89. During 2009, this concept was developed in a report entitled “Innovative Finance for Health”, under the project management of SIDA’s Team For Loans and Guarantees and with the support of Team Health. This report was presented to an enthusiastic audience at the High Level Conference on the effectiveness of antibiotics during the Swedish EU Presidency in the autumn of 2009. In 2010, efforts continued to effectively develop this funding model in order to involve the private sector and unlock funding for research regarding poverty-related diseases.

United Kingdom of Great Britain and Northern Ireland

90. The UK’s background paper on its implementation of Article X, which we submitted to the Seventh Review Conference, outlined examples of UK activities. Three new examples of UK relevant activities follow:

(a) The UK’s Department for International Development (DFID) supported a range of malaria-related research programmes and our investment is leading to significant impact. The Drugs for Neglected Diseases Initiative (DNDi) has developed two new fast-acting drug combinations, one of which is being used in 25 African countries and in India. Over 50 million treatments have been distributed.

(b) On 30 January 2012, a range of public and private partners announced a new, coordinated push to accelerate progress toward eliminating or controlling ten neglected tropical diseases (NTDs) by 2020 in support of the World Health Organization’s goals. The announcement included contributions from pharmaceutical companies, development agencies, endemic countries, research organisations and the Bill & Melinda Gates

Foundation. The UK's contribution is £195 million through 2015, targeted at Guinea worm, lymphatic filariasis, river blindness and schistosomiasis, as well as the development of new programmes for blinding trachoma, visceral leishmaniasis, research and integrated country approaches.

(c) The IDEAL (Infectious Diseases of East African Livestock) project involving the University of Edinburgh and International Livestock Research Institute is a multi-disciplinary study addressing two major issues: 1) the widely recognised lack of baseline epidemiological data on the dynamics and impacts of infectious diseases of cattle in the tropics; and 2) improving understanding of interactions between multiple infections and their sequelae. The project involves an intensive longitudinal field study of 600 Kenyan cattle from birth to 12 months old. State-of-the-art diagnostic support will be available to identify over 80 infectious diseases. The project combines regular screening with monitoring episodes of clinical disease and their sequelae. Genetic polymorphisms, and markers of immune and nutritional status will be assayed and related to the burden of infection. The study will produce a unique data set on clinical indicators of diagnosed infections, combined with measures of animal health. These data will be used to estimate attributable impacts for all infectious diseases found and also to design decision support criteria for subsequent development as diagnostic aids. Associations between different infections and their sequelae will be analysed statistically. Associations between sets of traits will be explored using data reduction methods. Specimens will be placed in a Biobank and linked to a comprehensive clinical, epidemiological and demographic database, providing a unique resource for future research.

91. The UK (Edinburgh) is hosting the 2012 European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) 24-26 October: see

<http://ecdc.europa.eu/en/escaide/Pages/ESCAIDE.aspx>

92. Animal Health and Veterinary Laboratories Agency (AHVLA)

AHVLA is a designated national and international reference laboratory for many infectious and non-infectious diseases. Some of the services that it provides as part of reference laboratory status include (i) Expert consultancy on topics such as surveillance and control of disease (ii) Standardisation of diagnostic techniques (iii) Scientific and technical training (iv) Co-ordination of research studies in collaboration with other laboratories or organisations.

93. It has established OIE twinning projects with the following institutes:

- Changchun Veterinary Research Institute, China - classical swine fever and rabies.
- Onderstepoort Veterinary Institute, South Africa - avian influenza and Newcastle disease.
- Botswana National Veterinary Laboratory - avian influenza and Newcastle disease.
- Pendik Veterinary Control and Research Institute, Turkey – brucellosis.
- Central Veterinary Research Laboratories, Khartoum, Sudan – brucellosis. Central Veterinary Diagnostic Laboratory, Kabul, Afghanistan – brucellosis and mycoplasmosis.

94. AHVLA's unique breadth of veterinary and scientific skills on a wide range of animal diseases enables it to offer a comprehensive consultancy service to its customers overseas. This ranges from work on vaccine development to epidemiology and risk analysis and diagnostic test development. Recent examples include:

- Consultancy to Vietnam on the 'pig high fever disease'.

- Training on classical and African swine fever in Kazakhstan.
- Technical assistance for the control of rabies in Turkey.
- Key member of OFFLU , the joint OIE-FAO network on avian influenza.
- Assessing impact of bovine tuberculosis on livestock productivity and human health in Ethiopia.
- Assisting with control of an outbreak of contagious bovine pleuropneumonia (CBPP) in Namibia.
- Training in laboratory management systems for Egyptian scientists.
- Providing training in veterinary diagnostics to laboratory scientists in Azerbaijan.

95. AHVLA holds a biennial international meeting focusing on animal disease with the last meeting, held in September 2011, attracting over 400 delegates from 22 countries. Many international meetings focussed on specialist topics are also hosted by AHVLA with recent major meetings including:

- The 4th International Brucellosis Research Conference with 300 delegates from 60 countries.
- The 17th Institute of Mycoplasma Conference with 256 delegates from 33 countries.
- The 6th International Symposium of Avian Influenza with 267 delegates from 49 countries.

European Union Institutions

96. The EU Strategy against the proliferation of WMD, which was adopted by the European Council (EU Heads of State and Government) on 12 December 2003, derives from the European Security Strategy and, together with the New lines for Action adopted in December 2008, provides overall guidance on the approaches, policy tools and specific actions to be taken to counter the WMD threat.

97. The EU is committing considerable financial resources to support the BTWC. In 2006, the EU Council adopted its first Joint Action in support of the BTWC which ran from 2006 to 2008. In the course of the implementation of the Joint Action, the EU carried out regional outreach to almost all States which are not yet parties to the BTWC. It organised five regional seminars to promote the universality of the BTWC. The EU provided assistance to Peru and Nigeria where EU experts were actively involved in the drafting of national legislation implementing the BTWC. Following the implementation of this Joint Action, seven more States have acceded to the Convention.

98. Based on the positive experience of the first Joint Action, the second Joint Action was adopted on 10 November 2008 and expired in December 2011. It encouraged local and regional ownership of the projects and the building of a partnership between the EU and the recipient countries. The Implementing Agency of the Joint Action was the Implementing Support Unit of the BTWC, under the political control of the EU High Representative for Foreign Affairs and Security Policy.

99. The four areas of support, for which the EU has spent EUR 1.4 million are:

(a) Universalisation: this project provides for outreach in States not Parties to the Convention. The EU organised regional workshops, provided legal assistance related to the ratification or the accession to the Convention and means to raise awareness among stakeholders. The EU also provided financial grants for training and awareness-raising

visits of national stakeholders to the authorities of EU Member States in charge of the implementation of the Convention.

(b) National implementation: with the goal to ensure that States implement their obligations under the Convention by means of national legislation and administrative measures and enforce them effectively, and to prevent violations of the BTWC, the EU provided legal advice to seven interested States Parties.

(c) Promotion of Regular Submission of Confidence Building Measures (CBM): with the purpose of promoting and increasing the submission of CBM declarations on a regular basis a guide had been drafted and launched in December 2009 to help States Parties in submitting CBMs. The EU carried out demarches to all states parties that have never or not since 2006 submitted CBM declarations and gave a contribution to the UNODA to facilitate the improvement and the maintenance of the existing secure CBM website and to improve the technical aspects of the electronic submission of existing CBM declarations. Two assistance visits took place to the Philippines and to the FYROM and two CBM workshops were organized in 2010 in the margins of the experts meeting and the States Parties meeting to exchange experiences about the CBM process and to facilitate (first time) submission of CBMs.

(d) Support to the BTWC intersessional process: several discussions on intersessional topics were promoted (November 2009, Brussels, "International Workshop on Improving Cooperation under Article X for Disease Surveillance, Detection, Diagnosis and Containment"; June 2010, Madrid, "International Workshop on Responding to the Alleged Use of Biological Weapons").

100. A new Council Decision in support of BTWC we hope will be adopted shortly and will soon start to be implemented.

101. The EU is also very active in the specific fields of biosafety and biosecurity. A first Council Joint Action was adopted in April 2008 in support of World Health Organisation activities in those areas.

102. It expired in December 2011 and had a financial reference amount of EUR 2.1 million, with the following objectives:

(a) ensuring the safety and security of microbial or other biological agents or toxins in laboratories and other facilities, including during transportation as appropriate, in order to prevent unauthorised access to and removal of such agents and toxins;

(b) promoting bio-risk reduction practices and awareness, including bio-safety, bio-security, bioethics and preparedness against intentional misuse of biological agents and toxins, through international cooperation in this area.

103. To achieve those objectives the EU introduced projects consisting of the following measures:

(a) organisation of outreach workshops, consultations and training for competent authorities in the relevant sectors and for laboratory managers/staff at the national, subregional and regional levels, aiming at a deeper understanding of bio-risk reduction practices and their effective implementation in laboratories and other facilities, including during transportation as appropriate;

(b) assistance to a selected country (Oman) to review public health response capacity in the context of enhancing national biological preparedness, to develop and implement a biorisk reduction management plan, particularly concerning laboratory practice and safety, and to harmonise it with integrated national preparedness plans, and to strengthen the performance and sustainability of national laboratories by connecting them with regional and international networks.

104. A new Council Decision to further support WHO activities in the areas of laboratory biosafety and biosecurity has been endorsed by CODUN working group in May 2012.

105. In addition to natural outbreaks, the increasing number of high-level containment laboratories and evolving technologies in the life sciences pose risks and threats, including the dissemination of dangerous pathogens or toxins by bioterrorists or other actors, with severe economic and social impacts. Today, many of the laboratories handling infectious agents are insufficiently protected and the associated security risks may not be fully realized, therefore further actions are being taken by the EU to address and prevent this new type of risks.

106. In this context, the EU uses its different development and cooperation instruments to contribute to enhance bio-safety and bio-security in third countries. In particular, the Instrument for Stability (long-term component) is an adequate instrument allowing for a systematic effort to respond to the threats outlined in the European Security Strategy through innovative capacity building measures on a global scale, in response to locally identified needs.

107. The EU assistance projects in third countries in the field of bio-safety and bio-security cover a large number of areas and activities, such as legislative and regulatory assistance, training, safety and security for the handling, storage and transportation of dangerous biological agents, promoting a culture of bio-safety and biosecurity and include the following:

(a) The EU supported a project from 2008 to strengthen bio-safety and bio-security capabilities in Central Asian countries to improve safety/security practices of key biological facilities (Instrument for Stability, EUR 6.8 million). The overall objective of the project is to improve the bio-safety and bio-security by raising the scientific and technical skills of the personnel working at or supervising relevant laboratories in the countries, by providing training and additional equipment and improving the epizootiological monitoring systems and diagnostics capabilities for infectious diseases. This program encompasses training (including biosecurity) at the Kazak Institute KSCQZD (260 students from Kazakhstan, Mongolia, Tajikistan and Uzbekistan), renovation of training infrastructure and dormitories, renovation of the existing vivarium, training program in Dushanbe for Tajik and Afghan scientists as well as other specific activities targeting the Uralsk anti-plague station.

(b) The EU is funding the 'EpiSouth' project to build-up a network for the control of health, epidemiology, security threats and other bio-security risks in countries of the Mediterranean basin (Instrument, for Stability, EUR 3 million for 17 non EU countries). The overall objective of this project is, through a complementary approach with existing efforts within the EU's territory, to increase the health security in the Mediterranean Area and South-East Europe by enhancing and strengthening the preparedness to common health threats and bio-security risks at national and regional levels.

(c) The EU is funding the establishment of Mobile Laboratories for Pathogens up to Risk Group 4 in combination with CBRN Capacity Building (Instrument for Stability contribution EUR 3.5 million) to strengthen control epidemic-prone diseases, including cholera, malaria, meningitis, measles, viral haemorrhagic fevers and plague, continue to pose serious public health threats in many sub-Saharan countries. Two units will be deployed in Tanzania and Nigeria, a third unit being available for training and eventual deployment in south east Europe.

(d) The EU is funding 12 actions to strengthen and improve bio-safety and bio-security capabilities in Central Asia and in the Southern Caucasus. (Instrument for Stability - contribution EUR 5 million).

(e) The EU also launched a project in Afghanistan in 2009 to provide technical assistance to design and build a new 1,100sqm Central Veterinary Diagnostic & Research Laboratory (CVDRL) in Kabul and to offer training to a team of twelve laboratory technicians on a wide range of diagnostic tests, largely focusing on parasitology, microbiology, serology and hematology (Development Cooperation Instrument).

(f) The EU is supporting the establishment of regional CBRN Centres of Excellence in a number of regions (South East Asia, Middle East, North Africa, Atlantic Façade, South Caucasus / Ukraine / South East Europe, Gulf Cooperation countries and sub-saharan Africa). The approach proposed by the European Union is to mobilize national, regional and international resources to achieve the common objective to develop a coherent CBRN policy at national and regional level. The main objective is to build national and regional capacities to optimize the sharing and use of CBRN expertise through a regional network that could collect, analyze, identify and deploy resources to respond to the identified needs. It would cover all aspects of CBRN policy, such as export control, border monitoring, bio-safety and security, illicit financing, engagement of the scientific community. They address all CBRN hazards: criminal, accidental or natural. The regional Centres of Excellence, through national point of contacts, would identify needs in the different domains and the European Union would consider how to respond to them. It should therefore contribute to reinforcing local capacities in the field of CBRN as well as increase local ownership, sustainability and accountability in the partner countries.

(g) The European Commission is full member of the Global Health Security Initiative (GHSI) which is an informal, international partnership among like-minded countries to strengthen health preparedness and response globally to threats of biological, chemical, radio-nuclear terrorism (CBRN) and pandemic influenza. GHSI members are the G7 countries, Mexico and the European Commission. WHO participates as observer. A table top exercise was conducted in autumn 2010 to test communication between the GHSI partners in an emergency situation.

(h) Countries facing a biological incident that overwhelms or threatens to overwhelm their national response capability may at any time issue an official request aiming at the activation of the Community Mechanism for Civil Protection. This mechanism pools and channels immediate civil protection and medical assistance available in and offered by member States of the European Union. Vaccines, countermeasures and related medical assistance can be part of the overall ad hoc emergency assistance channeled through the Civil Protection Mechanism.
