

**Eighth Review Conference 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**

21 October 2016

English only

Geneva, 7-25 November 2016

Item 10 of the provisional agenda

**Review of the operation of the Convention
as provided for in its Article XII**

Implementation of Article VII of the Convention

**Background information document submitted by the Implementation
Support Unit**

Summary

The Preparatory Committee decided to request the Implementation Support Unit (ISU) to prepare a background information document on the implementation of Article VII, to be compiled from information submitted by States Parties, (see BWC/CONF.VIII/PC/9, paragraph 26(g)). The ISU duly requested submissions from States Parties, and all submissions provided to the ISU by 27 September 2016 are included in this document. Any further submissions from States Parties will be included in an addendum to this document. The information in this document is reproduced as submitted by States Parties, in some cases with minor editing. Information submitted in official languages other than English has been translated into English.

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Australia

1. Australia stands ready to assist States that have been exposed to inadvertent and deliberate disease outbreaks. We have shared our experience in developing and implementing disease surveillance strategies and have provided practical assistance to countries affected by natural outbreaks of human, animal and plant diseases, as we have noted in our Article X reports.
2. Australia's compliance with Article VII is also demonstrated through our active support for the UN Secretary General's investigative mechanism (UNSGM) – a key element of the Convention in framing an international response to a request for assistance. Australia continues to nominate experts and laboratories for the UNSGM roster of qualified experts (most recently in August 2016), whose services could be called upon to assist in the event of alleged use of chemical, biological and toxin weapons.
3. Australian experts participate in UNSGM activities, including training courses and workshops, and in discussions aimed at further developing the effectiveness of the Mechanism.
4. In conjunction with the UN Office of Disarmament Affairs (UNODA) Australia will host a skills training course in October 2016 to strengthen national capacity, including in the Asia-Pacific region, to support the UNSGM's operational capabilities. The course aims to develop a range of skill-sets essential for a deployment with a UN team within a UN mission investigating an alleged use of biological weapons.
5. We welcome proposals that seek to strengthen the operation of Article VII, including those submitted by States Parties for consideration at the Eighth Review Conference.

Canada

6. Canada places great importance on the provision of assistance under Article VII of the Biological and Toxin Weapons Convention (BTWC). The prompt provision of assistance to a State that has been exposed to danger as a result of a violation of the Convention is not only an obligation under the BTWC, but also an important humanitarian act.
7. In accordance with a decision of the Preparatory Committee of the Eighth BTWC Review Conference, which requested that the Implementation Support Unit (ISU) prepare a "background information document on the implementation of Article VII, to be compiled from information submitted by States Parties", Canada has prepared the following report, providing details on various ongoing projects organized and/or funded by the Government of Canada that contribute to the implementation of Article VII of the BTWC.
8. Canada has not been requested to provide assistance under Article VII, nor has it invoked Article VII to receive assistance.
9. Canada engages in international cooperation and assistance activities that enhance States Parties' abilities to effectively respond to disease outbreaks, including those that result from a violation of the BTWC. These activities are consistent with common understandings reached at the 2015 BTWC Meeting of States Parties, including:
10. States Parties noted the value of preparations being made in advance of Article VII being invoked, including, a coordinated government approach to emergency management, addressing the full range of possible implications, establishing clear channels of

communication, accessing relevant expert advice, and working to improve effective cooperation between the law enforcement and health sectors.

11. States Parties noted that there are differences among States Parties in terms of their level of development, national capabilities and resources, and that these differences affect national and international capabilities and resources to respond effectively to an alleged use of a biological or toxin weapons. States Parties encouraged States Parties in a position to do so to assist other States Parties, upon request, to build relevant capacity.

12. Recalling discussions in 2014 about the importance of assisting other States Parties by, inter alia, enhancing relevant capabilities, strengthening human resources, and sharing appropriate and effective practices, States Parties further agreed on the value of collaborating to build relevant national capacity, including

13. The projects listed herein aim to improve States Parties' capacities to perform surveillance, detection, diagnosis, and containment of infectious disease, as well as improve their capacities to prepare for, assess risks of, and respond to outbreaks of infectious disease, be they the result of naturally occurring pathogens, accidental releases, or biological weapons use. The projects in this report should be viewed in conjunction with Canada's report on the implementation of Article X. As often efforts to build capacity under Article X also enhance efforts under Article VII – and vice versa – numerous projects are repeated in both reports. Canada's projects conducted under the auspices of *the Global Partnership against the Spread of Weapons and Materials of Mass Destruction* (GP) can be found in a separate report prepared jointly by GP member states, to be submitted to the Eighth Review Conference.

14. This submission for the Eighth Review Conference contains only projects that were active during calendar year 2016. This paper should be viewed in conjunction with all previous papers prepared by Canada on the subject of Article X (which included Article VII-related efforts), including a 2009 paper covering international activities in disease surveillance, detection, diagnosis, and containment (BWC/MSP/2009/MX/WP.6), Canada's contribution to the Implementation Support Unit's report on the Implementation of Article X submitted at the Seventh Review Conference (BWC/CONF.VII/INF.8), and Canada's papers on international activities in support of Article X at the 2012, 2013, 2014, and 2015 Meetings of States Parties (BWC/MSP/2012/INF.1, BWC/MSP/2013/INF.2, BWC/MSP/2014/WP.11, and BWC/MSP/2015/INF.2).

Projects

<i>Project Title</i>	<i>Canadian Field Epidemiology Program</i>
Themes	Response to complex public health emergencies
Dept. Responsible	Centre for Public Health Infrastructure - Health Security Infrastructure Branch of the Public Health Agency of Canada
Other Partners	N/A
Project Value	In kind contribution of expertise and resources
Project Duration	1975-Ongoing
Area Affected	Member-countries of Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), European Programme for Intervention Epidemiology Training (EPIET), the World Health Organization (WHO), and Pan American Health Organization (PAHO).

<i>Project Title</i>	<i>Canadian Field Epidemiology Program</i>
Description	<p>PHAC supports global public health capacity building through the development, delivery, and participation in various field epidemiology initiatives.</p> <p>Achieved through:</p> <ul style="list-style-type: none"> • involvement with a global network of field epidemiology training programs called “TEPHINET” – which includes over 50 countries and WHO participation; • involvement with the European Programme for Intervention Epidemiology Training (EPIET); • direct involvement and support of WHO global initiatives; and • support to governments directly. <p>Activities include:</p> <ul style="list-style-type: none"> • development and delivery of applied epidemiology and surveillance training (i.e. outbreak response); • provision of technical experts for outbreak response (through WHO and/or other mechanisms); • provision of short-term technical expertise to: <ul style="list-style-type: none"> • assess training and/or other technical needs around surveillance and outbreak response; • develop and deliver training; and • participate in expert working groups (e.g. WHO technical working groups around training and professional development) • provision of training opportunities (e.g. invitation to Canadian courses); • collaboration in providing training (e.g. course development and delivery); and • participation in international epidemiologic conferences that address training and/or field investigation. <p>For example:</p> <ul style="list-style-type: none"> • Canadian Field Epidemiology Program represents the Americas Region on the TEPHINET Accreditation Working Group (2012 to present); • Canadian Field Epidemiology Program works closely with EPIET to develop and deliver applied epidemiology training; and

<i>Project Title</i>	<i>Canadian Field Epidemiology Program</i>
	<ul style="list-style-type: none"> • Support to WHO Global Outbreak Alert and Response Network (GOARN) and partnership with the Centers for Disease Control and Prevention in responding to requests for international mobilizations - considered on a case-by-case basis by PHAC Management, and are coordinated by PHAC's Centre for Emergency Preparedness and Response. <p>Examples of PHAC mobilisations and training include:</p> <ul style="list-style-type: none"> • Mobilisation of five PHAC Canadian Field Epidemiology Program staff to Guinea (Jan-July 2016) to support a GOARN request in the public health response to Ebola virus disease; • Support to the Agency with developing a protocol for the syndromic surveillance of newly arriving Syrian permanent residents; and • Development and delivery of training in social network analysis to address an increase in domestic requests for support with outbreaks in infectious diseases transmitted from person-to-person.
<i>Project Title</i>	<i>CAPEX</i>
Themes	CBRNE response training and capability exercise
Dept. Responsible	Royal Canadian Mounted Police
Other Partners	<p>Canada:</p> <p>Public Safety Canada, Royal Canadian Mounted Police – National CBRNE Response Team (ED&TS and NFISS CBRNE) Canadian Forces – Canadian Joint Incident Response Unit (CJIRU), Public Health Agency of Canada (PHAC - NML / MERT), Chemical Support - Defence Research & Development Canada (DRDC) Suffield and Environment Canada, Radiological Support - Federal Radiological Response Team (FRAT), DRDC Ottawa, Health Canada, Natural Resources Canada</p> <p>United States:</p> <p>US Department of State, US Department of Defence (20th Support Command CBRN) Technical Support Working Group (TSWG), US Department of Justice (FBI HazMat Operations Unit, Hazardous Materials Response Team Unit, Hazardous Materials Science Response Unit and Chemical Radiological Nuclear Sciences Unit)</p> <p>United Kingdom:</p> <p>Home Office (Met Police) Defence Science and Technology Laboratory (dstl), National Police Improvement Agency (NPIA)</p>

<i>Project Title</i>	<i>CAPEX</i>
	Australia: Australian Federal Police (AFP), Defence Science and Technology Organization (DSTO)
Project Value	In kind contribution of expertise and resources
Project Duration	Biennial
Area Affected	International event that in 2011 took place in the UK, 2013 in US, 2015 in Canada, and 2017-2018 in Australia.
Description	Canada participated in demonstrating the National CBRNE response team capabilities in separate Chemical, Biological, Radiological, Nuclear and Explosives scenarios centered on device/threat identification and mitigation and eventual intelligence and fast forensics capabilities.
<i>Project Title</i>	<i>Caribbean Public Health Agency (CARPHA)</i>
Themes	Disease detection and diagnosis
Dept. Responsible	Office of International Affairs for the Health Portfolio
Other Partners	N/A
Project Value	In kind contribution of expertise and resources
Project Duration	2008-ongoing
Area Affected	Caribbean Community (CARICOM)
Description	<p>Located in Trinidad and Tobago, CARPHA became a legal entity in July 2011 and has been operational since January 2013.</p> <p>The Public Health Agency of Canada (PHAC) works closely with CARPHA, providing technical assistance and strategic policy advice as they continue to expand their range of public health programs and services they offer to their 24 member jurisdictions. This in turn helps to enhance the health security of the Americas region as a whole.</p> <p>PHAC provides strategic policy support to CARPHA on the development of its administrative functions and programming through participation on CARPHA's Technical Advisory Committee (TAC). PHAC is also a member of CARPHA's laboratory advisory group, providing policy and technical advice regarding CARPHA's laboratory facilities and operations.</p> <p>PHAC and CARPHA are currently exploring the development of a bilateral work plan to guide further engagement. Possible areas for cooperation could include further assistance with laboratory capacity building, including operationalizing CARPHA's Biosafety Level 3 laboratory, supporting IHR implementation in the Caribbean, addressing public health emergencies such as Zika, promoting healthy living, travel and tourism health, antimicrobial</p>

<i>Project Title</i>	<i>Caribbean Public Health Agency (CARPHA)</i>
	resistance, strategic policy and planning.
<i>Project Title</i>	<i>Contract for an OIE laboratory (or Collaborating Centre) Twinning Project: Technical support to the LNDV for the diagnosis and control of Avian Influenza and Newcastle Disease</i>
Themes	Disease surveillance, detection, and diagnosis
Dept. Responsible	National Centre for Foreign Animal Disease of the Canadian Food Inspection Agency
Other Partners	World Organization for Animal Health (OIE); National Veterinary Diagnostic Laboratory (LNDV-ICA-Colombia)
Project Value	€ 99,092
Project Duration	Ongoing
Area Affected	Colombia
Description	The project aims to implement laboratory diagnostic methods at the National Veterinary Diagnostic Laboratory of the Colombian Agriculture Institute (ICA) in Bogotá, Colombia for the surveillance, identification and characterization of Avian Influenza and Newcastle Disease viruses. This will be based on OIE Standards and will be accomplished with the support of the parent laboratory, the National Centre for Foreign Animal Disease (NCFAD) located in Winnipeg, Canada. The three-year project will involve direct interactions between scientists and technicians of candidate and parent laboratories. Workshops and hands-on training in select diagnostic test methods and test result evaluation, as well as troubleshooting, quality assurance, inter-laboratory comparison testing through the exchange of proficiency panels, and reagent preparation will form the basis of the twinning project.
<i>Project Title</i>	<i>Global Health Security Agenda (GHSA)</i>
Themes	Biosecurity and Biosafety
Dept. Responsible	Office of the International Affairs (OIA) for the Health Portfolio
Other Partners	Other Government of Canada Departments and Agencies, GHSA countries and international organizations
Project Value	In kind contribution of expertise and resources
Project Duration	2013-2019
Area Affected	Worldwide
Description	The GHSA is a five-year initiative launched by the United States and the World Health Organization which aims to strengthen multi-sectoral action in support of health security, and to assist countries in meeting relevant international obligations, including the

<i>Project Title</i>	<i>Global Health Security Agenda (GHSa)</i>
	<p>International Health Regulations (IHRs) (2005) and the Biological and Toxin Weapons Convention (BTWC).</p> <p>Under the GHSa, partner countries and international organizations are engaged in a process to identify new or expanded work areas for the prevention, detection, and response to infectious disease globally, regardless of their origin (i.e. natural, intentional or accidental). The Office of International Affairs of the Health Portfolio (OIA) coordinates Canada's engagement in select GHSa Action Packages as well as in the GHSa's Steering Group, which oversees the direction and activities of the initiative.</p> <p>As a co-leading country of the Biosafety and Biosecurity Action Package (Prevent 3), Canada works in close collaboration with its GHSa partners to support the development, implementation, and maintenance of national biosafety and biosecurity oversight frameworks. At a GHSa Action Package face-to-face meeting in Lisbon, Portugal, in April 2016, Canada reinforced its commitment to help build biosafety and biosecurity capacity in the area of national program development and legislative and regulatory development. This will be achieved through the development and piloting of a policy guidance manual that will assist countries with the development of their national oversight frameworks. Canada also committed to hosting training workshops, and sharing online training tools, lessons learned and best practices as part of the development of a new Biosafety/Biosecurity Resource Catalogue. In addition, Canada also committed to actively recruit and expand GHSa Prevent 3 membership using existing forums and leverage affiliations with countries that belong to Global Partnership Program (GPP), Biological and Toxins Weapons Convention (BTWC), and United Nations Security Council Resolution 1540.</p>
<i>Project Title</i>	<i>Global Health Security Initiative (GHSI) / Global Health Security Action Group (GHSAG)</i>
Themes	Disease surveillance
Dept. Responsible	Office of the International Affairs (OIA) for the Health Portfolio
Other Partners	Other GHSI/GHSAG Members, and the World Health Organization
Project Value	In kind contribution of expertise and resources
Project Duration	2001-Ongoing
Area Affected	Canada, European Commission, France, Germany, Italy, Japan, Mexico, the United Kingdom, the United States
Description	The Global Health Security Initiative (GHSI) is an international partnership between G7 countries, Mexico, and the European Commission to strengthen health preparedness and response globally to threats of chemical, biological, radio-nuclear (CBRN) terrorism and pandemic influenza.

<i>Project Title</i>	<i>Global Health Security Initiative (GHSI) / Global Health Security Action Group (GHSAG)</i>
	<p>Through the GHSI, Health Ministers, from Canada, France, Germany, Italy, Japan, Mexico, the United Kingdom and the United States, as well as the European Commission and the World Health Organization (observer), discuss global trends and emerging CBRN threats to identify areas for collaborative work.</p> <p>In support of the Initiative, the Global Health Security Action Group (GHSAG) provides GHSI countries with an opportunity to share trusted information on issues of international concern with respect to CBRN and pandemic threats, and to facilitate the development of collaborative tools with the objective to improve emergency preparedness in the long term as well as immediate response to health crisis. The GHSAG is composed of a series of working groups that carry out work mandated by GHSI Ministers, build the common evidence base, and advance policy and scientific cooperation among members.</p> <p>Canada is an active member of the GHSI/GHSAG.</p> <p>The GHSI Secretariat is hosted by the Office of International Affairs for the Health Portfolio. The Public Health Agency of Canada also acts as the co-chair of the Global Laboratory Network with Mexico, as well as the co-chair of the Risk Management and Communications Working Group (RMCWG), along with the United Kingdom. In Spring 2016, the RMCWG held a workshop on the health security risks associated with emerging life science technologies, including synthetic biology. This workshop was an opportunity to share information on key national governance mechanisms to regulate dual-use research of concern (DURC), and discuss major challenges related to implementation.</p>
<i>Project Title</i>	<i>Global Health Security Action Group (GHSAG) – Lab Network</i>
Themes	Disease surveillance
Dept. Responsible	Infectious Disease Prevention and Control Branch of the Public Health Agency of Canada
Other Partners	Other members of the GHSAG, WHO (Observer)
Project Value	In kind contribution of expertise and resources
Project Duration	2001-Ongoing
Area Affected	Canada, the European Commission, France, Germany, Italy, Japan, Mexico, the United Kingdom, the United States
Description	In the wake of the 9/11 terrorist attacks, laboratory representatives from the G7 countries and Mexico met to share their concerns and capabilities and to discuss ways of working more collaboratively together. These meetings resulted in the establishment of a laboratory network as part of the Global Health Security Action Group (GHSAG). Since 2002, the Lab Network has been involved

*Project Title**Global Health Security Action Group (GHSAG) – Lab Network*

in the preparation and response to influenza outbreaks. Since 2012, the Lab Network has taken on a broader mandate to collaborate on public health events of international concern, such as Ebola, MERS-CoV, Zika, and similar pathogens.

The Public Health Agency of Canada's National Microbiology Laboratory (NML) plays a central role in coordinating the activities of the laboratory network of GHSAG and is the home of the lab network secretariat.

The Lab network's objective is to ensure GHSAG member laboratories work together to support the GHSA and GHSAG activities by:

Ensuring coordinated, validated, and standardized diagnostic capability for bioterrorist threat agents and other pathogens;

Ensure training, validation, and standardization on evolving diagnostic technologies;

Developing a response checklist to support laboratory response to outbreaks or other public health threats;

Mapping the diagnostic capacity of member laboratories;

Improving the response capability;

Contributing to global surveillance for biothreats and sharing information with GHSAG member laboratories;

Providing a mutual surge capacity;

Liaising with other working groups and their secretariats; and

Ensuring that minimal common standards for biosafety and biosecurity guidelines are in place at all GHSAG laboratories.

Between 2010 and 2012, the NML, in collaboration with other PHAC, Health Canada and Defense participants contributed to the development of a biological Threat Risk Assessment Tool under the leadership of Germany. This work has been revised in 2015 and the Lab Network is contributing.

In addition, the NML has participated in and/or hosted several workshops including an Unknown pathogen detection workshop (CAN/UK) in 2012. This work continues as data interpretation and other challenges of Whole Genome Sequencing are sorted out.

The Lab Network continues to be a key contributor to the Sample Sharing Task Group formally established in 2013 to deal with the challenges of timely sharing of samples and information in response to outbreaks of international concern.

Finally, the GHSAG Laboratory Network continues to work together to determine the impacts of rapidly evolving technologies, changing global infectious disease profiles, antimicrobial resistance, and climate change on the public health laboratories in our countries.

<i>Project Title</i>	<i>International Health Regulations (2005) – National Focal Point International Capacity Support</i>
Themes	Public Health
Dept. Responsible	Public Health Agency of Canada
Other Partners	Pan-American Health Organization (PAHO); United States; Mexico
Project Value	In kind contribution of expertise and resources
Project Duration	Ongoing
Area Affected	Caribbean (Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Dominican Republic, Guyana, Haiti, Suriname, and Trinidad and Tobago); the Economic Community of West African States (ECOWAS: Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, Togo); Afghanistan; Guinea; Mali
Description	<p>The Canada IHR National Focal Point (NFP) contributes to the enhancement of the IHR core capacity Coordination and NFP Communications. Canada supports missions to countries, in conjunction with the Pan-American Health Organization, to provide technical assistance; share best practices and lessons learned; and support the development of processes and standard operating procedures.</p> <p>Increased IHR capabilities will make WHO Member States more resilient in the face of severe public health events, regardless of their origin (i.e. due to a pandemic, biological attacks and warfare, or a natural disaster) therefore contributing to their overall stability.</p>
<i>Project Title</i>	<i>Joint US-Canada Science and Technology Collaboration for Animal Health Threats</i>
Themes	Disease surveillance, diagnosis, risk assessment, preparedness, and response
Dept. Responsible	Canadian Food Inspection Agency
Other Partners	USDA's Agricultural Research Service, USDA's Animal and Plant Health Inspection Service, US Department of Homeland Security, DRDC's Centre for Security Science, RCMP
Project Value	In kind contribution of expertise and resources
Project Duration	Ongoing
Area Affected	Canada-United States
Description	The objective of this initiative is to develop a coordinated and strategic science and technology (S&T) collaboration in risk assessment, surveillance, diagnostics, preparedness, response, research and strategic planning to enhance both countries' capabilities to respond, individually or jointly, to intentional and unintentional animal health threats. The collaboration includes examining the trends, current status and gaps regarding emerging

<i>Project Title</i>	<i>Joint US-Canada Science and Technology Collaboration for Animal Health Threats</i>
	animal health threats and by identifying joint actions to address capacity development needs. Bilateral working groups have been established, including Surveillance and Diagnostics, Risk Assessment, Preparedness, Response and Research Coordination. A web-based share point serves as an effective communication tool for this bilateral collaboration initiative. The program is being expanded to include efforts to leverage our knowledge and capabilities in the area of emerging vector-borne diseases of common interest for both countries. This collaboration should also increase Canada-US effectiveness if called upon to support another country if requested, per Article VII.
<i>Project Title</i>	<i>Laboratory Response Network (LRN)</i>
Themes	Disease surveillance, detection, and diagnosis
Dept. Responsible	Public Health Agency of Canada (National Microbiology Laboratory), National Defence (Defence Research and Development Canada – Suffield)
Other Partners	United States Centres for Disease Control and Prevention
Project Value	In-kind contribution of expertise and resources
Project Duration	2006-Ongoing
Area Affected	Worldwide
Description	The Public Health Agency of Canada directs the Canadian Laboratory Response Network in partnership with the United States CDC Atlanta, to provide oversight of the provincial public health laboratories within Canada to ensure an efficient, expeditious Canadian public health response to threat agents that may arise within the Canadian Public Health Care system. Partnership with the United States LRN networks Canada with the United States and their partners of approximately 160 United States and international laboratories in the United Kingdom, Australia, Mexico, Republic of Korea, and Canada. The mission of the LRN and its partners will develop, maintain, and strengthen an integrated national and international network of laboratories that can respond quickly to needs for rapid testing, timely notification and secure reporting of results associated with acts of biological or chemical terrorism and other high priority public health emergencies.
<i>Project Title</i>	<i>NATO Exercise Precise Response (Biological Training Exercises)</i>
Themes	CBRNE response training and capability exercise
Dept. Responsible	National Defence (Defence Research and Development Canada – Suffield)
Other Partners	NATO partners

<i>Project Title</i>	<i>NATO Exercise Precise Response (Biological Training Exercises)</i>
Project Value	\$300,000 CAD in 2016
Project Duration	2006-Ongoing
Area Affected	Worldwide
Description	Exercise Precise Response is an annual military CBRNE exercise that occurs at DRDC Suffield. Participating countries are trained in scenarios involving CBRNE agents and materials. Additionally, laboratory testing capabilities are exercised during this programme. Annually 8-10 countries participate in this exercise and knowledge transfer occurs between partner countries. This exercise enhances the readiness and capabilities of NATO countries to respond to CBRNE incidents.
<i>Project Title</i>	<i>NATO NAAG (NATO Army Armament Group) DIMP (Detection, Identification and Monitoring Panel) and Standoff Team</i>
Themes	CBRN detection/monitoring international collaborative group
Dept. Responsible	National Defence (D CBRN D and Defence Research and Development Canada – Valcartier)
Other Partners	NATO partners
Project Value	In kind contribution of expertise and resources
Project Duration	Ongoing
Area Affected	NATO countries
Description	<p>AREA OF RESPONSIBILITY:</p> <p>The DIMP is responsible for the joint technical, testing and operational aspects of CBRN detection, sampling, identification and monitoring. These functions are needed to detect and characterize CBRN events, identify the agents and hazards, delineate areas of contamination, and monitor the changes to inform CBRN force protection actions as required.</p> <p>MISSION:</p> <p>The DIMP will take forward JCBRND CDG efforts as outlined in the Joint Priority Assessment and Work Schedule (JPAWS) to provide technical and operational advice, foster interoperability, and establish technical and operational standards in the areas of CBRN detection, sampling, identification, and monitoring. This includes providing information – up to unequivocal proof – concerning the first use of Biological, Chemical and Radiological Agents to NATO political and military authorities to support timely decisions concerning NATO response.</p>

<i>Project Title</i>	<i>Public Health Agency of Canada – Mobile Lab</i>
Themes	Disease diagnosis and containment
Dept. Responsible	Emergency Response Teams and Microbiological Emergency Response Team (MERT) - Infectious Disease Prevention and Control Branch of the Public Health Agency of Canada
Other Partners	N/A
Project Value	In kind contribution of expertise and resources
Project Duration	As needed
Area Affected	Worldwide, where needed (mobile)
Description	<p>The National Microbiology Laboratory (NML) of the Infectious Disease Prevention and Control Branch of PHAC maintains and operates scalable state-of-the-art mobile laboratory options that can be deployed to fill a variety of needs; to respond to emergency outbreak situations anywhere in the world, to assist with site security at high profile events when required, and to respond to possible bioterrorism incidents if one were to occur. These deployable units can span the range of a “lab in a box”, able to be checked on commercial aircraft (what is used for remote, rapid response); to a “mobicon”, a containment level 2 in a trailer format that can be shipped by plane on very short notice; and a mobile truck lab with containment level 3/4 capabilities that is used for preplanned deployment or forensic exploitation to triage all exhibits for biological contamination from a bio-crime scene.</p> <p>In the realm of rapid emergency outbreak response, team(s) of PHAC scientists have been deployed with the units at the request of the WHO’s Global Outbreak and Response Network (GOARN) and work closely with WHO, MSF or local officials and other attending partners. The team has extensive experience operating in the most remote areas of the world and the highest risk situations. Since 2003, the mobile laboratory units have responded to outbreaks of Nipah virus in Bangladesh, Crimean Congo hemorrhagic fever in Iran, SARS in China and the Hong Kong Special Administrative Region, Avian influenza in Vietnam, Marburg virus in Angola, Rift Valley fever in Kenya, and Ebola virus in the Democratic Republic of the Congo and Sierra Leone and Guinea.</p> <p>In addition to responding to infectious disease outbreaks the mobile laboratory members work closely with the RCMP for biological security deployments. The Microbiological Emergency Response Team (MERT) provides training to national and international partners involving mobile laboratory operations, in-field identification of biological agents, sampling procedures, and coordination/execution of response exercises in their role within Canada’s National CBRNE team. MERT also supports national security operations, through mobile laboratory deployment and the development of site security and laboratory response plans. The NML has supported deployments for site security and bio-threat response exercises such as the Summit of Americas in Trinidad and</p>

<i>Project Title</i>	<i>Public Health Agency of Canada – Mobile Lab</i>
	<p>Tobago (2008 and 2009), Beijing Olympics (2008), Francophone Summit (2008), CAPEX (2011, 2013, 2015), Mexico/H1N1 (2009), Vancouver 2010 Olympics, G8/G20 Summits (2010), United Nations Secretary General Mechanism for the Alleged Use of Biological Warfare Agents (2014) and the annual Canadian National CBRNE team exercise, FireDrake, as well as yearly regional exercises with our provincial partners and recently a 36 hour continuous response exercise with the National CBRNE. Furthermore, the team deploys with the RCMP for international and national biological security emergency deployments as needed.</p> <p>The capacity is constantly evolving to evaluate, validate, and incorporate newer, faster testing platforms, equipment and procedures. In addition, the establishment and expansion of the Canadian Laboratory Response Network by the NML serves to increase response capabilities within the country through dissemination of reagents to provincial partners for rapid local identification of Select Agents.</p>
<i>Project Title</i>	<i>Trichinella diagnostics, Proficiency Testing and Lab Certification for Trichinella Testing</i>
Themes	Disease surveillance
Dept. Responsible	Canadian Food Inspection Agency
Other Partners	World Organisation for Animal Health (OIE), International Commission on Trichinellosis, and National reference labs in European Union, United States, etc.
Project Value	In kind contribution of expertise and resources
Project Duration	Ongoing
Area Affected	Worldwide
Description	<p>Advice and participation to draft international standards and quality assurance mechanisms for the detection of Trichinella in pork and wildlife, and Certification of Trichinella Testing Labs.</p> <p>Confirmatory testing of positive international samples.</p>

Conclusion

15. This paper is intended to show only a brief overview of Canada's international activities related to Article VII. Further projects are also listed on Canada's report on the implementation of Article X, as well as the joint report produced by the Global Partnership. For additional information on Canada's projects, please contact C. Andrew Halliday at the Non-Proliferation and Disarmament Division, Global Affairs Canada by phone at +1-343-203-3139 or by e-mail at christopherandrew.halliday@international.gc.ca. Additionally, to get in contact with the organizations that fund these projects, please consult Canada's entry on the Article X database.

Colombia

16. The Republic of Colombia has never received any requests to provide assistance or support under article VII of the Biological Weapons Convention, nor has it ever requested assistance under that article.

Cyprus

17. Cyprus has not been requested to provide assistance under Article VII, nor has it invoked Article VII to receive assistance.

Czech Republic

18. The Czech Republic is fully committed to the implementation of the Article VII BTWC. Even though the Czech Republic has not been requested to provide assistance under Article VII, nor has it invoked Article VII to receive assistance, the Czech Republic wishes to provide following information on the national activities (focusing on the financial contributions) with regards to the Article VII.

19. During the years 2014 - 2015 the Czech Republic has provided humanitarian aid for the fight against the Ebola outbreak in West Africa. In 2014, Czech Ministry of Foreign Affairs has provided 133,000 € for the protective equipment and material. Another 328,000 € has been provided to help the most affected countries (Guinea, Liberia and Sierra Leone) - from which 111,000 € was allocated for the support of the medical centers run by Doctors Without Borders; 105,500 € for the treatment of Ebola through the International Committee of the Red Cross (ICRC) and the amount of 111,000 € for the medical center managed by the International Federation of Red Cross and Red Crescent Societies (IFRC) in Kenema.

20. In 2015, the Ministry of Foreign Affairs provided 185,000 € to support the UN Mission for Ebola Emergency Response (UNMEER) and 185,000 € to support the UN Children's Fund (UNICEF) in favor of the communities affected by Ebola.

Finland

A. General Remarks

21. Finland has not been requested to provide assistance under Article VII, nor has it invoked Article VII to receive assistance. Finland is prepared to comply with Article VII should it be invoked.

B. In Detail

Effective national network of cooperation and infrastructure

22. The Finnish Strategy to Secure Vital Functions of Society (2003 and 2006), as well as The Security Strategy for Society (2010) have defined vital functions of Finnish society and established targets and development policies that guide each administrative branch of the government in dealing with its strategic tasks. These strategies called for co-operation between each government sector in combating against new threats towards society. According to the Government Reports on Finnish Security and Defence Policy of 2004,

2009 and 2012, terrorism and epidemics caused by infectious diseases were listed as key threats affecting national security.

23. Based on the above resolutions, The Centre for Biothreat Preparedness started operations in Helsinki in May 2005. The Centre combines Finnish scientific and laboratory know how on biological defence, as well as on biothreat assessment and preparedness. The Centre has actively sought domestic and international collaboration, especially in the field of rapid detection and identification methodologies of selected biological agents. The Centre is composed of two units: the Biological Defence Sector of the Finnish Defence Forces, and the Department of Infectious Diseases at the National Institute of Health and Welfare (THL). Scientific work is carried out at a biological safety level 3 laboratory at the THL facilities. In addition, the Centre functions within the Biomedicum Helsinki Institute, where work is carried out in close contact with the Research and Development Department of the Centre for Military Medicine.

24. The Deployable CBRN laboratory of the Finnish Defence Forces, developed for the EU Battle Groups, is equipped with a deployable, diagnostic biological and chemical laboratory. The development of the laboratory was led by Army Staff in cooperation with the Defence Forces Technical Research Centre (now The Finnish Defence Research Agency) and the Centre for Biothreat Preparedness, together with the Centre for Military Medicine. The Centre for Biothreat Preparedness has established the biosafety, biosecurity and microbial identification requirements for the laboratory. Deployable CBRN laboratory was in the NRF Response Forces Pool (RFP) in 2012 and it will be designated in the NRF Follow on Forces Group (FFG) in 2017.

France

A. General Remarks

25. France is fully committed to the implementation of the BWC, including its Article VII.

26. Article VII of the BTWC provides that, “Each State Party to this Convention undertakes to provide or support assistance, in accordance with the United Nations Charter, to any Party to the Convention which so requests, if the Security Council decides that such Party has been exposed to danger as a result of violation of the Convention.” A number of common understandings and conclusions on Article VII have been reached by BWC States parties over the last years, including in paragraphs 32 to 40 of the final document of the BWC Seventh Review Conference.

27. France believes that it is important, in the light of previous discussions, to continue to discuss Article VII implementation over the next intersessional process.

B. Proposal for establishment of a database for assistance in the framework of Article VII of the BWC, submitted by France and India

28. The implementation of Article VII is recognized as a key obligation under the Convention. However as acknowledged by previous outcome documents and discussions in the BWC, there is a lack of detailed procedures or mechanisms for its implementation. Thus there is need to set up an effective way to facilitate provision of assistance to ensure timely and adequate response to a situation involving the implementation of the provisions of Article VII.

29. In 2015, France and India therefore jointly proposed that the ISU establish and administer a database open to all States Parties, for assistance under Article VII. The

purpose of a database on Article VII would be solely to implement Article VII of the BWC and allowing matching specific offers and requests for assistance. It would respond to a specific need, which is fully relevant to the scope of the BWC, for developing effective measures for the provision of assistance and coordination with relevant international organizations to respond to the use of a biological or toxin weapon.

30. The dedicated database could be established on the BWC website and maintained by the ISU, along the same lines as the database established for assistance under Article X, but separate from it. Its purpose would be to provide for a confidential clearing-house tool for assistance requests and offers. It would be easily searchable and accessible to States Parties and could provide both for national points of contact, able to promptly examine demands in accordance with domestic procedures and/or for specific offers for assistance. These may include one or more of the following: expertise, information, protection, detection, decontamination, prophylactic and medical and other equipment that could be required to assist the States Parties in the event that a State Party is exposed to danger as a result of a violation of the Convention). The assistance offers could emanate from States parties, individually or together with other States, as well as relevant international organizations. The database could also include agreed procedures for States Parties to seek and receive assistance.

31. This proposal would not require additional resources within the ISU as it would mainly rely on the information provided by States Parties. It could therefore be easily and quickly implemented.

32. A voluntary fund could also be considered for assistance under Article VII.

Germany

A. General remarks

33. The Preparatory Committee has decided to request that the Implementation Support Unit prepare eight background information documents, including background information on the implementation of Article VII, to be compiled from information submitted by States Parties. With regard to this request, Germany wishes to provide the following information on governmental activities related to Article VII issues, including information submitted pursuant to paragraphs 33, 38, and 40 of the Final Declaration of the Seventh Review Conference.

34. Germany is fully committed to the implementation of the BTWC in all its aspects, including Article VII. Article VII of the BTWC requires States Parties to assist States that have been exposed to danger as a result of a violation of the BTWC. Paragraph 33 of Article VII of the Seventh Review Conference states that, should a request for assistance be made, it shall be promptly considered and an appropriate response provided. According to paragraph 38, States Parties' national preparedness contributes to international capabilities for response, investigation and mitigation of outbreaks of disease, including those due to the alleged use of biological or toxin weapons. Paragraph 40 highlights the importance of ensuring that efforts undertaken are effective irrespective of whether an outbreak of disease has occurred naturally or has been deliberately caused. Furthermore, it is stated that the BTWC encourages States Parties, upon request, to build relevant capacities. Fully supporting the view of the Convention, Germany considers capacity-building to be crucial, and is therefore actively contributing to improving international capabilities in the field of biosecurity.

35. This report deliberately focuses on government-funded cooperation and assistance activities related to Article VII with a special focus on the paragraphs outlined above. The German Government has no direct influence over private equity activities in the field of life sciences abroad by industries or other non-governmental stakeholders or over grants provided by non-governmental organisations from their own financial resources.

B. In detail

G7GP Biological Security Sub-Working Group

36. The G7 Global Partnership against the Spread of Weapons and Materials of Mass Destruction (GP) is an initiative to prevent terrorists or states that support them from acquiring or developing weapons of mass destruction. Established in 2002, the GP is now a group of 30 active members from different regions. In 2010, biological security was identified as a collective programming priority, and in 2012 the Biological Security Sub-Working Group (BSWG) was established, comprising all GP members. The BSWG is currently chaired by Germany. It promotes efforts to reduce risks associated with biological threats, regardless of cause, through collaboration with other members, international organisations and partners in the health and science sectors. To this end, the group focused its efforts on achieving five biosecurity deliverables, which have provided the basis for BSWG meetings since 2012. These are:

- (a) Secure and account for materials that pose biological proliferation risks.
- (b) Develop and maintain appropriate and effective measures to prevent, prepare for and respond to the deliberate misuse of biological agents.
- (c) Strengthen national and global networks to rapidly identify, confirm and respond to biological attacks.
- (d) Reinforce and strengthen biological non-proliferation principles, practices and instruments.
- (e) Reduce proliferation risks through the advancement and promotion of safe and responsible conduct in the biological sciences.

37. Under the German G7 GP Presidency, the topic “G7 GP linkage to the Biological and Toxin Weapons Convention (BTWC) – how can the GP support the BTWC in the run-up to the Eighth BTWC Review Conference (RevCon)” was added to the G7 agenda. The broad support from the BSWG led to joint working papers by the group on GP assistance under BTWC Article X and general support for constructive and cross-regional preparation of the BTWC RevCon. The group is strongly in favour of keeping this on the agenda.

38. The BSWG met four times under the German G7 Presidency. The first meeting took place in Berlin on 4 November 2014 alongside the GP kick-off meeting, while the regular meetings were held in Munich from 22 to 23 April 2015 and in Berlin from 30 September to 1 October. A special BSWG meeting was convened in Berlin on 26 February 2015 with a focus on the role of biosecurity in the G7 Foreign Ministers’ Action Plan “Beyond Ebola: a G7 agenda to help prevent future crises and enhance security in Africa” and the coordination of biosecurity activities in Ukraine.

39. Upon request by the Japanese G7 Presidency, Germany is continuing to chair the BSWG in 2016. The first meeting took place in Tokyo from 14 to 15 January 2016. The coordination of member activities and the linkage to the upcoming BTWC Review Conference played a prominent role.

40. In April 2015, 40 participants from the BSWG visited the Bundeswehr Institute of Microbiology (IMB) for a presentation of IMB projects that are being conducted within the

framework of the German Partnership Program for Excellence in Biological and Health Security in partner countries such as Tanzania, Kazakhstan, Georgia, Azerbaijan, Armenia and Mali. IMB presentations also included BSL3 laboratory and mobile laboratory equipment, which was developed as part of the European Mobile Laboratory Project's response to the Ebola outbreak in West Africa. IMB training of the EMLab teams (Establishment of Mobile Laboratories for Pathogens up to Risk Group 4 in Combination with CBRN Capacity Building in Sub-Saharan Africa) deployed in the region, which were supported by experts from the German Partnership Program for Excellence in Biological and Health Security institutions, was also presented.

41. During the second fully fledged GP meeting, the BSWG members participated in a case study exercise presenting a scenario of misuse of a pathogen from the "Dirty Dozen" list by a terrorist group. Three sub-groups were tasked with discussing and analysing possible responses as well as useful prevention measures against the backdrop of the BSWG's "five deliverables". In this context, the three sub-groups were able to apply the participants' extensive political and scientific expertise.

42. With a view to the ever-increasing challenges in the field of biosecurity, the BSWG is a unique platform for in-depth discussion, sharing of relevant information, networking and consultations relating to GP members' endeavours in order to prevent possible duplications. The participation of international organisations in various formats was welcomed both by the BSWG members and the organisations themselves. The Ebola virus played a prominent role during all BSWG meetings. The World Health Organization (WHO) underlined that efforts to prevent and respond to comparable crises continue to be necessary despite the fact that media attention relating to the Ebola crisis is now decreasing. This was underscored by the G7 Foreign Ministers' Action Plan "Beyond Ebola: a G7 agenda to help prevent future crises and enhance security in Africa", which reflected the GP's role in promoting biosecurity. Ebola in West Africa was identified and discussed in depth as one of the priority themes of Germany's Global Partnership Presidency and thus the Presidency of the Global Partnership against the Spread of Weapons and Materials of Mass Destruction from June 2014 to the end of 2015.

43. The GP supported the coordination of activities to fight Ebola in the region with an extra BSWG meeting in February 2015 dedicated to pooling resources and knowledge of GP members' activities in West Africa.

Fight against the Ebola outbreak in 2014/15 – German Partnership Program for Excellence in Biological and Health Security

44. Within the framework of the German Partnership Program for Excellence in Biological and Health Security, a special focus in 2014 and 2015 was on the fight against the Ebola outbreak in West Africa. For this purpose and with regard to paragraph 33 and 40 of the Final Declaration of the Seventh Review Conference, the programme was adjusted to take into account the emerging need for urgent steps against the spread of Ebola in Guinea, Liberia, Nigeria and Sierra Leone. This support also included the establishment of a *cordon sanitaire* in neighbouring countries that are not directly affected.

Medical Biodefense Conference

45. Germany hosts the Medical Biodefense Conference, which provides a platform for shared expertise as well as capacity building and is open to experts from all States Parties, on a biannual basis. In April 2016, the 15th Medical Biodefense Conference was held in Munich. The Bundeswehr Institute of Microbiology hosted more than 500 military and civilian experts in the fields of biodefence, biosecurity, public health and emerging infectious diseases from 51 nations, reflecting its inclusive approach to the exchange of expertise. The high-profile meeting was organised in cooperation with the German Society

for Military Medicine and Pharmacy. Presentations and poster sessions were compiled from almost 300 scientific submissions and an accompanying trade show was held.

46. The excellent reputation of the conference, which has earned the appreciation of participants from all over the world, is based upon valuable contributions of leading scientists. The Medical Biodefense Conference is unique in its focus on medical aspects of biodefence. It has become a venue for an audience that is highly interested in the latest research findings and products in the areas of diagnostics, treatment and prevention of diseases caused by highly dangerous infectious agents. In 2016, the scientific programme of the Medical Biodefense Conference addressed the whole range of medical biodefence topics, including political issues and theoretical and practical matters. With regard to the recent Ebola outbreak in West Africa, lessons learned were assessed. Moreover, numerous speakers addressed recent developments related to the Zika virus epidemic in the Americas and gave updates on MERS, plague, anthrax, tick-borne encephalitis and other diseases caused by agents of concern. A session was dedicated to the activities of the German Partnership Program for Excellence in Biological and Health Security.

47. The Ebola crisis in West Africa has shown the devastating impact that weak health systems can have not only for the countries affected, but for entire regions and on a global scale. As education of health personnel and development of laboratories is essential for improved preparedness and crisis response, Germany has committed funding to strengthen health systems in countries and regions in Africa. The overall aim is to empower the health sector as well as regional organisations such as EAC, ECOWAS and CEMAC to take appropriate actions against the international spread of diseases through adequate early warning and diagnosis capacities, public education campaigns, disease surveillance, diagnostics and well-equipped laboratories.

General preparedness

48. As a preventive measure and with regard to fulfilling its obligations under Article VII BTWC, Germany will make available two million doses of smallpox vaccine to the World Health Organization (WHO). The vaccine is stored in Germany together with national stocks and will be handed over to WHO when requested. With respect to self-preparedness in the event of an alleged use of biological weapons on German territory, legislation exists that, in the event of an emergency, allows the import of drugs and vaccines that are not licensed in Germany.

India

49. In its interim report dated 18 May 2016 (BWC/CONF.VIII/PC/2), the Preparatory Committee to the 8th BTWC Review Conference had requested the Implementation Support Unit to prepare a background information document on Implementation of Article VII of the Convention, to be compiled from information submitted by States Parties.

50. The following information is submitted by India in this context:

(a) India views Article VII assistance as a legal obligation of States Parties, as clearly laid out in the Convention and as agreed in previous Review Conference documents. Assurance of prompt emergency and humanitarian assistance to an affected state party is one of the key pillars of the Convention and is essential to underline the concrete benefits of accession to the Convention and is thus relevant for its universality.

(b) India has joined France in submitting a proposal, circulated as an advance document at the Preparatory Committee, for the establishment of a database for assistance in the framework of Article VII. The purpose of this database, as a confidential clearing

house tool, which the ISU will establish and administer, is to allow matching specific offers and requests for assistance for States Parties and coordination with relevant international organizations, encompassing both emergency assistance, containment measures and recovery assistance. India sees this as an operational and concrete tool providing an incentive for the Convention's universalization.

(c) India believes that assistance should be broadly defined: coordination and delivery to state party requesting assistance including the following: detection equipment, including biosensors, alarm equipment, protective equipment, decontamination equipment and decontaminants, prophylactic; diagnostic and therapeutic medical measures and materials and associated equipment and exchange of information and technology regarding assistance.

(d) It is clear that the lack of a comprehensive Protocol to strengthen implementation of all aspects of the BWC has created a gap in the international community's capacity to respond effectively to provide assistance to States Parties to the BWC. An event relating to violation of the BWC is more than a public health emergency under the IHR (2005). While coordination and cooperation with relevant UN bodies such as the WHO, FAO, OIE, etc. are important complementary measures, the lack of an institutional mechanism to provide assistance remains a concern to the international community.

(e) Pending the conclusion of a comprehensive protocol to the BWC that would inter alia redress the gap in the international community's capacity to respond to an Art VII event, a number of practical steps could be taken such as establishment of a trust Fund or voluntary Fund. States Parties in cooperation with relevant international organizations could also consider a table top exercise to improve coordination, awareness and improve response times in case of actual events of requests for assistance under Article VII.

(f) Events such as the recent Ebola epidemic, though a natural event, raised important questions regarding the issue of assistance under Article VII, including whether the existing modalities of international response allow for timely and adequate support and assistance to the affected countries and peoples including first responders and health care workers; the preventive, preparedness, response and recovery activities at the national, regional and international level related to such an outbreak; and ways to assure timely access to affordable drugs and vaccines and related diagnostic, preventive and therapeutic equipment to affected people especially those in developing countries.

Moldova

51. In the light of Article VII of Biological Weapons Convention, no State Party has requested assistance from the Republic of Moldova, nor has the Republic of Moldova invoked the provision of Article VII to receive assistance.

Netherlands

52. The Netherlands remains fully committed to implementing all the provisions of the Biological and Toxin Weapons Convention (BWC), including Article VII. It attaches great importance to cooperation and assistance in the framework of the Convention and therefore contributes to this end both individually and in cooperation with other states, international organization, non-governmental organizations and other relevant partners.

53. Article VII commits states to providing or supporting assistance to States Parties that have been exposed to danger as a result of violation of the Convention. In the Final

Declarations of the 3rd, 4th, 6th and 7th Review Conferences it was stated that, should a request for assistance be made, it be promptly considered and an appropriate response provided. In this context, pending consideration of a decision by the Security Council, timely emergency assistance could be provided by States Parties if requested (VII.VII, para. 33; VI.VII, para. 33; IV.VII para. 3; III.VII para. 3). Moreover, the 7th Review Conference agreed that States Parties bear the responsibility for providing assistance and coordinating with relevant organizations in the case of alleged use of biological or toxin weapons (VII.VII, para. 34). Furthermore, it noted that States Parties' national preparedness contributes to international capabilities for response, investigation and mitigation of outbreaks of disease, including those due to alleged use of biological or toxin weapons (VII.VII, para. 38). In addition, the 7th Review Conference noted the need for States Parties to build national capacities and to cooperate, upon request, to build the capacity of other States Parties (VII.VII, para.39). Due to these additional understandings, as agreed upon by States Parties, assistance provided to other States Parties further the aims of Article VII. This report will outline the cooperation and assistance activities of the Netherlands, both bilaterally and through relevant international fora, that are relevant to the Convention and support capacity-building. Moreover, it will elaborate on the national system regarding management of a disease outbreak.

National system regarding management of disease outbreak

54. Infectious diseases are unpredictable. Guidance to the most appropriate – sometimes intrusive – measures to prevent or control outbreaks can be very challenging. By making use of all available expertise in the Netherlands, optimal control measures can be developed and implemented. For this purpose the Outbreak Management Team (OMT), the Council of Experts (Dutch: *Deskundigenberaad* or DB) and the Administrative Advisory Board (Dutch: *Bestuurlijk afstemmingsoverleg* or BAO) have been established.

55. In the Netherlands, infectious disease control is a decentralized responsibility of the Mayors, carried out by the (regional) municipal health services. Preparation for large-scale disease outbreaks is the responsibility of the chairmen of the 25 Safety Regions into which the Netherlands is divided. In the event of an (impending) national crisis, the Minister of Health, Welfare and Sport (hereafter 'Minister of Health') is responsible for the policy to be pursued. This is legislated in the Public Health Law.

56. Coordinated advice can be necessary in case of an outbreak of emerging infectious diseases or (potential) threats such as the spread of resistant micro-organisms.

57. The Centre for Infectious Disease Control (Dutch: *Centrum voor Infectieziektebestrijding* or CIb) within the National Institute for Public Health and the Environment (Dutch: *Rijksinstituut voor Volksgezondheid en Milieu* or RIVM) analyses and evaluates, together with all its partners, the possible risks to public health. The CIb is responsible for preparedness early detection, surveillance, response and control of infectious diseases. In cooperation with Municipal Health Services, the CIb is working on prevention, preparedness, control and crisis management for communicable diseases. The National Coordination Centre (LCI) within the CIb is responsible for support, direction and coordination when outbreak occurs based on evidence-based guidelines. The LCI is the national Focal Point for international exchange of information between Member States within the EU and WHO.

58. In order to quickly and adequately advise the Minister of Health – and in the case of zoonoses, the State Secretary for Economic Affairs, Agriculture and Innovation (hereafter 'State Secretary of Agriculture') – about control measures and/or possible supplementary research, the director of the CIb can convene an OMT or a DB. In an OMT or DB, experts and representatives of various professional organizations provide state of the art scientific insight based on their personal expertise. This scientific multi-disciplinary risk-analysis

forms a foundation for controlling infectious diseases. The OMT advises the BAO, as described in the order establishing the Administrative Advisory Board for infectious disease control.

59. The BAO evaluates the professional advice for its political/administrative feasibility and desirability and then advises the minister(s) involved. The legal framework for infectious disease control is described in the Public Health Act. By this Act other disciplines can be involved, e.g. the measures for infrastructure. These measures are executed by the involved Minister. Measures involving animals, however, are excluded. These are possible on the basis of the Animal Health and Welfare Act. The Ministries of Health and Agriculture will, when necessary, collaborate to take measures to control a zoonotic outbreak. Following the evaluation of the Q fever outbreak, the Minister of Health and the State Secretary of Agriculture decided to establish the advisory structures for zoonoses in parallel to the already-existing OMT-BAO structure.

60. When the outbreak is due to a terroristic attack the national coordinator of contra terrorism comes into play. This includes a parallel approach. The actual infection disease control will be pursued as described.

International assistance

61. As stated earlier, assistance provided to other States Parties, while strictly speaking falling under Article X, is also relevant for furthering the aims of Article VII by reducing States Parties' potential vulnerability through increasing national capabilities. Moreover, support to or capacity-building and assistance provision through international fora is relevant, when such fora seek to coordinate international action to prevent epidemics, detect biological threats at an early stage and respond rapidly to disease outbreaks, whether naturally, accidentally or intentionally occurring.

Dutch contributions to relevant organizations and initiatives

62. The Netherlands has a strong tradition in international cooperation on biosafety and biosecurity and belongs to the world's largest donors to the specialized UN agencies that are relevant for implementing Article X of the BWC. In this regard, the longstanding Dutch support to the *World Health Organization* (WHO) is particularly 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.

63. The Netherlands has also contributed to the newly established Contingency fund for new outbreaks, which is intended to cover the first costs.

64. Moreover, the Netherlands plays an active role in the *Global Health Security Agenda* (GHSA). This initiative, which is joined by over 50 countries, should be seen as an accelerator to implement the International Health Regulations of the WHO. The Netherlands, together with the UK, Germany, Sweden, Canada and Japan, is coordinating the work package on antimicrobial resistance. Moreover, the Netherlands is participating in the work package on zoonotic diseases. The GHSA also addresses issues regarding biosafety, workforce / capacity-strengthening and monitoring. It aims to better align both multilateral and bilateral support activities, based on voluntary Joint External Evaluations. The Netherlands will be hosting the next High Level meeting of the GHSA in October 2016.

65. In addition, the Netherlands has, since the *Global Alliance for Vaccines and Immunisation* (GAVI) was launched in 2000, contributed EUR 200 mln between 2011-2015 and EUR 250 mln between 2016-2020 to this global public-private partnership for

immunization. GAVI aims at enlarging the “standard package” of vaccination with relatively expensive vaccines, such as vaccines against yellow fever, hepatitis B and pneumonia. Research is planned on new vaccines against AIDS, tuberculosis and malaria. In this context, the Netherlands donates bilaterally to the *Global Fund to Fight AIDS, Tuberculosis and Malaria* and to the WHO. With contributions totalling over EUR 900 mln the Netherlands is the tenth-largest public donor to the Global Fund. NL also contributed EUR 252 mln to the WHO in the period 2000-2010, of which EUR 126 mln for the termination of polio, and around EUR 140 mln between 2011-2016. In addition, the Netherlands has, since 2011, committed more than EUR 170 mln to the development of new drugs, vaccines and diagnostics through *international product development partnerships* and the *European Developing Countries Clinical Trials partnership*.

66. Lastly, the Netherlands provides core funding to the ICRC. This is an amount of EUR 40 mln each year and enables ICRC to quickly respond to humanitarian crises when needed. In humanitarian action, coordinated efforts are paramount. Therefore, the NL supports the UN Office for the Coordination of Humanitarian Affairs. Also other humanitarian actors such as WFP and UNICEF receive core humanitarian funding. This core funding, which is unearmarked, is crucial in order to respond fast to humanitarian crises.

Dutch contribution to the fight against Ebola

67. Since the Ebola outbreak in West Africa, the Netherlands has been an active partner in the fight against Ebola. The Netherlands offered the services of the Joint Support Ship ‘Karel Doorman’ twice to ship in-kind assistance to the affected countries. The Netherlands donated EUR 5 mln of humanitarian goods which consisted of for instance ambulances, beds and gloves. The vessel also transported in-kind aid donated by EU member states and UN agencies.

68. The Netherlands provided additional financial support in fighting Ebola to important partners such as the WHO, UNICEF, the Dutch Red Cross and *Médecins sans Frontières*. Also a consortium of Dutch NGOs was funded in order to alleviate suffering of the people in the three affected countries. Because of the shortage of medical capacity, the Netherlands deployed 60 laboratory workers to analyse blood samples in the donated mobile laboratories. In total, the Netherlands contributed around EUR 62 mln of humanitarian aid to support the fight against Ebola.

69. The Netherlands long term contribution to recovery after the Ebola crisis consisted of two important pillars: economic recovery for the affected countries and strengthening health systems, both in the affected countries and through the strengthening of international emergency medical response. To strengthen health systems, a flexible and effective medical emergency response is crucial in crises like Ebola. Therefore, the Netherlands facilitates, through a contribution of EUR 2,2 mln, a trilateral collaboration between Ghana and Sierra Leone on one side, and Rwanda and Guinea on the other, in order to contribute to the establishment of a robust preparedness system. Furthermore, the Netherlands has been a strong advocate for reforms of the WHO to develop capacity on emergency preparedness and response. The WHO’s *Contingency Fund for Emergencies* is an important mechanism that can quickly provide funds to outbreaks to prevent an epidemic. The Netherlands has contributed EUR 1 mln to this WHO fund. During the Ebola crisis, there was a lack of medical capacity. The WHO has founded the Global Health Emergency Workforce to create a worldwide network of medical capacities. The Netherlands has offered its medical evacuation capacity and hospital beds to this pool. Awaiting further development of the Workforce, the Netherlands is exploring options to contribute through medical and emergency experts. The Dutch contribution is channelled through the EU-led European Medical Corps. As member of the WHO Executive Board, the Netherlands will maintain her active role in the discussions around reforms in the WHO.

International cooperation projects on biosafety and biosecurity

70. The Netherlands is also active in several international cooperation projects to enhance biosecurity and biosafety, strengthen information sharing on national biosecurity measures, enhance awareness raising and promote responsible bioscience.

71. In April 2016, the Netherlands Biosecurity Office organized the third meeting of the *European Biosecurity Regulators Forum* (EBRF). This Forum has its origin in work conducted by a group of six European countries in the context of the *EU CBRN Action Plan* (Action B2), which aimed to share best practices and examples of national implementation of biosecurity measures in a guideline document and thereby to strengthen European biosecurity. The group is reconvened in the EBRF with an expanded focus, including the securing of biological substances, awareness raising and responsible science in relation to dual-use technologies. During the meeting, the outcomes of the CBRN Action Plan were presented by a representative of European Commission, DG Migration and Home Affairs, and risks and economics of intentional releases of plant pathogens were presented and discussed. Moreover, the group discussed the issue concerning technologies with misuse potential. The EBRF is planning to present a working paper on this topic at a side event at the BWC Review Conference in November 2016.

72. The Centre for Infectious Disease Control at the Netherlands Institute for Public Health and the Environment (RIVM) is involved in several international initiatives to enhance biosafety and biosecurity, and CBRN first response. Within the framework of the *Global Partnership against the Spread of Weapons and Materials of Mass Destruction*, the Netherlands funded several projects under the Biosecurity Engagement Programme of the US Department of State in Uganda. The Centre for Infectious Disease Control at the RIVM is implementing a biosecurity project in Uganda, funded by the Dutch Ministry of Foreign Affairs as part of the Global Partnership. The project has been initiated in 2014 with the aim to contribute to the biosafety and biosecurity situation in Uganda, and to develop a suitable training program for local partners with specific needs in this direction. In addition, the project focuses on initiatives including biosafety and biosecurity curriculum development at Ugandan Universities and the implementation of a plague laboratory in the Arua border district. Furthermore, the RIVM participates in the *EU CBRN Centres of Excellence* project 'Strengthening CBRN first response capabilities and regional cooperation in South East Europe, Southern Caucasus, Moldova and Ukraine', including the preparedness and first response in case of intentional and non-intentional release of biological agents. Lastly, the *European Framework 7* project (GIFT), coordinated by the Netherlands Forensic Institute (NFI), aims to develop and provide a forensic toolbox focusing on procedures, practices and guidelines for common CBRN forensic measurements and handling instructions on a European level. In relation to biological agents, the RIVM participates in the development of biologically safe procedures for forensic investigation of CBRN contaminated exhibits.

73. Finally, the Netherlands has several MoUs with countries to collaborate in the field of prevention and control of infectious diseases, including the implementation of the International Health Regulations. Activities are ongoing in India, Russia and China.

Norway

74. Norway has not received any requests for assistance under Article VII from other States Parties, nor has it requested assistance under Article VII from any other State Party.

75. Norway made a significant contribution to the international response to the Ebola outbreak, and provided over NOK 500 million (approx. USD 70 million) in funding. The funds were channelled through partners such as WHO, the UN, the African Union,

Médecins Sans Frontières, the International Red Cross and others. Norway also sent 110 Norwegian health workers to West Africa and made a Hercules aircraft available for the transport of personnel and equipment. In addition, Norway has played a leading role in the work to develop a promising Ebola vaccine.

Qatar

76. If any State party is exposed to danger as a result of violation of the Biological Weapons Convention, immediate priority is to be given to assisting victims in order to contain the spread of disease. Specialized units would coordinate with one another in dealing with medical emergency situations such as the provision of first aid, triage and evacuation.

77. It is important that any assistance be provided in response to a request from the State concerned and within the parameters the State itself sets according to its own evaluation of the situation. For example, resources for such assistance could be made available through the exchange of knowledge and cooperation in diagnostic training, medicine, vaccines and equipment.

78. Instruments could be provided for detection and rapid and sensitive diagnosis in the field, as well as personal protective equipment, containment laboratories, new vaccines, more effective drugs, and modern and effective decontamination tools and chemicals. Assistance could be given to develop a biosafety and biosecurity practice and culture, and to offer training to agencies and individuals on how to apply those technologies. Biological detection equipment could provide capability to identify certain agents.

Serbia

79. In order to respond to the obligation under Article VII, the Republic of Serbia is advancing its national preparedness to contribute to regional, as well as to the international response capacities.

80. In the framework of the EU CBRN regional Centre of Excellence (CoE), through the valuable assistance and management of UNICRI, DG DEVCO and Joint Research Centre of the European Commission, with the full support of EEAS, the Republic of Serbia was one of the countries participating in the COE project “Guidelines, procedure and standardization on biosafety/biosecurity”, examining and comparing the legislative instruments, standards, guidelines and recommendations concerning biosafety and biosecurity in the countries of the region of the Western Balkans. A segment of this project was development of information/communication material and preparation of events to raise awareness among bio-laboratory staff and the wider scientific community, about the consequences of potential incidents and accidents in bio-laboratories and about the misuse of pathogens and toxins.

81. Another segment of the project was mapping of the laboratories working with pathogens at national and regional level, launching the cooperation within the network of bio-laboratories, first at the national and then on the regional level (including the definition of competences, tasks and funding of diagnostic reference laboratories). In the framework of this project, the interagency trainings for public health/veterinary authorities, rescue units, police, etc. involved in response to the epidemic/pandemic of contagious human and animal diseases on national and on regional level were conducted.

82. The sharing of the experiences and knowledge among the countries in the regions of the Western Balkans and the Caucasus, and establishing the operational regional/sub-

regional network of national CBRN focal points and national CBRN teams was an added value of this project, which could be implemented in other regions of the world.

83. Besides the mentioned project, in order to advance its national capacities and preparedness, the relevant institutions and agencies of the Republic of Serbia participated in 10 other different CBRN projects funded by the European Union, through its cooperation with the UNICRI, such as:

(a) *"Identification and strengthening forensic capacities in the area of prevention of organized crime and illicit trafficking of chemical agents, including training and equipment for the line officers"*, implemented by Instytut Przemysłu Organicznego (Institute of Industrial Organic Chemistry) IPO, Poland, with the participation of Bosnia and Herzegovina, Croatia and Serbia.

(b) *"Building capacity to identify and respond to threats from chemical, biological, radiological and nuclear substances"*, implemented by the European CBRNE Centre at Umeå University (UMU), Sweden, with the participation of Serbia and other countries of the WB region.

(c) *"Knowledge Development and Transfer of Best Practices on Bio-Safety, Bio-Security and Bio-Risk Management"*, implemented by "ICIS" – "Insubria Centre on International Security" of the University of Insubria, Italy, with the participation of the countries in the regions of the Western Balkans and the Caucasus.

(d) *"Inter-Agency CBRN Response Programme"*, implemented by Consortium NCTV-NFI-RIVM-TNO (NL), with the participation of the countries of the Western Balkans.

(e) *"Development of e-learning courses for CBRN risk mitigation"*, implemented by James Martin Centre for Non-proliferation Studies, USA with the participation of all CoE Partner Countries worldwide.

(f) *"Integrated Multi-Perspective Methodology to Assess Risks of CBRN Issues"*, implemented by Consortium NCTV-NFI-RIVM-TNO (NL), with the participation of Serbia and other countries of the Western Balkans.

(g) *"Provision of specialized and technical training to enhance the first response capabilities"*, implemented by the European CBRN Centre at Umeå University (UMU), Sweden, with the participation of the countries in the regions of the Western Balkans and the Caucasus.

(h) *"International Network of universities and institutes for raising awareness of dual-use concerns in bio-technology"* implemented by Landau Network – Centro Volta (LNCV), Italy, with the participation of all CoE Partner Countries worldwide.

(i) *"Development of procedures and guidelines to create and improve secure information management systems and data exchange mechanisms for CBRN materials under regulatory control"*, implemented by Consortium led by the Battelle Memorial Institute, USA, with the participation of all CoE Partner Countries worldwide, and

(j) *"Network of universities and institutes for raising awareness of dual-use concerns of chemical materials"*, implemented by ENEA Consortium with the participation of all CoE Partner Countries worldwide.

84. The CBRN project implementation 44 *"Strengthening CBRN first response capabilities and regional cooperation in South East Europe, Southern Caucasus, Moldova and Ukraine"*, implemented by the Consortium led by the Belgian Nuclear Research Centre (SCK.CEN) started on January 1st 2015 and it will last until December 31st 2017.

Seychelles

85. No support or assistance has thus far been requested from Seychelles, in accordance with the United Nations Charter, by any Party to the Convention.

Slovakia

86. The Slovak Republic has not been requested to provide or support assistance, in accordance with the United Nations Charter, to any State Parties to the Convention.

Switzerland

87. In line with the requested background information for the Eighth Review Conference of the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction, in particular the request for background information on the implementation of Article VII as contained in document BWC/CONF.VIII/PC/2, Switzerland submits the following report to States Parties.

88. No State Party has requested assistance from Switzerland under Article VII, nor has Switzerland invoked the provisions of Article VII to receive assistance.

89. Switzerland is ready to provide or support assistance under Article VII, provided that its general reservation related to its status as a neutral State is respected, i.e. its assistance within the framework of the Convention cannot go beyond the terms prescribed by that status.¹ Switzerland has personnel, expertise, equipment and infrastructure available that could provide capacities in case of specific requests, depending on their exact nature.

90. With regard to Article VII, Switzerland considers the United Nations Secretary-General's Mechanism for the Investigation of Alleged Use of Chemical and Biological Weapons (UNSGM) to be an important operational instrument. Switzerland nominated experts and laboratories to the respective rosters of the UNSG and regularly updates the information provided. Swiss experts have engaged in numerous activities related to the UNSGM, e.g. specialized expert trainings, table-top exercises, field exercises as well as policy discussions to further develop and operationalize the mechanism. Furthermore, Switzerland is currently holding a series of three expert workshops geared towards the establishment of a functional laboratory network, composed of UNSGM designated laboratories on a voluntary basis, for investigations of alleged use of biological weapons and other pertinent purposes.

91. Regarding the outbreak of Ebola in Western Africa between 2013 and 2016, Switzerland supported Doctors without Borders (MSF-Suisse) in its work to combat the Ebola epidemic in Guinea, Liberia and Sierra Leone. Furthermore, the Swiss Humanitarian Assistance financed various direct actions of the Government of Liberia and sent personnel to the region. Also Spiez Laboratory contributed on site to the fight against the Ebola virus in Western Africa through its active participation in the European Mobile Laboratory

¹ To quote in full: "By reason of the obligations of its status as a perpetually neutral State, Switzerland is bound to make the general reservation that its collaboration within the framework of this Convention cannot go beyond the terms prescribed by that status. This reservation refers especially to Article VII of the Convention as well as to any similar clause that could replace or supplement that provision of the Convention (or any other arrangement)."

(EMLab) project which is linked to WHO's Global Outbreak Alert and Response Network (GOARN). To fulfil its tasks, Spiez Laboratory relied on its expertise in quality assurance of specialized laboratories for the analysis and diagnosis of highly pathogenic agents (EQADeBa, QUANDHIP, EMERGE) and toxins (EQuATox, EuroBioTox).
