Working Group on the Strengthening of the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction

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Identifying, examining and developing specific and effective measures, including possible legally-binding measures, and making recommendations to strengthen and institutionalize the Convention in all its aspects within the mandate of the Working Group

Cooperation and Assistance Activities of International and Intergovernmental Organizations in Support of the Biological and Toxin Weapons Convention

Submitted by Canada and The Philippines

1. International and intergovernmental organizations play a critical role in delivering assistance and enabling cooperation that supports the objectives of the Biological and Toxin Weapons Convention (BTWC). This working paper provides a non-exhaustive overview of BTWC relevant assistance provided by four organizations: i) the International Criminal Police Organization (INTERPOL); ii) the North Atlantic Treaty Organization (NATO); iii) the World Health Organization (WHO); and iv) the World Organisation for Animal Health (WOAH). The contributions below were prepared by each of the respective organizations.

I. The International Criminal Police Organization

2. This section outlines the areas of assistance and capacity building support provided by INTERPOL in the areas of prevention, preparedness and response to biological threats and incidents.

A. BTWC-relevant Assistance INTERPOL provides to its Member Countries

3. INTERPOL's Bioterrorism Prevention Unit (BTPU) supports INTERPOL's global law enforcement community, through an inter-agency approach, to execute duties related to the prevention, preparedness, and response to biological incidents, in particular the misuse of biological agents by non-state actors. In addition to targeted capacity building and training support, BTPU develops resources for the use of law enforcement and partner agencies, including health, to raise awareness and to strengthen the global preparedness and response to biological threats.

4. BTPU recently developed **BioTracker**, an INTERPOL Criminal Analysis File which will foster information-sharing on biological threats and incidents between INTERPOL member countries. With the information received from member countries and external sources, INTERPOL will be able to provide alerts on unusual biological events and any

turning point concerning the threat through the publication of INTERPOL Notices and the data visualization interface. The information gathered will also serve as a basis for the production of INTERPOL strategic and operational analytical reports, to track the status of the threat and provide investigative leads.

5. At the beginning of 2023, BTPU launched its **Global Biosecurity Enhancement Programme for Law Enforcement**: a new capacity building programming methodology which was built into three grants externally funded by Global Affairs Canada, the United Kingdom Ministry of Defense and United States Defence Threat Reduction Agency. This intelligence-driven Programme aims to enhance sustainability and to provide long-term support to our beneficiary countries.

6. This Programme involves two types of activities: country-specific activities and support to all 195 INTERPOL member countries:

- Based on a structured assessment of the threat landscape and country capabilities, BTPU will deliver a set of capacity building and training activities to enhance biosecurity and counter the threat of bioterrorism in selected beneficiary countries;
- The global support activities aim at raising awareness on the biological threat landscape within all INTERPOL member countries. They include a Global Biosecurity Conference, BioTracker information-sharing working group meetings, curriculum development meetings, development of distance learning materials, and emergency support in case of a biological incident.

B. Specific Assistance Programmes:

7. As the international criminal police organization, INTERPOL databases, tools and services are available to its 195 member countries. INTERPOL partners closely with regional and international organizations and provides subject matter expertise on matters related to terrorism.

8. At the request of a member country through their INTERPOL National Central Bureau and subject to the INTERPOL Secretary General's approval, an Incident Response Team (IRT) can be deployed during a crisis situation. The team promotes cooperation among countries and facilitate access to INTERPOL's tools and services. There are two types of IRTs:

- Disaster – an emergency response to a manmade or natural disaster. The IRT delivers concentrated attention to urgent issues and problems arising from the disaster or crisis, focusing all available INTERPOL resources on the situation at hand;
- Crime – the deployment of specialized personnel to assist and support an investigation in a member country faced with a major or serious police issue. Crime IRTs provide specific expertise and investigative support to law enforcement.

9. Support can be provided remotely or on the field. In this case, the IRT can be briefed and deployed shortly after the incident. INTERPOL BTPU has secured external funding through a grant agreement that includes investigative support in the event of a biological incident.

II. The North Atlantic Treaty Organization

10. NATO conducts extensive activities to support its wide network of partners to address the risks posed by weapons of mass destruction. Several of these are directly relevant to the BWC, particularly preventing the proliferation of biological weapons. These include activities to enhance partner capacity to detect, identify, and monitor biological weapons or their development. Key relevant projects with a focus on the risks posed by biological weapons are listed below.

A. Completed Activities

Partner Countries: Serbia (ended 2021), Moldova (ended 2021).

11. Serbia's CBRN centre in Krusevac, a member of NATO's network of Partnership Training and Education Centres (PTEC), is integrating well into the PTEC community and regularly engages with NATO and Allied military authorities. Through its Science for Peace and Security (SPS) Programme, NATO also collaborates with partners in order to enhance their ability to mitigate the risks posed by biological materials or weapons. For example, Serbia participates in the Biological and Bioinspired Structures for Multi-Spectral Surveillance project (ending in 2021) in collaboration with Croatia. The Republic of Moldova also participated in a project aimed at developing capability to mitigate the risk of biological agents in collaboration with Luxembourg.

Partner Country: Turkmenistan (ended in 2017)

12. The Individual Partnership and Cooperation Programme (IPCP) identified areas for cooperation in CBRN defence, including to familiarize Turkmenistani officers with procedures on Rescue Operations in Radiological Chemical-Biological Contaminated Environment after Weapons of Mass Destruction Actions and Operations.

B. Ongoing Activities

Partner Country: Kazakhstan (to be completed last quarter of 2023)

13. Belgium in collaboration with Kazakhstan launched a project on a Valorization of Biomass Waste into High Efficient Materials for CBRN Protection, under NATO's SPS Programme. Kazakhstan is also working on a Novel Biological and Physical Methods for Triage in Radiological and Nuclear Emergencies in collaboration with Italy and Croatia.

Partner Country: Moldova

14. Moldova's Individual Partnership and Cooperation Programme (IPCP) includes cooperation with NATO to reduce risks links to old Soviet stockpiles of CBRN materials, to include anthrax-contaminated soil.

Partner Countries: Australia, Ukraine, Israel

15. Australia participates in NATO's Science and Technology Organization (STO) project on Nanopore Sequencing for Biological Identification. Furthermore, researchers from Israel in collaboration with Hungary, Ukraine, France, and the UK are developing sensors for detection of bio-toxins, under NATO's SPS Programme.

Partner Countries: Morocco, Tunisia

16. Within the framework of the SPS Programme, Morocco, Spain and Tunisia co-lead the multi-year project "DIMLAB", a deployable capability for the detection, identification and monitoring of chemical and biological agents This flagship activity is providing dual-use mobile laboratories, a chemical lab to Tunisia and a biological lab to Morocco.

Partner Country: Qatar

17. In a recently launched project, scientists from Türkiye, Qatar and the USA are working on an artificial intelligence (AI) assisted bioweapon detection platform to detect waterborne, airborne and surface-born pathogens, under the SPS Programme.

III. World Health Organization

A. Introduction

18. The Constitution of the World Health Organization (WHO) adopted in 1946 states, "the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States". World Health Assembly Resolutions including WHA54.14[1] and WHA55.16[2] advocate for the involvement of WHO in acute risk/event management, and the strengthening of public health systems to reduce the risk of chemical, biological and radiological and nuclear (CBRN) events-irrespective of whether they are of natural occurrence, an accidental release, or a deliberate event (DE). Global challenges to public health protection and safety continue in the face of ongoing conflicts and terrorist threats; the potential misuse of technologies, equipment and expertise; a changing information ecosystem; and continued disease burden with emerging and re-emerging pathogens exacerbated by the climate crisis and habitat destruction. To strengthen its work on health-security Interface, WHO convened its **Technical Advisory Group on Health Security Interface (HSI-TAG)**[3] in 2022 under a set of renewed Terms of Reference.

19. Although the responsibility for the management of DE ultimately rests with national governments, WHO is well-placed for a central role in DE-specific global public health preparedness, operational readiness and international response coordination. This includes early warning systems, threat detection, risk assessment/management, prioritization, global surveillance and communication. WHO aims to strengthen national and regional capacities to effectively prevent, prepare for, detect and respond to public health threats and emergencies and to provide support to affected or at-risk countries when necessary. WHO has the capacity to work collaboratively with key CBRN partners, including international law enforcement and security, and provides a wide range of assistance to its Member States to ensure compliance with the BTWC, striving for the prevention of biological threats and the maintenance of health security.

B. The range and types of BTWC-relevant assistance that WHO provides to Member States

Public health intelligence

20. WHO conducts Public Health Intelligence (PHI) for detection, verification and assessment of all signals or events relevant for health security including ambiguous, potential or confirmed DEs. WHO has developed an **Epidemic Intelligence from Open Sources (EIOS)**[4] platform to enhance the early detection of potential health emergencies. This system uses artificial intelligence and machine learning to analyze a variety of data sources, from news reports to social media, to identify potential disease outbreaks or other public health threats. Annually, 200 – 300+ acute infectious disease events are recorded in the WHO System (Event Management System – **EMS**, Figures 1 and 2). By delivering early and accurate information, PHI (including Event Based Surveillance and Indicator Based Surveillance) enables quick decision-making and action, which can prevent a localized outbreak from becoming a widespread epidemic or pandemic.

[1] ea54r14.pdf (who.int)
[2] Microsoft Word - A55_R16.doc (who.int)
[3] Call for expert: Health Security Interface – Technical Advisory Group (HSI-TAG) (who.int)
[4] https://www.who.int/initiatives/eios

Substantiated acute public health events of infectious disease typology

In the 11-year time period (2011-2021), there were 2377 substantiated acute public health events of infectious disease typology reported in EMS.

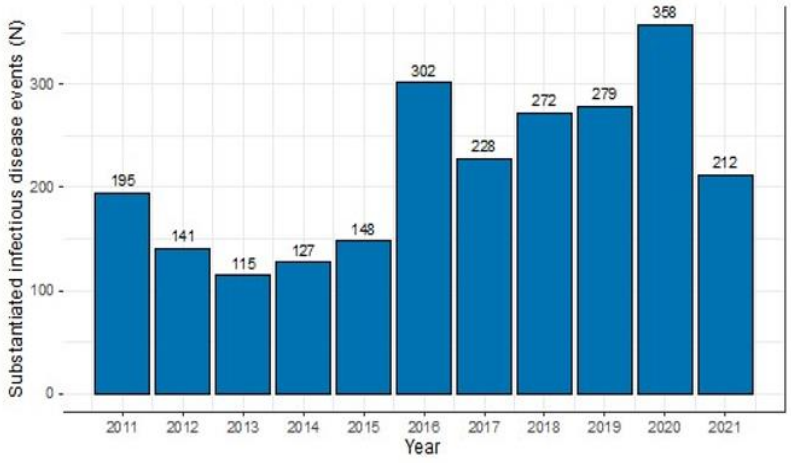

Figure 1

Map of substantiated acute public health events of infectious disease typology

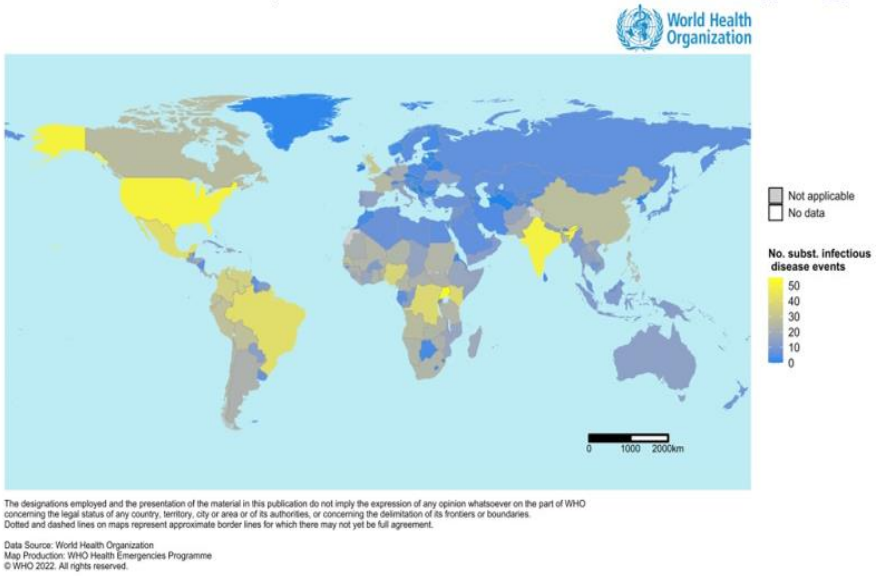

Figure 2

21. Following the detection and alert phase, WHO implements rapid risk assessments to determine the level of risk posed by the detected event and flags if the event falls in the category of an ambiguous event that may trigger an additional layer of vigilance. The process involves analyzing available data and using specialized algorithms to assess the likely spread and impact of the potential health hazard. Based on these assessments, WHO can advise Member States on the most effective response measures (including further need for investigation, information and communication) facilitating a coordinated global response to the threat. To further enhance global health security, WHO shares the initial risk assessment findings through the **International Health Regulations** [5] (IHR) mechanism.

[5] International Health Regulations (2005) – Third edition (who.int)

Epidemiological and clinical assessment and support

22. Beyond public health intelligence, WHO offers significant assistance in epidemiological and clinical assessment and support. The Organization's vast expertise in epidemiology and clinical medicine allows it to provide substantial support to Member States during public health emergencies. This support includes the deployment of expert teams and consultants who can assist in on-ground assessment, investigation and appropriate action through established mechanism including **Global Outbreak Alert and Response Network (GOARN)**[6], **Emergency Medical Teams (EMT)**[7], **Emerging Diseases Clinical Assessment and Response Network (EDCARN)**[8].

23. These teams can guide Member States in identifying the cause of the outbreak, tracing its spread, predicting its future trajectory and deciding on the most effective control measures. In doing so, they help countries to swiftly contain the outbreak and minimize its impact on human health and society.

24. In clinical settings, specialized medical expertise can provide crucial support for clinicians treating patients affected by biological or chemical agent exposure. Additionally, WHO can advise on medical countermeasures, such as antidotes, antibiotics or vaccines, to diminish the susceptibility of field personnel to the harmful effects of present hazards.

Responsible use of the life sciences framework implementation

25. Given the rapid technological developments and innovations and the potential dual-use nature of the life sciences, WHO places great emphasis on promoting a global framework for the responsible use of the life sciences among its Member States. WHO provides Member States with guidelines on how to address some of the long-lasting challenges associated with the governance of dual-use research and technologies in the life sciences and identifies a series of practical tools and mechanisms for managing and mitigating of biorisks while harnessing the power of science and innovation to improve global health.

26. WHO provides Member States support related to biorisks mitigation and management, especially pertaining to Dual-Use Research (DUR) in three areas: 1) awareness and outreach, 2) fostering responsible use of life science and DUR and 3) engaging in horizon scanning and foresight activity as mechanisms to monitor advances in the life sciences and associated technologies. Guidance is summarized in **Global guidance framework for the responsible use of the life sciences: mitigating biorisks and governing dual-use research**[9], launched in 2022 following expert advice from three Dual-Use Research of Concern (DURC) dialogues with the actors of the research cycle in 2020, five thematic working groups, two consultative meetings in 2021 and an online public consultation and a final external review in 2022. Available in all six UN languages on the WHO website, the framework calls on leaders and other stakeholders to mitigate biorisks and safely govern dual-use research, which has a clear benefit but can be misused to harm humans, nonhuman animals, agriculture and the environment. It emphasizes the importance of addressing biorisks in the context of One Health. The first regional and hands-on workshop focused on operationalizing this framework took place in Kenya, in January 2023 and was organized in collaboration with **Africa Centres for Disease Control and Prevention (Africa CDC)**[10] and the **WHO Regional Office for Africa**[11]. As result of this regional workshop, Uganda will be piloting the framework in the second half of 2023, with the aims to guide its implementation, domestication, operationalization, and adoption at national level. The implementation is done in close collaboration with the three levels of WHO. Additional upcoming key WHO activities include continued awareness-raising activities on biorisks and dual-use research, collaboration strengthening efforts and HSI stakeholder engagement,

[6] GOARN (who.int)
[7] Emergency medical teams (who.int)
[8] Emerging Diseases Clinical Assessment and Response Network (EDCARN) (who.int)
[9] Global guidance framework for the responsible use of the life sciences: mitigating biorisks and governing dual-use research (who.int)
[10] Home – Africa CDC
[11] WHO | Regional Office for Africa

implementation of training materials for biorisk mitigation and on DUR, implementation of biorisk evaluation tools and the establishment of a technical advisory group for the responsible use of the life sciences and dual use research.

27. Overall, through regional focal points, the Organization promotes a culture of responsible use of the life sciences at the Member State level, which includes ensuring that researchers and other stakeholders are aware of the potential safety and security risks associated with their work and have the necessary knowledge and skills to manage these risks effectively. Mitigating biorisks and governing dual-use research is a global issue impacting all countries. There is no one-size-fits-all approach for mitigating these risks. Mitigating these risks involves a broad range of stakeholders and is a shared responsibility between a broad range of different stakeholders. Collaboration among different actors and sectors should be sought and encouraged. By encouraging research that is mindful of these considerations, WHO plays a crucial role in preventing and mitigating risks caused by accidents, unanticipated and deliberate misuse with the intention to cause harm to humans, nonhuman animals, plants and agriculture, and the environment.

Monitoring and assessing emerging trends in science and technology for biorisk mitigation

28. WHO plays a crucial role in monitoring and assessing emerging trends in science and technology for biorisk mitigation, which is an important topic under BTWC purview. With the ever-evolving landscape of scientific advancements, WHO remains at the forefront of detecting and evaluating potential risks related to biological and chemical agents and technologies. In recognition of the rich opportunities, but also potential risks, WHO provides guidance, and ethical and governance frameworks for diverse areas of research and science, spanning from neurosciences, through AI, through gene drives to pathogen research. WHO also applies diverse **Strategic Foresight Approaches**[12,13] to proactively monitor new and emerging trends in science and technology to shape their development pathways to optimize potential benefits and mitigate related risks. Specific Member State support on this front is available in a variety of forms and can include facilitating information sharing regarding emerging technologies or methodologies, advising and collaborating on joint research efforts between multiple countries or regions, providing advice on regulatory policies that can monitor emerging technologies like DURC and fostering international cooperation that can lead to pooled resources and expertise on biorisk mitigation. Overall, the support of WHO empowers Member States to proactively monitor, assess, and address emerging trends in science and technology, thereby strengthening science and technology monitoring and biorisk mitigation efforts.

Biosafety and Biosecurity Program

29. Recognizing the risks associated with handling dangerous pathogens, WHO assists Member States in developing and implementing effective biosafety and biosecurity programs. Biosafety refers to the principles, technologies and practices aimed at preventing the unintentional exposure to pathogens and toxins, or their accidental release. Biosecurity, on the other hand, refers to the measures implemented to prevent the misuse of pathogens and toxins for harmful purposes, such as bioterrorism. Guidance is being developed across the entire value chain, from sample collection in the field to transportation, handling, storage and onwards to inactivation. The work is expected to be completed towards the end of 2023.

30. An updated **Laboratory Biosafety Manual** (4th edition – **LBM4**)[14] was published in 2020, regional implementation workshops and training have been conducted and will continue to be provided, and a user-friendly App and virtual reality (VR) training materials are being developed. WHO is working towards globalization of biosafety and biosecurity through provision and engagement in locally relevant, evidence-informed and sustainable

[12] WHO Foresight: Monitoring emerging technologies and building futures-thinking
[13] Imagining the future of pandemics and epidemics: a 2022 perspective (who.int)
[14] Laboratory biosafety manual, 4th edition (who.int)

approaches that allow equitable access to laboratory services and biomedical research opportunities for all Member States.

31. Supported by its **Technical Advisory Group on Biosafety (TAG-B)**[15], WHO provides guidance on the safe handling and containment of dangerous biological materials, the design and operation of high- and maximum containment laboratories and the management of biological risks. In doing so, WHO aims to ensure that research and diagnostic activities related to dangerous and other biological agents are conducted in a safe and secure manner, thereby minimizing the risk of accidental or intentional releases and exposure.

Technical Assistance through WHO Collaborating Centres, networks, partnerships

32. The provision of technical expert assistance to Member States is another important aspect of available support options from WHO. The Organization has a global network of WHO Collaborating Centres (WHOCCs), designated by WHO to carry out activities in support of the Organization's programs (Figure 3).

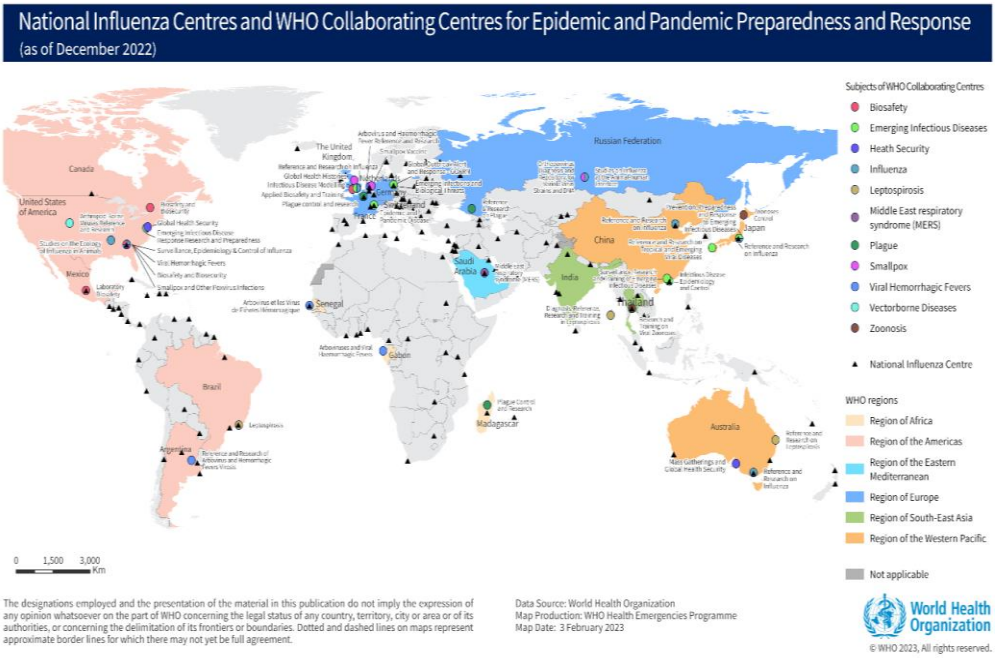

Figure 3

33. Through these Centres, WHO provides specialized technical assistance to Member States, including offering training, research and technical guidance on a wide range of health-security related matters. By accessing this assistance, Member States can enhance their technical capacities and improve their ability to manage and mitigate CBRN risks. For example, a country might receive assistance in improving its disease surveillance systems, strengthening its laboratory diagnostic capacities or implementing effective infection control measures.

34. The COVID-19 pandemic demonstrated the contributions of WHO CCs and networks, particularly **Global Influenza Surveillance and Response System (GISRS)**[16] for diagnosis and diagnostic support, genetic characterization for monitoring virus evolution (known as variants) and population immunity. GISRS works closely with the animal sector through FAO and WOAH (namely through **OFFLU**[17]) to monitor influenza virus activities in the

[15] Technical Advisory Group - Biosafety (who.int)
[16] Global Influenza Surveillance and Response System (GISRS) (who.int)
[17] Home - Offlu

animal kingdom and develops the candidate vaccine virus archive for potential cross-species jump as pandemic preparedness.

35. Genomic surveillance is promoted and supported by WHO through the initiative, **Global genomic surveillance strategy for pathogens with pandemic and epidemic potential, 2022–2032**[18] or directly with Member States in collaboration with stakeholders. Any substantial genomic deviation will be flagged by established mechanism for influenza and SARS-COV-2 (responsible virus for COVID-19).

Post-eradication of Smallpox

36. Smallpox was one of the most devastating diseases known to humanity and caused millions of deaths before it was eradicated in 1980. It is believed to have existed for at least 3000 years. Resolution WHA52.10 [19] authorized temporary retention up to 2002 to further research and **Advisory Committee on Variola Virus Research (ACVVR)**[20] was established. ACVVR oversees: the research using live variola virus, biosafety and biosecurity inspections of the remaining two repository sites[21], sequencing the viral genome from variola virus isolates, distribution of live variola virus DNA to other researchers under specific rules. WHO monitors development and access to smallpox medical counter measures such as vaccines and antivirals.

Interagency collaboration

37. WHO also continues to lead on interagency biorisk management, through the **United Nations Biorisk Working Group (UN-BRWG)**. The UN-BRWG is co-chaired by the Under-Secretary-General and High Representative for Disarmament Affairs and the Executive Director of the WHO Health Emergencies Programme and has received secretarial support from the Office of the Secretary General throughout its first phase (August 2020-December 2022).

38. The UN-BRWG has the merit to have rallied the UN community around the topic of biorisk management, strengthening partners' engagement and leveraging their diverse capacities. The system-wide coordination it fostered is a major achievement for the UN and since its establishment in August 2020 has engaged 30 UN entities, 10 additional in the reporting period. The UN-BRWG has also started to engage entities outside of the UN, with INTERPOL and WOAH (World Organization for Animal Health) now being formal members. In June 2022, guidance for system-wide coordination in case of a high-impact event was finalized and tested in a high-level table-top exercise. Additionally, based on the mapping of existing UN biorisk exchange mechanisms, the UN-BRWG piloted a successful staff exchange between WHO and the Convention on Biodiversity. The UN-BRWG also produced a biorisk professional profile and developed an accessible catalogue of existing biorisk trainings, in addition to drafting an external engagement strategy in coordination and consultation with 60 global biorisk experts.

39. Moving forward, the UN-BRWG will actively engage with Our Common Agenda initiatives and ensure activities integrate into overarching UN frameworks. The new workstreams mandated by the Secretary General Executive Committee include the following activities:

- Continue to foster the internal **UN biorisk community** by providing a platform for information-sharing and communication among relevant entities, including

[18] WHO global genomic surveillance strategy for pathogens with pandemic and epidemic potential 2022-2032

[19] WHA52.10 - Smallpox eradication: destruction of variola virus stocks (who.int)

[20] Advisory Committee on Variola Virus Research (ACVVR)

[21] US Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, USA; and the WHO Collaborating Centre for Orthopoxvirus Diagnosis and Repository for Variola Virus Strains and DNA at the Russian State Research Centre of Virology and Biotechnology (SRC VB VECTOR) in Koltsovo, Novosibirsk Region, Russian Federation

staff exchange, training, joint projects and engagement on Our Common Agenda initiatives;

- Integrate the guidance developed from the **bio-emergency management framework** for deliberate events into the ongoing UN Crisis Management Policy review, developing standard operating procedures and conducting high-level table-top exercises as needed;
- Implement the **external engagement strategy**, bringing together all relevant stakeholder groups inside and outside the UN system.

C. Specific assistance programs to which Member States can apply for assistance

Roster of Experts and SOP

40. To further support its Member States, WHO maintains a roster of experts in various fields, from epidemiology and microbiology to public health law and ethics. These experts can be deployed to assist countries in dealing with complex health emergencies, including those involving biological agents. They provide expert advice, assist in public health investigations and assessments and help to build local capacities.

41. This surge capacity roster has a different scope, structure and mandate from the **UN Secretary General's Mechanism (UNSGM)** roster. Unlike the UNSGM roster, the WHO roster is constituted with WHO staff recruited internally. Also, this roster will not be used by WHO to investigate the attribution of an ambiguous event, but rather will always and solely focus on the health and public health impacts of such an event. The surge roster is fully owned and managed by WHO but may be used to identify experts who can be seconded to the UNSGM.

42. In addition to the roster of experts, WHO provides Member States with standard operating procedures (SOPs) for various aspects of biological risk management. These SOPs serve as practical guides for dealing with specific situations, such as handling a suspicious package containing an unknown powder or responding to a disease outbreak of unknown origin. The SOPs used by the roster members are harmonized with the UNSGM SOPs to improve and facilitate the secondment of WHO staff to the UNSGM whenever it is needed. In these cases, staff will be operating under the UNSGM banner rather than WHO.

Training curriculums

43. Education and training are key components of Member State capacity building and WHO provides a wealth of specific training curriculums for health professionals in Member States. These training programs are available in various formats, including online courses, mobile apps and in-person workshops and cover a wide range of topics, from infectious disease control and laboratory biosafety to health emergency management and risk communication.

44. Available training curriculums are designed to strengthen the capabilities of health professionals in Member States to respond effectively to biological events. They equip these professionals with the knowledge and skills they need to identify potential biological threats, implement appropriate control measures and communicate effectively with the public during health emergencies.

Simulated exercises (SimEx)

45. WHO also conducts simulated exercises (SimEx) to test and strengthen the preparedness and response capacities of Member States for health emergencies. These exercises simulate real-life public health emergencies and allow countries to test their existing systems and procedures, identify areas of weakness and learn from their mistakes in a safe and controlled environment. WHO defines different types of exercises, including discussion-based tabletop exercises (TTX) as well as operations-based exercises such as drills, functional exercises and field/full scale exercises.

46. These exercises are critical for ensuring that countries are well-prepared for actual health emergencies. They allow countries to identify and address gaps in their preparedness and response capacities, thereby enhancing their ability to respond effectively to biological events.

Country assessment and capacity building

47. As part of its commitment to enhancing global health security, WHO supports country assessments to identify gaps in health security capabilities, mainly conducted through the **IHR Joint External Evaluation** (JEE)[22] mechanism. These assessments, conducted in collaboration with the regional focal points and Member States, cover various areas such as national legislation, disease surveillance, laboratory systems, preparedness and response, risk communication and human resources and include health-security interface, CBRN event capacities and biosecurity/biosafety.

48. Regional offices are crucial for operationalization of Organization-level frameworks and strategies. Based on the findings of their country and regional level capacity assessments, WHO provides tailored assistance to Member States to address identified gaps. This assistance may include development of **National Action Plan for Health Security (NAPHS)**[23] support, **CBDE National Self-Assessment Tool** (NSAT- under development), training workshops and resources (e.g., SOP, emergency deployment kit) to improve the country's health systems and capacities.

49. Member States with higher risk of DE due to ongoing conflicts are prioritized for such WHO support by the respective region, in particular those in Eastern Mediterranean, African and European regions. SimEx for CBRN and DE, awareness workshop, emergency SOP development, capacity development and strengthening (including poison centres, triage, decontamination, clinical management of CBRN injuries, roster of experts), risk communication, are among the most frequently asked supports by Member States.

Misinformation/disinformation management

50. Since the onset of the COVID-19 pandemic, the **World Health Assembly**[24] has raised serious concerns about misinformation/disinformation and malicious cyber activities. As such, WHO has been requested to support Member States prepare for, respond to and manage this emerging threat. Building on its work on outbreak risk communication and community engagement (RCCE) and enhanced by introducing innovative approaches, WHO established **Infodemic Management**[25] as a technical area of work. Infodemic Management is the systematic use of risk- and evidence-based analysis and approaches to manage the Infodemic. Infodemic management provides tools and approaches to reduce the impact of the Infodemic on health behaviours during health emergencies.

51. Infodemic management aims to enable good health practices through four types of activities: 1) Listening to community concerns and questions (Early AI-supported Response with Social Listening: **EARS**[26]); 2) Promoting understanding of risk and health expert advice (**EPI-WIN**[27]: WHO information Network for Epidemics); 3) Building resilience to misinformation (**WHO Infodemic Manager Training**[28], **OpenWHO Infodemic Management Course Series**); 4) Engaging and empowering communities to take positive action (**Collective Service**[29], **WHO Strategic Framework for effective communications**[30]). Since the start of the training in 2020, over 1,300 Infodemic Managers

[22] Joint External Evaluations (who.int)
[23] National Action Plan for Health Security (who.int)
[24] WHA 73.1, 2020. COVID-19 response (who.int)
[25] Infodemic (who.int)
[26] World Health Organization - EARS - Early AI-supported Response with Social Listening (who-ears.com)
[27] EPI-WIN (who.int)
[28] 1st WHO Infodemic Manager training
[29] The Collective Service (who.int)
[30] WHO I Communicating for health

have been trained globally from 142 countries and over 30 000 learners are a part of the OpenWHO infodemic management channel.

Cybersecurity

52. As technology becomes an indispensable aspect of health systems and health services delivery, our health information technology (IT) systems become increasingly vulnerable to emerging threats to cybersecurity, including cyber-attacks on crucial health infrastructure, such as Electronic Health Record systems, as well as digital imaging and laboratory systems. The COVID-19 pandemic saw several large-scale cyber-attacks using ransomware to damage health IT systems. These attacks pose an ongoing risk to patient safety and undermine the delivery of high-quality care in communities.

53. WHO is extending its work to support Member States for increased awareness and preparedness against cyberthreats by providing policy briefs, self-assessment tools integrated in the IHR mechanism, developing guidance, SOPs, trainings and facilitating multi-sector collaboration to advance cybersecurity for health globally.

The scale and source of funding available (e.g. core budget/assessed contributions or extra-budgetary/voluntary)

54. Main contributors of WHO Health-Security Interface and biosafety / biosecurity activities are:

- Canada;
- United Kingdom of Great Britain and Northern Ireland;
- United States of America.

55. WHO releases its **Contingency Fund for Emergencies**[31] (approximately 80 million USD contributed for the year of 2023 from the donor countries) within 24 hours according to the criteria set by its **Emergency Response Framework.**[32]

D. Conclusion

56. WHO plays a vital role in enhancing health security and in supporting member states to fulfill their BTWC obligations. Through its diverse range of assistance programs, the Organization helps to strengthen the resilience of Member States to biological threats. From providing public health intelligence and epidemiological support to implementing biosafety and biosecurity programs, WHO provides the necessary support to help Member States prepare for and respond to biological or chemical events.

57. By leveraging the diverse array of resources and expertise that WHO provides, countries can significantly enhance their capacities to prevent, detect and respond to biological threats. Together, WHO and its Member States can foster a culture of transparency, cooperation, and mutual learning and in doing so uphold the spirit and provisions of the BTWC to ensure a safer and healthier world for all.

IV. World Organisation for Animal Health

A. Introduction

58. The animal health sector and Veterinary Services represent a vital part of society, both economically and for health and food security. Production animals account for 40% of the global agriculture value, and nearly 1 in 5 people depend on production animals for their

[31] Contingency Fund for Emergencies (who.int)
[32] Emergency response framework (ERF), 2nd edition (who.int)

income and livelihoods[33]. The vulnerability of animals to high consequence pathogens also represents a vulnerability to economies and to food security. Many high consequence pathogens can be shared between humans and animals (these are known as zoonotic pathogens) creating risks for both animal and human health. . Of the pathogenic agents that can potentially be used in bioterrorism, 80% are zoonotic, as seen from the Australia Group List of Human and Animal Pathogens and Toxins for Export Control[34]. Animal and zoonotic pathogens exist freely in nature and in veterinary laboratories around the world and their ubiquitous availability, the ease with which they can be propagated and/or smuggled through borders, and the potential consequences of exposure, make them attractive as biological weapons. Throughout history there is evidence of these being harnessed as weapons, examples include anthrax, glanders, and Brucellosis. Veterinary Services therefore stand at the front line by regulating laboratories, conducting animal health research, implementing surveillance in wildlife and livestock, developing and implementing animal health policy, and working with public health partners to reduce risks at the human animal interface.

59. The World Organisation for Animal Health (WOAH, (founded as the OIE)) is the intergovernmental organisation mandated by its 183 Members to improve the health and welfare of animals worldwide and support Veterinary Services. WOAH has a longstanding collaborative relationship with the Biological Weapons Convention (BWC) over matters of mutual interest, which include safeguarding animal pathogens from misuse. WOAH's work on biological threat reduction was formalised with its Membership through the adoption of its Biological Threat Reduction Strategy[35] in 2015. Since that time, WOAH has held two global conferences on biological threat reduction, and one on emergency management. These conferences have brought together the animal health and security sectors as well as other relevant partners such as public health, the private sector, civil society and academia. WOAH has integrated biological threat reduction into its core work programme, regularly engaging with its Membership to highlight the importance of biological threat reduction and collaboration with the security sector[36], and to take action to improve preparedness against biological threats.

60. In support of Article X, and as noted by the 4th and 8th Review Conferences of the BWC[37], WOAH plays an important role in disease transparency, notably by setting standards for surveillance and for sharing information on the global animal disease situation. WOAH is further referenced in reports submitted by State Parties for its work strengthening institutional animal health systems to meet the standards set by the Organisation, as well as improve systems of disease (including zoonotic and emerging) detection and surveillance whatever their origin, natural or unnatural[38]. This is notable given that there is significant overlap between the WOAH-listed diseases and the Australia Group List of Human and Animal Pathogens and Toxins for Export Control[39]. WOAH remains committed to strengthening Veterinary Services to this end, and this paper will briefly review the international cooperation and BWC-relevant assistance available.

[33] These statistics come from research compiled by the GBADs team (Global Burden of Animal Diseases) https://gbads.woah.org/

[34] See https://www.dfat.gov.au/publications/minisite/theaustraliagroupnet/site/en/human_animal_pathogens.html

[35] See https://www.woah.org/app/uploads/2021/03/en-final-biothreat-reduction-strategy-oct2015.pdf

[36] See https://www.woah.org/en/what-we-do/global-initiatives/biological-threat-reduction/

[37] See BWC/CONF.IV/9, Part II page 25, Geneva 1996; BWC/CONF.VIII/4, Part II page 18, January Geneva 2017.

[38] This is summarized by a report (submitted by the United Kingdom and Northern Ireland) from a Meeting of Experts on Cooperation and Assistance, with a Particular focus on Strengthening Cooperation and Assistance under Article X G2122374.pdf

[39] See https://www.woah.org/en/what-we-do/standards/codes-and-manuals/terrestrial-code-online-access/?id=169&L=1&htmfile=chapitre_oie_listed_disease.htm

B. Range and types of BWC-relevant assistance

61. WOAH's business and delivery model uniquely positions the Organisation to effectively advocate for the inclusion of biological threat reduction policies into animal health frameworks (at both international and national levels), as well as the inclusion of animal health into new or existing biological threat reduction initiatives. WOAH's activities support Veterinary Services to build the necessary capacity required to detect and respond to animal disease events, whether natural, accidental or deliberate in origin. By strengthening Veterinary Services and building their resilience, whilst reinforcing links with the security sector, Veterinary Services will be better equipped to detect and respond to any diseases event, including unusual events.

Partnerships

62. WOAH builds and maintains relationships with a broad network of organisations, institutions, and experts worldwide. The official network of over 300 Reference Laboratories and Collaborating Centres provides expertise on WOAH-listed diseases, emerging and re-emerging diseases, and topics relevant to its 183 Members (e.g., emergency management, biological threat reduction, laboratory biological risk management)[40]. This convening power facilitates access to expertise when needed by Members, or when called upon by other international organisations, such as the International Criminal Police Organization (INTERPOL), United Nations Office for Disarmament Affairs (UNODA), the Food and Agriculture Organization (FAO), or the World Health Organization (WHO).

63. Numerous Memorandum of understandings (MoU) facilitate information sharing and activity cooperation[41]. Of particular interest for the BWC are agreements with 1) UNODA, a functional cooperation specifically focused on supporting the UNSGM[42]; and 2) INTERPOL, aiming to facilitate information and expertise sharing, as well as activity cooperation for capacity building[43].

64. WOAH, FAO, UNEP, and WHO cooperate as the 'Quadripartite' through a formal MoU[44]. This enhances collaborative tools for disease intelligence, both of human and animal origin. GLEWS+[45] and EIOS[46], and allows for confidential information sharing and scanning unofficial sources, respectively, increasing the sensitivity of disease detection and speed of response. With the FAO Emergency Management Centre, WOAH stays updated on emergency situations, providing support as required. To support improved collaboration between the human and animal health sectors at national and regional level, WOAH and the WHO jointly deliver International Health Regulations (IHR)-Performance of Veterinary Services (PVS) bridging workshops[47].

65. Beyond MoUs, WOAH has functional relationships with the BWC Implementation Support Unit, the UN BioRisk Working Group, is an assistance provider to the UN Security Council Resolution 1540 Committee and contributes to activities of the G7 Global Partnership Against the Spread of Materials and Weapons of Mass Destruction (including

[40] In 2022, WOAH had a global network of 266 Reference Laboratories covering 108 diseases or topics in 38 countries, and 68 Collaborating Centres covering 45 specialties in 31 countries https://www.woah.org/en/what-we-offer/expertise-network/

[41] https://www.woah.org/en/who-we-are/structure/framework/#ui-id-2

[42] https://www.woah.org/app/uploads/2021/03/unoda-ang.pdf

[43] https://www.woah.org/app/uploads/2023/02/mou-oie-interpol.pdf

[44] Full MoU can be found here: https://www.woah.org/app/uploads/2023/06/20220317-mou-quadripartite-en.pdf, and was recently renewed until May 2025 https://www.woah.org/app/uploads/2023/06/quadripartite-renewal-mou-finalsigned.pdf

[45] See https://www.fao.org/3/i3579e/i3579e.pdf for a concept paper

[46] See https://www.who.int/initiatives/eios

[47] See https://www.woah.org/en/what-we-offer/improving-veterinary-services/pvs-pathway/one-health-capacity-building/

the Signature Initiative to Mitigate Biological Threats in Africa). These relationships foster cooperation for activities and responsible use of resources and reduce redundancy of efforts.

Activities

66. ***Health-security interface:*** WOAH maintains a sustained and functional work programme at the health-security interface, as evidenced by the recently concluded "Building resilience against agro-crime and agro-terrorism" Project implemented by WOAH in partnership with FAO and INTERPOL[48]. The Project, funded by Global Affairs Canada's Weapons Threat Reduction Program, enabled countries and the partner organisations to better prepare for and respond to events of agro-crime and agro-terrorism, and underscored WOAH's commitment to this field. A milestone of the Project was in an international simulation exercise, 'Exercise Phoenix', which brought together Veterinary Services and Law Enforcement authorities to work through an agro-terrorism scenario[49]. Given the success of the exercise, WOAH is in a position to support the planning and delivery of additional exercises of this nature.

67. A newly launched work programme aims to fortify institutional resilience against biological threats[50]. This project will build WOAH's own capacity and that of its Members (with a primary focus on Africa) to respond to emergencies. Workshops on agro-crime and agro-terrorism, and simulation exercises will encourage the collaboration between Veterinary Services and Law Enforcement. This work is also funded by Global Affairs Canada.

68. ***Epidemic intelligence:*** WOAH is the unique source of the global animal health sanitary situation. Through the World Animal Health Information System (WAHIS), WOAH Members submit validated information on all WOAH-listed diseases[51], including emerging diseases[52]. This notification of listed and emerging diseases is an obligation set out in WOAH's international standards defined in the Terrestrial and Aquatic Animal Health Codes[53]. Members are also encouraged to report any suspicious biological events. To complement the official reporting through WAHIS, WOAH conducts an active search for unofficial information and rumours, using tools such as EIOS. Only validated information from National Veterinary Services of a country is published by WOAH; therefore, these rumours are first confirmed directly with the country. This process fosters enhanced epidemic intelligence, strengthens surveillance and encourages disease reporting transparency[54].

69. ***International Standards:*** The Terrestrial and Aquatic Health Codes comprise the international standards to maintain and improve animal health and welfare. Veterinary Services should use these standards to implement measures for the early detection, reporting and control of pathogenic agents, including zoonotic agents, and preventing their spread. Such actions ensure the safety of animals and products of animal origin for trade and support the biological threat reduction strategy by establishing and standardised detection and response systems (e.g., biosecurity, surveillance, risk analysis).

[48] https://www.woah.org/en/what-we-offer/emergency-preparedness/agro-crime-and-agro-terrorism/

[49] See https://www.woah.org/en/simulation-exercise/exercise-phoenix-joint-woah-fao-and-interpol-project-building-resilience-against-animal-health-emergencies-caused-by-agro-terrorism-and-agro-crime/, and See https://youtu.be/Yax7935I05M for a video overview.

[50] See https://rr-africa.woah.org/en/projects/firabiot/. See here for a report from an inception workshop held in March 2023 wherein participating countries developed project workplans https://rr-africa.woah.org/en/projects/firabiot/news/

[51] See footnote 2

[52] See https://wahis.woah.org/#/home to search for reports and access dashboards

[53] Countries must notify WOAH either within 24 hours of disease confirmation or through six-monthly reports depending on the epidemiologic criteria met as defined in the Terrestrial and Aquatic Animal Health Codes https://www.woah.org/en/what-we-do/standards/codes-and-manuals/

[54] See https://www.woah.org/en/what-we-do/animal-health-and-welfare/disease-data-collection/active-search/

70. ***Guidelines:*** To support Veterinary Services, WOAH has developed, with the key input of experts, guidelines that have been disseminated to Members and are available to the public. Those directly supporting the WOAH Biological Threat Reduction Strategy, include guidance on *responsible conduct in veterinary research*, *investigating suspicious biological events*, *simulation exercises*, and *mis- and disinformation*[55]. WOAH is developing further guidelines in response to Members' needs and identified gaps in available guidance (e.g., interviewing techniques for outbreak investigations).

71. ***Performance of Veterinary Services Pathway (PVS)****:* The Performance of Veterinary Services Pathway is a well-established and comprehensive service available by request of a Member[56]. It provides a targeted and staged series of capacity-building activities, through external expert-led field missions. This systematic strengthening of the Veterinary Services encourages continuous learning and improvement, especially with the goal of complying with WOAH international standards. To follow up on this service, Members can request a Veterinary Legislation Support Programme (VLSP) to identify gaps and challenges in the national veterinary legislation, to ultimately ensure Veterinary Services are able to fulfill their mission. At the request of the WOAH Delegate (the term given to WOAH's official representative in a member country), these missions could cover specific topics. Of relevance to the BWC is the VLSP for biological threat reduction, which reviews "existing legislation to help ensure that the capacity of Veterinary Services to respond to an intentional introduction of biological agents is fit for purpose, and that the need for cooperation with other competent authorities is recognized and addressed through collaborative arrangements that are in place before incidents occur"[57]. To date, more than 140 countries have engaged in the PVS Pathway.

72. ***Sustainable Laboratories – PVS****:* Preparedness and effective response to disease events, regardless of their origin, requires a sustainable laboratory network to contribute to surveillance, detection and control. Within the Sustainable Laboratories Programme, WOAH offers a PVS mission specific to Sustainable Laboratories[58]. These missions provide an in-depth analysis of the efficiency and sustainability of the national laboratory network. These gap identifying missions provide strategic recommendations and thus an opportunity for the Veterinary Services to advocate for investment and improvement.

73. ***Sustainable Laboratories – Laboratory Twinning****:* The Laboratory Twinning Programme offers another avenue for network improvement. This programme aims to build a more balanced geographical distribution of expertise, facilitating access to quality diagnostics and thus early detection and control of diseases. Each Project, at request of a Member, links a 'Parent' institute – a WOAH Reference Laboratory or Collaborating Centre – and a 'Candidate' institute, with an aim for the Candidate to become a Reference Centre. Throughout the Project, the two institutes undertake capacity-building activities including staff exchanges, training of key personnel, quality assurance, biosafety reviews and proficiency testing[59].

74. ***Sustainable Laboratories – Grand Challenge:*** In partnership with Global Affairs Canada, WOAH is exploring the possibility of launching a Grand Challenge for Sustainable Laboratories to address the sustainability challenges faced by many diagnostic containment laboratories worldwide[60]. These challenges create serious risks for safety and security, whilst undermining the laboratory's performance. Laboratory sustainability is a systemic problem related to challenges in maintaining equipment and infrastructure, and the core competencies of laboratory personnel, which can be exacerbated when highly engineered laboratories are

[55] See https://www.woah.org/en/what-we-do/global-initiatives/biological-threat-reduction/ for links to relevant guidelines

[56] See https://www.woah.org/en/what-we-offer/improving-veterinary-services/pvs-pathway/

[57] See https://www.woah.org/en/what-we-offer/improving-veterinary-services/pvs-pathway/veterinary-legislation-support/

[58] See https://www.woah.org/en/what-we-offer/improving-veterinary-services/pvs-pathway/sustainable-laboratories-support/

[59] See above

[60] See https://www.woah.org/app/uploads/2023/02/grand-challenge-for-diagnostic-laboratories.pdf

constructed but not matched with an adequate operational budget. The Grand Challenge aims to identify innovative solutions to address these challenges in a way that is fit-for-purpose and delivers meaningful change.

75. ***Biosafety Research Roadmap****:* A 4-year study led by WOAH, and in collaboration with leading international biosafety experts, has confirmed that there are significant gaps in the current scientific evidence base to support effective laboratory biological risk management, and that some biosafety measures commonly used for selected high consequence pathogens are not based on scientific evidence[61]. The study also revealed that laboratory acquired infections and pathogen escapes from laboratories continue to occur, often as a result of human error, and that laboratory accidents are under reported at international level.

76. To optimize laboratory biological risk management, it will be necessary to fill gaps in the current evidence base around biosafety measures and to gather information on the causes of laboratory accidents to reduce the risk of further accidents. The Biosafety Research Roadmap calls for prioritized research and a mechanism for systematic and transparent reporting of laboratory accidents.

77. ***Emergency management exchange****:* WOAH and INTERPOL are facilitating a series of emergency management exchanges whereby the "twinning" concept is used to link countries together who are interested in cross-border cooperation in emergency management, specifically for events at the animal health and security interface. This programme centres on the exchange of experts from Veterinary Services and Law Enforcement with the aim to share good practices in emergency management and learn how each country fosters cooperation between the two sectors as well as to support a longer-term bilateral relationship in the topic area. To date, exchanges have taken place between the United Kingdom and Ghana and also France and Lebanon; several other exchanges are in the pipeline.

78. ***Communications***: WOAH recognizes the important role different forms of communication can have in influencing perception of issues and promoting action. Over the last few years, WOAH has built a strong and growing presence on social media (e.g. LinkedIn, Twitter, Instagram, etc.), advocating for the animal health sector, and raising awareness of biological threats and emergency management activities. This allows the Organisation to engage the whole of society and fosters the One Health perspective. Targeted communication campaigns can increase knowledge of a particular issue and advocate for behaviour change, such as was done during and post Rinderpest eradication to persuade the destruction or sequestration of viral stocks. Among other publications are the WOAH Scientific and Technical Review is a peer-reviewed publication[62] covering specific topic areas, and the Bulletin and Panorama which are a comprehensive compilation of resources gathering articles, opinions, success stories and publications relating to a given theme[63], as well as a monthly newsletter.

79. In addition, the COVID-19 pandemic highlighted the severe threats posed by disinformation and misinformation and its ability to undermine confidence in health officials, disease control measures and potentially lead to civil unrest. Recognizing the need to raise awareness of these threats in animal health and identify countermeasures, WOAH is developing guidance for its Membership and stakeholders which will be published later in 2023.

80. ***Rinderpest****:* Rinderpest is a highly contagious and devastating cattle disease, globally eradicated since 2011. Given the significant damage which could be caused by a single release of the virus, either accidentally or deliberately (in the case of bioterrorism), all WOAH Members adopted a Resolution for the destruction of the virus and virus containing materials or else sequestration in few approved holding facilities, a moratorium on unapproved research, and vigilance against any reoccurrence. WOAH and FAO jointly

[61] See https://www.liebertpub.com/doi/full/10.1089/apb.2022.0040

[62] See https://www.woah.org/en/what-we-do/publications/scientific-and-technical-review/

[63] See https://bulletin.woah.org/

developed the Global Rinderpest Action Plan[64] to support their Members in this task, including through advocacy campaigns. A Joint Advisory Committee and WOAH Reference Laboratories provide regular technical support and advise on research proposals and approved holding facilities[65].

C. Funding Mechanisms

81. WOAH receives its funding from two main sources of income. Firstly, through Statutory contributions[66] and extraordinary contributions paid by Members through the Regular Budget to cover the Organisation's functioning[67].

82. The second source of income is voluntary contributions received from Members, intergovernmental organisations, philanthropic foundations, the private sector and other sources through the World Fund. The World Fund operates under the guidance of dedicated Management and Advisory Committees[68]. to promote stewardship and guarantee that the funds are used most efficiently and effectively. The World Fund has proven to be highly effective in empowering resource partners to make meaningful contributions to WOAH's activities, supporting the delivery of initiatives and efforts to tackle threats, whether natural, accidental or deliberate.

83. The World Fund is the principal financial resource for WOAH's biological threat activities and completely relies on voluntary contributions from resource partners. Notably, it fully funds WOAH's Capacity Building activities, which are essential for enhancing preparedness and response capabilities, as well as a significant portion of WOAH's Emergency Management activities.

84. Resource partners play a pivotal role in contributing to the World Fund. As of June 2023, WOAH Members account for 73% of investments demonstrating a strong commitment from the Membership. International organisations comprise 19%, and philanthropic foundations and private sector organisations make up 8% of the resource partners. Their financial support enables the implementation of critical measures and fosters international cooperation, ultimately strengthening global biosecurity efforts under the guidance of WOAH.

D. Conclusions

85. WOAH is the global animal health authority. Its mandate covers all-hazards relevant to animal health, including those related to biological threats resulting from accidents or intentional misuse of pathogens, as well as natural occurrences. WOAH remains committed to biological threat reduction and shares mutual goals with the BWC to protect animal and human health, and safeguard animal pathogens (including zoonoses) from misuse. It engages with international and national partners to build the capacity of Veterinary Services and to strengthen their links with the security sector and law enforcement authorities. WOAH remains agile to deliver such activities, responding to the needs of Members, and tailoring action to new and emerging threats.

86. WOAH recognizes that progress has been made in biological threat reduction, but that more needs to be done. Weaknesses in the capacity of Veterinary Services remain a challenge, and more work needs to be done to strengthen and maintain linkages at the health security interface. Laboratory sustainability continues to be a chronic problem affecting numerous countries.

[64] See https://www.woah.org/app/uploads/2021/03/global-rinderpest-action-plan-2018.pdf

[65] See https://www.woah.org/en/disease/rinderpest/#ui-id-5

[66] Annual membership fees paid per the categories listed in Article 11 of the Organic Statutes.

[67] Basic functions include part of the payroll and critical activities, including normative functions and Member status recognition.

[68] Functions and roles of these committees are described in the Organisation's Basic Texts https://www.woah.org/app/uploads/2021/03/8020sg19-basictexts-ang20part208.pdf

87. To this end, with the ongoing support of Members and resource partners, WOAH will continue to actively engage with its Membership and network of experts, fostering collaboration and cooperation to drive action forward in biological threat reduction.

88. Importantly, WOAH recognizes that no single organization can safeguard animal health against the accidental or deliberate misuse of pathogens and that its continued collaboration with a strong and functional BWC is critical.