

**2009 Meeting
Geneva, 7-11 December 2009**

**Meeting of Experts
Geneva, 24-28 August 2009**

REPORT OF THE MEETING OF EXPERTS

Introduction

1. The Final Document of the Sixth 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 (BWC/CONF.VI/6), in the Decisions and Recommendations section, contained the following decision:

"The Conference decides:

- (a) To hold four annual meetings of the States Parties of one week duration each year commencing in 2007, prior to the Seventh Review Conference, to be held not later than the end of 2011, to discuss, and promote common understanding and effective action on:
 - (i) Ways and means to enhance national implementation, including enforcement of national legislation, strengthening of national institutions and coordination among national law enforcement institutions;
 - (ii) Regional and sub-regional cooperation on implementation of the Convention;
 - (iii) National, regional and international measures to improve biosafety and biosecurity, including laboratory safety and security of pathogens and toxins;
 - (iv) Oversight, education, awareness raising and adoption and/or development of codes of conduct with the aim of preventing misuse in the context of advances in bio-science and bio-technology research with the potential of use for purposes prohibited by the Convention;

- (v) With a view to enhancing international cooperation, assistance and exchange in biological sciences and technology for peaceful purposes, promoting capacity building in the fields of disease surveillance, detection, diagnosis, and containment of infectious diseases: (1) for States Parties in need of assistance, identifying requirements and requests for capacity enhancement; and (2) from States Parties in a position to do so, and international organizations, opportunities for providing assistance related to these fields;
 - (vi) Provision of assistance and coordination with relevant organizations upon request by any State Party in the case of alleged use of biological or toxin weapons, including improving national capabilities for disease surveillance, detection and diagnosis and public health systems.
- (b) Each meeting of the States Parties will be prepared by a one week meeting of experts. The topics for consideration at each annual meeting of States Parties will be as follows: items (i) and (ii) will be considered in 2007; items (iii) and (iv) in 2008; item (v) in 2009; and item (vi) in 2010. The first meeting will be chaired by a representative of the Group of the Non Aligned Movement and Other States, the second by a representative of the Eastern European Group, the third by a representative of the Western Group, and the fourth by a representative of the Group of the Non-Aligned Movement and Other States.
- (c) The meetings of experts will prepare factual reports describing their work;
- (d) All meetings, both of experts and of States Parties, will reach any conclusions or results by consensus;
- (e) The Seventh Review Conference will consider the work and outcome of these meetings and decide on any further action."

2. By resolution 63/88, adopted without a vote on 2 December 2008, the General Assembly, *inter alia*, requested the Secretary-General to continue to render the necessary assistance to the depositary Governments of the Convention and to provide such services as may be required for the implementation of the decisions and recommendations of the Review Conferences, including all assistance to the annual meetings of the States parties and the meetings of experts.

Organization of the Meeting of Experts

3. In accordance with the decision of the Sixth Review Conference, the 2009 Meeting of Experts was convened at the Palais des Nations in Geneva from 24 to 28 August 2009, under the Chairmanship of Ambassador Marius Grinius of Canada.

4. At its first meeting, on 24 August 2009, the Meeting of Experts adopted its agenda (BWC/MSP/2009/MX/1) and programme of work (BWC/MSP/2009/MX/2/Rev.1) as proposed by the Chairman. The Chairman also drew the attention of delegations to five background papers prepared by the Implementation Support Unit (BWC/MSP/2009/MX/INF.1-5).

5. At the same meeting, following a suggestion by the Chairman, the Meeting of Experts adopted as its rules of procedure, *mutatis mutandis*, the rules of procedure of the Sixth Review Conference, as contained in Annex II of the Final Document of the Review Conference (BWC/CONF.VI/6).

6. Mr. Richard Lennane, Head of the Implementation Support Unit, served as Secretary of the Meeting of Experts. Mr. Piers Millett, Political Affairs Officer, Implementation Support Unit, served as Deputy Secretary. Ms. Ngoc Phuong Huynh, Associate Political Affairs Officer, Implementation Support Unit, served in the Secretariat.

Participation at the Meeting of Experts

7. Ninety-six States Parties to the Convention participated in the Meeting of Experts as follows: Albania, Algeria, Argentina, Armenia, Australia, Austria, Azerbaijan, Bahrain, Bangladesh, Belarus, Belgium, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Canada, Chile, China, Colombia, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Equatorial Guinea, Estonia, Finland, France, Georgia, Germany, Ghana, Greece, Guatemala, Holy See, Hungary, India, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Italy, Japan, Jordan, Kazakhstan, Kenya, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Lebanon, Libyan Arab Jamahiriya, Lithuania, Malaysia, Mexico, Morocco, Netherlands, New Zealand, Nigeria, Norway, Pakistan, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Saudi Arabia, Senegal, Serbia, Singapore, Slovakia, Slovenia, South Africa, Spain, Sri Lanka, Swaziland, Sweden, Switzerland, Tajikistan, Thailand, Tunisia, Turkey, Uganda, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Venezuela (Bolivarian Republic of), Yemen and Zambia.

8. In addition, four states that had signed the Convention but had not yet ratified it participated in the Meeting of Experts without taking part in the making of decisions, as provided for in rule 44, paragraph 1, of the rules of procedure: Haiti, Myanmar, Syrian Arab Republic, United Republic of Tanzania.

9. Three states, Angola, Cameroon and Israel, neither parties nor signatories to the Convention, participated in the Meeting of Experts as observers, in accordance with rule 44, paragraph 2 (a).

10. The United Nations, including the Office for Disarmament Affairs (UNODA), the United Nations Institute for Disarmament Research (UNIDIR) and the United Nations Interregional Crime and Justice Research Institute (UNICRI), attended the Meeting of Experts in accordance with rule 44, paragraph 3.

11. The European Commission, the European Centre for Disease Prevention and Control (ECDC), the Food and Agriculture Organization of the United Nations (FAO), the International Committee of the Red Cross (ICRC), the International Science and Technology Center (ISTC), the World Health Organization (WHO) and the World Organisation for Animal Health (OIE) were granted observer status to participate in the Meeting of Experts in accordance with rule 44, paragraph 4.

12. In addition, at the invitation of the Chairman, in recognition of the special nature of the topics under consideration at this Meeting and without creating a precedent, ten scientific, professional, academic and industry bodies and one independent expert participated in informal exchanges in the open sessions as guests of the Meeting of Experts: Amyris Biotechnologies, the Biosafety and Biosecurity International Conference Series, the European Biosafety Association, HealthMap, the International Council for Life Sciences, the International Security and Biopolicy Institute, the International Vaccine Institute, the National Center for Security and Crisis Management (Jordan), the NTI Global Health Security Initiative, ProMED-mail, Ms. Anupa Gupte.

13. Sixteen non-governmental organizations and research institutes attended the Meeting of Experts under rule 44, paragraph 5.

14. A list of all participants in the Meeting of Experts is contained in documents BWC/MSP/2009/MX/INF.7 and Add.1.

Work of the Meeting of Experts

15. In accordance with the programme of work (BWC/MSP/MX/2009/2/Rev.1), the Meeting of Experts heard introductory statements from the following 25 States Parties: Algeria, Bangladesh, Chile, China, Cuba (on behalf of the Group of the Non-Aligned Movement and Other States), India, Indonesia, Iran (Islamic Republic of), Kenya, Mexico, Morocco, Nigeria, Norway, Pakistan, Peru, Philippines, Republic of Korea, Russian Federation, Saudi Arabia, Senegal, Sweden (on behalf of the European Union), Turkey, Ukraine, United States of America and Yemen.

16. Between 25 and 27 August, the Meeting of Experts held a number of sessions devoted to agenda item 5: consideration of, with a view to enhancing international cooperation, assistance and exchange in biological sciences and technology for peaceful purposes, promoting capacity building in the fields of disease surveillance, detection, diagnosis, and containment of infectious diseases:

- (a) for States Parties in need of assistance, identifying requirements and requests for capacity enhancement; and
- (b) from States Parties in a position to do so, and international organizations, opportunities for providing assistance related to these fields.

Twenty-seven States Parties, six international organisations, and eight guests of the Meeting made presentations or statements during these sessions.

17. The Chairman, under his own responsibility and initiative, prepared a paper listing considerations, lessons, perspectives, recommendations, conclusions and proposals drawn from the presentations, statements, working papers and interventions on the topic under discussion at the Meeting. The Meeting of Experts noted that this paper had not been agreed and had no status. It was the Chairman's view that the paper could assist delegations in their preparations for the Meeting of States Parties in December 2009 and in its consideration of how best to "discuss, and promote common understanding and effective action on" the topic in accordance with the

decision of the Sixth Review Conference. The paper prepared by the Chairman is attached as Annex I to this Report.

18. In the course of its work, the Meeting of Experts was able to draw on a number of working papers submitted by States Parties, as well as on statements and presentations made by States Parties, international organizations and guests of the Meeting, which were circulated in the Meeting.

Documentation

19. A list of official documents of the Meeting of Experts, including the working papers submitted by States Parties, is contained in Annex II to this Report. All documents on this list are available on the Implementation Support Unit website at <http://www.unog.ch/bwc> and through the United Nations Official Document System (ODS), at <http://documents.un.org>.

Conclusion of the Meeting of Experts

20. At its closing meeting on 28 August 2009, the Meeting of Experts heard an interim report from the Chairman on activities to secure universal adherence to the Convention, in accordance with the decision of the Sixth Review Conference. The Meeting noted that the Chairman would prepare the provisional agenda and programme of work for approval and adoption at the Meeting of States Parties to be held from 7 to 11 December 2009.

21. At the same meeting, the Meeting of Experts adopted its Report by consensus, as contained in documents BWC/MSP/2009/MX/CRP.1-2, as orally amended, to be issued as document BWC/MSP/2009/MX/3.

Annex I

CONSIDERATIONS, LESSONS, PERSPECTIVES, RECOMMENDATIONS,
CONCLUSIONS AND PROPOSALS DRAWN FROM THE PRESENTATIONS,
STATEMENTS, WORKING PAPERS AND INTERVENTIONS ON THE
TOPIC UNDER DISCUSSION AT THE MEETING

Agenda item 5: Consideration of, with a view to enhancing international cooperation, assistance and exchange in biological sciences and technology for peaceful purposes, promoting capacity building in the fields of disease surveillance, detection, diagnosis, and containment of infectious diseases:

- (a) for States Parties in need of assistance, identifying requirements and requests for capacity enhancement; and
- (b) from States Parties in a position to do so, and international organizations, opportunities for providing assistance related to these fields.

Note: the source is given using the following codes: P = presentation (with date); S = statement (with date); WP = working paper (with number). See also the list of abbreviations of delegation names at the end of this annex.

I. Aims

Delegation	Text	Source
A. Gupte	Changes in ecosystems and habitats are resulting in new infectious diseases as well as an expanding number of non-infectious, chronic diseases and conditions	P 27/8
A. Gupte	Infectious disease emergence is facilitated by increasing interfaces between wildlife, domesticated animals and humans as a result of globalization, climate and associated landscape changes	P 27/8
A. Gupte	Urgent need for global ecohealth (not disease) surveillance	P 27/8
A. Gupte	Integrate ecohealth concept and surveillance in Article X implementation	P 27/8
Bangladesh	A major pillar of the international disarmament regime, the BWC has also a unique role to play in capacity building for disease surveillance, detection, diagnosis and containment of infectious diseases.	S 24/8
Canada	Forge new and improve existing North-South, South-South and North-North partnerships, with a view to enhancing and better coordinating global capacity for disease surveillance, detection, diagnosis and containment.	P 26/8
China	A great number of developing countries are facing common difficulties such as under-developed infrastructure, inadequate pathogen detection capabilities and medical care service. Emergency response system needs to be improved.... International cooperation needs to be further strengthened.	S 24/8

Delegation	Text	Source
China	<p>- Any major public health threats such as infectious disease etc. can not be effectively addressed in the absence of collective efforts of the international community.</p> <p>- It is essential that the members of the international community actively develop and constantly deepen cooperation in the field of epidemic surveillance and control.</p>	P 26/8
China	Global epidemic surveillance and control pose a serious challenge: new infectious diseases are emerging, infectious diseases once considered under control are making a comeback, pathogenic mutation is developing at a fast pace and some pathogens are becoming more drug resistant, epizootic pathogens are frequently breaking species barriers and being transmitted to humans, and ever-increasing cross-border travel is contributing to the spread of infectious diseases worldwide.	WP.19
China	No country can effectively address any major public health threats such as pandemic infectious diseases alone. It is therefore essential that the members of the international community actively develop and constantly deepen cooperation in the field of epidemic surveillance and control... countries with greater capacity should help countries in need enhance their capacity for epidemic surveillance and control and that such help and assistance should be provided on the basis of equality, cooperation and mutual respect.	WP.19
Cuba (on behalf of NAM)	Overcome obstacles hampering the full implementation of Article X of the Convention	S 24/8
Cuba (on behalf of NAM)	Given the increasing prevalence of some infectious diseases during last decade; the need for capacity building for diagnosis, prevention, treatment and control of diseases in all States Parties as well as the enhancement of all States Parties' capabilities to combat infectious diseases; and the global environment imposing restrictions in this field which makes difficult for the developing countries to observe the national and international obligations; the States Parties of the Non Aligned Movement and other States Parties call upon all States Parties to the Convention to take actions to overcome these problems	WP.24
FAO	Basic framework and some capacity is in place but desperately short of resources [for dealing with plant diseases]	P 25/8
Georgia and United States	A rapid and effective response to potential outbreaks relies on a qualitative global surveillance system and international collaboration. By contrast, inadequate surveillance and response by one country poses a potential risk to the region and international community.	WP.12
India	While disease surveillance and mitigation remain primarily a national responsibility, it is recognised that disease and epidemics do not respect national borders and biological agents need to be tracked so that they do not enter new regions. This has made international collaboration crucial for epidemic control.	S 24/8

Delegation	Text	Source
India	States Parties should facilitate the fullest possible exchange of equipment, materials and scientific and technical information for the uses of bacteriological (biological) agents and toxins for peaceful purposes consistent with their obligations under the Convention. This would benefit developing countries to meet their development needs, including improving public health and in building a robust biotechnology industry.	S 24/8
India	The promotional aspects of Article X are a crucial element in strengthening the BWC and in achieving universal adherence.	S 24/8
India	International cooperation important for developing countries to meet their development needs, including improving public health and build a robust biotechnology industry	P 26/8
India	Transboundary ramifications of disease and pandemics make effective international cooperation between national systems imperative. National capacity and preparedness go hand in hand with international cooperation	P 26/8
India	Need to recognize that international cooperation and national capacity building go hand in hand; cooperation must be long term and systematic	P 26/8
Indonesia	International cooperation is the most effective way to ensure adequate response to these challenges.	S 24/8
Indonesia	The enhancement of capacity, especially for developing countries is imperative if we are committed to resolve these threats globally. It should also be underlined that the capacity building will not only benefit developing countries but will also contribute to global efforts in the detection, diagnosis and containment of infectious diseases.	S 24/8
Indonesia	Management of disease is not simple, needs strong disease surveillance and fundamental research – some countries with diverse population share same problem	P 26/8
Indonesia and Norway	Health is deeply interconnected with the environment, trade, economic growth, social development, national security and human rights and dignity.	WP.5
Indonesia and Norway	The full and effective implementation of all the provisions of the BWC, ... could make significant contribution in meeting health and development objectives	WP.5
Indonesia and Norway	The importance of Article X and transparency in achieving specific public health and security objectives and in meeting UN Millennium Development Goals.	WP.5
Indonesia and Norway	A well-functioning national health system would constitute the best defence in the case of intentional spread of diseases, and would ensure that scarce resources are used more effectively, including through an "all hazard approach".	WP.5
Indonesia and Norway	Animal and plant health are considered as important global public goods, and essential for food safety and security. Recent experience has demonstrated that human health cannot be considered in isolation from animal and plant health.	WP.5

Delegation	Text	Source
ISBI	<p>Surveillance and Detection is:</p> <p>A continuous process for systematically collecting and analyzing data from various sources to provide comprehensive situational awareness that can identify patterns and trends and recognize anomalies of significance</p> <p>Key is a positive feedback loop: when collection and analysis of surveillance data identifies an anomaly, authorized investigators collect additional information that feeds back into the analytic process in order to better analyze what has happened</p> <p>Output should provide stakeholders with a comprehensive appreciation of threat environment so that those stakeholders can make coordinated and effective decisions rapidly</p>	P 26/8
IVI	Integrate host country epidemiologists and scientists into the international public health community	P 27/8
IVI	Overcome limitations in developing countries to develop a specialism given financial constraints	P 27/8
IVI	Collaborative projects can provide adequate motivation and necessary support for field workers in the area of disease-specific surveillance for infectious diseases	P 27/8
Iran (Islamic Republic of)	Lack of proper implementation of Article X prevents the less developed and developing States Parties from fulfilling their plans to fully control and eradicate infectious diseases. Therefore, the States Parties should support international cooperation and assistance for combating and eradicating the emerging diseases in humans, animals and plants and to support other specific programs to improve the effectiveness of national, regional and international efforts on the diagnosis, surveillance, prevention, control and treatment of diseases caused by either natural or deliberate release of microbial and other biological agents and toxins, in particular infectious diseases, including collaborative vaccine research and development as well as relevant training programs.	S 24/8
Iran (Islamic Republic of)	Capacity Building is a necessity to prevent, control, and eradicate the infectious diseases.	P 26/8
Iran (Islamic Republic of)	There is an increasing need to improve cooperation in the field of the use of bacteriological and viral agents and diagnostic kits for peaceful purposes and the politically-motivated restrictions should be removed..	P 26/8
Iraq	The purpose of monitoring and detecting infectious diseases is to identify outbreaks or to observe a disease with a view to its treatment and prevention in humans, animals and plants.	WP.7
Iraq	Since the early detection of infectious diseases is vitally important in reducing the spread and containing the geographical reach of epidemics, concerted efforts must be focused on the early detection, diagnosis, identification and eradication of diseases, together with relevant training provision and resource allocation.	WP.8

Delegation	Text	Source
Japan	Promoting capacity building in the fields of infectious disease surveillance, detection, diagnosis and containment is of great importance for ensuring national implementation of the BWC... it is essential that States Parties in need of assistance as well as States Parties in a position to offer assistance demonstrate their own commitment to capacity building.	S 26/8
Japan	Infectious disease surveillance aims to (1) monitor trends in epidemic diseases, (2) detect outbreaks, (3) evaluate infectious diseases control measures, and (4) predict future trends and epidemics. Disease surveillance can thus also be an indispensable measure for decreasing biological threats.	WP.9
Kenya	<ul style="list-style-type: none"> • Detect sudden changes in disease occurrence and distribution • Monitor trends and patterns • Portray the natural history of a disease • Generate hypothesis, stimulate research • Monitor changes in infectious agents • Detect changes in health practices • Evaluate control measures • Facilitate planning 	P 25/8
Pakistan	Communicable diseases and public health threats pose major challenges to humanity. These challenges cannot be restricted and contained unless we have an effective surveillance and early warning system in place, unless we have necessary equipment and expertise to detect and diagnose disease and unless we have proper medicines and facilities to treat them.	S 24/8
Pakistan	There are huge gaps in terms of national resources, both financial and technological, and capabilities. Therefore, it is important to bridge these gaps. The best and durable solution is to share resources, enhance capabilities and assist each other in realizing this objective.	S 24/8
Republic of Korea	The international community needs to take more active actions to prevent infectious diseases in impoverished areas and improve the treatment of infectious diseases.	WP.17
Russian Federation	Separate states can no longer adequately prevent the spread of infectious diseases, even if they possess the capabilities to diagnose and control infectious diseases. We believe it important to develop and strengthen the Convention's potential for international cooperation in the peaceful uses of advances in bioscience.	S 24/8
Russian Federation	Globalization, growing migratory processes, increasing trade, shared borders and other factors mean that it is necessary to have integrated and coordinated joint actions taken to combat the threat of a spread of dangerous infectious agents beyond the frontiers of endemic territories.	S 25/8
Sweden (on behalf of EU)	...it is more appropriate than ever to focus on international cooperation and support to strengthen national structures and capabilities for preventing, detecting and treatment of infectious human, animal and plant diseases.	S 24/8

Delegation	Text	Source
Sweden (on behalf of EU)	...it is of extreme importance to enhance international cooperation, assistance and exchange in biological sciences including biotechnology for peaceful purposes	S 24/8
Sweden (on behalf of EU)	International cooperation and information sharing of the advancements in the life sciences are the only options for successful and sustainable control and eradication of new and old infectious diseases that continue to emerge world wide.	S 24/8
Sweden (on behalf of EU)	The progress in life sciences will provide further possibilities for international cooperation and assistance in the areas relevant for combating infectious diseases as well as for supporting the BTWC	S 24/8
Sweden (on behalf of EU)	The sustainability of proposed activities is key. To this end, the EU promotes local and regional ownership of projects, networking among all national stakeholders and reference laboratories, the involvement of relevant international and regional organizations and membership in regional professional bio-security- and bio-safety associations.	WP.18
United Kingdom	A key area for action is the need to work for better global health security, which includes reducing the threat from infectious disease. In this context... promoting wider adherence to the Convention and agreeing practical measures to enhance its effectiveness are key objectives, and this includes capacity building in the fields of disease surveillance, detection, diagnosis, and containment.	WP.3
United Kingdom	The International community needs to work out how we best contribute to improving both animal and human surveillance systems in vulnerable countries... The development of surveillance and diagnostic capabilities is an important part of comprehensive health systems.	WP.3
United Kingdom	The need for surveillance techniques to identify rapidly new threats is a priority.	WP.3
United Kingdom	Developing effective and sustainable partnerships between richer and poorer countries that help provide infrastructure, technologies and skills to support detection, identification and monitoring activities are key objectives; as are encouraging the development and deployment of new detection, identification and monitoring systems nationally and internationally.	WP.3
United Kingdom	The submission of information by States Parties for Confidence Building Measure B, on outbreaks of infectious diseases and similar occurrences caused by toxins, is dependent on robust disease surveillance and notification capabilities.	WP.4
United States	...promoting the safe, secure and sustainable expansion of national disease surveillance capabilities, the sharing of pertinent outbreak information consistent with the revised International Health Regulations, and the preventions, containment and mitigation of the consequences of human and animal diseases for both human health and national security.	S 24/8
United States	<ul style="list-style-type: none"> - To protect vulnerable people: secure their food source, their livelihoods, the economies in which they live - Improve animal health with well planned control programs to ensure secure food sources, livelihoods and economies 	P 26/8

Delegation	Text	Source
United States	The rapid detection and containment of biological threats, whether of natural, accidental, or intentional origin, is crucial both for the health of populations as well as the security interests of states. Since rapid detection and reporting of events is vital to mounting an effective response, to containing the spread of disease, and to limiting morbidity and mortality, a weakness in the surveillance system for infectious disease events in any one country is potentially a risk to all countries.	WP.16
United States	Building core capacity for surveillance, detection, reporting, and response around the world helps all populations. This not only enables a coordinated global response to public health emergencies of international concern (whether natural or intentional), but also strengthens every nation's ability to provide basic public health functions for its people.	WP.16
United States	The world is interconnected and public health threats do not respect borders. Therefore it is the international community's obligation to assist when it is able, by developing core capacity for surveillance and response.	WP.16
WHO	Reduce vulnerability and strengthen resilience, provide redundancy. Alleviate costs, by improving the use/mobilization of resources, and providing surge capacity. Strengthen transparency and credibility, enhance dialogue and build trust.	P 25/8
OIE	To extend the network of expertise <ul style="list-style-type: none"> • Priority regions and diseases • Global geographical coverage of expertise, focused on developing and transition countries • Better global disease surveillance • Greater access for more countries to high quality diagnostics and expertise for early detection and rapid response 	P 25/8

II. Mechanisms

Delegation	Text	Source
Bulgaria	...integrates and analyzes the whole information in this field, develops intensive international relationships for exchange of information being an active member of the different international networks for surveillance and early warning.	S 25/8
Canada	Development of Program: <ul style="list-style-type: none"> - Determine core needs for agenda development - Establish time available - Scope resources and timeframe 	P 26/8
Canada	Regional capacity building: Collaboration with WHO, Association of Southeast Asian Nations, other donors. And Workshops, training courses, conferences. National capacity building: National ministries of Health (legislation, Standards and guidelines)	P 26/8

Delegation	Text	Source
Canada	Four activity areas: - Laboratory Systems and capacity - Surveillance, outbreak, investigation and response - Emergency preparedness and response - Communications	P 26/8
Canada	Capacity building: joint planning/ combine the competences regarding projects in order to obtain best results. States parties could prepare their own list of projects. Those lists would be posted on the ISU's website, for consultations to prepare for the MSP in December.	P 26/8
China	Continue to strengthen and improve the existing disease notification mechanisms. Information about any outbreak of acute infectious diseases should be shared in accordance with the current practice of relevant international organizations.	S 24/8
China	Efforts are made to strengthen exchange and cooperation between States Parties and international organizations such as the World Health Organization (WHO), World Organization for Animal Health (OIE), Food and Agriculture Organization of the UN (FAO), so as to make full use of their available resources and services	S 24/8
China	International Cooperation in the Field of Human Infectious Disease Surveillance and Control - Cooperation with relevant international organizations - Regional cooperation - Bilateral cooperation and assistance	P 26/8
China	Share information about epidemics more widely. Continue to strengthen and improve the existing disease notification mechanisms. Information about any outbreak of acute infectious diseases should be shared in a prompt and effective way in accordance with the current practice of relevant international organisations, and mutual consultation and coordination should be strengthened.	WP.19; S 27/8
China	Strengthen exchange and cooperation with international organisations. States Parties should continue to strengthen cooperation with WHO, OIE, FAO and other international organisations, making full use of their resources and achievements available. International organisations, for their part, can provide technology, funding and information to countries that have practical difficulties in implementing relevant standards and norms.	WP.19
Cuba (on behalf of NAM)	Coordinate cooperation with other relevant international and regional organizations for the financial and technological support of the activities for the use of bacteriological (biological) and toxin agents for peaceful purposes	S 24/8

Delegation	Text	Source
Cuba (on behalf of NAM)	<p>The States Parties of the Non-Aligned Movement and other States Parties recommend establishment of a mechanism under the Convention open to participation of all States Parties, to perform the following tasks:</p> <ul style="list-style-type: none"> (i) Identify and address the needs in terms of equipment, materials and scientific and technological information regarding the use of the bacteriological (biological) and toxin agents for peaceful purposes; (ii) Overcome the obstacles hampering the full implementation of Article X of the Convention; (iii) Mobilize the necessary resources, including financial resources, to facilitate the widest possible exchange of equipment, material and scientific and technological information regarding the use of bacteriological (biological) and toxin agents for peaceful purposes, in particular from developed to developing States Parties; (iv) Facilitate the development of human resources in developing States Parties in the implementation of the Convention, taking into account the special situation faced by them; (v) Coordinate cooperation with the other relevant international regional organizations for the financial and technological support of activities for the use of bacteriological (biological) and toxin agents for peaceful purposes; (vi) Establish sponsorship programme in the BWC to support participation of developing States Parties in the meetings and other activities of the Convention. This sponsorship programme could also be utilized, depending upon the availability of resources to enhance participation of non States Parties in order to promote the goal of universalization of the Convention. 	WP.24
ECDC	As an Agency of the EU, ECDC can provide assistance through Outbreak Assistance Teams to countries and international organizations regarding administrative and logistical support, field response reporting and evaluation.	P 24/8
France	Cooperation could focus on the establishment of early warning systems with real time information sharing.	P 26/8
France	Assistance can be provided by inter-institutional cooperation as well as international cooperation.	P 26/8
France	Multifunded projects could be encouraged aiming at improving coordination among donors.	P 26/8
France	Thematic cooperation under subnetworks could be put in place	P 26/8
Georgia and United States	<p>System requirements for disease surveillance:</p> <ul style="list-style-type: none"> • Sensitive (detect intended health events) • Specific (low false positive/negative reporting) • Representative • Timely • Simple (easy to understand and implement) • Flexible (customizable) 	P 26/8

Delegation	Text	Source
	<p>•Acceptable</p> <p>The implementation of the consistent policies, operating procedures and the operational and technical capacity required by the WHO International Health Regulations will help to ensure early warning and efficient international management of a biological incident, whether naturally occurring or deliberate in nature.</p>	
Georgia and United States	Infectious disease know no geographic boundaries, neither should we in combating them.	P 26/8
Georgia and United States	A qualitative surveillance system should be sensitive (detect intended health events), specific (low false positive/negative reporting), representative, timely, simple (easy to understand and implement), flexible (customizable), and acceptable.	WP.12
Germany	<ul style="list-style-type: none"> • Exit strategy – Lessons learned to maintain sustainability of collaboration projects • Research cooperation: criteria for ethical issues are sometimes discrepant, • Enhancing international collaboration: different motivations (money, scientific career, positions), • Capacity-building: brain drain, competition with NGOs and International Organizations, • Technological exchange: educated personnel needed, • Sustainability: research project funding mostly limited to max. 3 years, • Quality: reliable and uncomplicated communication infrastructure is crucial, • Disease control: needs in countries different from what is expected, 	P 26/8
Germany	Internal and external quality assurance exercises need to be implemented as an ongoing process as a prerequisite for all biological laboratories for demonstrating in-house experience and reliability of their diagnostic results.	WP.15
HealthMap	Value in the fusion and visualization of distributed electronic resources	P 27/8
HealthMap	Importance of multi-lingual, collaborative approach that minimizes information overload and engages users	P 27/8
India	The strengthened implementation of the provisions of Article III would ensure that the cooperation envisaged under Article X is not abused.	S 24/8
India	Effective export controls are essential component of international cooperation to ensure that disease causing organisms and pathogens do not fall into the hands of terrorists and are used only for peaceful purposes.	S 24/8
India	Effective and efficient disease surveillance system is necessary to detect cases of alleged use of biological weapons and suspicious outbreaks of diseases.	S 24/8
India	While all bilateral and multilateral avenues for cooperation must be explored; the framework provided by the Convention must be fully implemented; especially implementation of Article X.	S 24/8

Delegation	Text	Source
India	Close Co-operation between animal and human health departments	P 25/8
India	<p>Capacity Building Through: Multilateral Arrangements, including:</p> <ul style="list-style-type: none"> - Exchange of information through international databases on disease control and public health - Direct assistance from multilateral organizations - Cooperation under regional organization <p>Capacity Building Through Bilateral Arrangements, including: Cooperation Agreements/MOUs between various organizations.</p> <p>Training/Education Workshops/Seminars Private Sector:</p> <ul style="list-style-type: none"> - Industry Requirements:- "Globalization in biotech is largely India-centric...it will not just be about business opportunities but capability development that will expose India to actively learn the expertise of the partner" - Public-Private Partnership (PPP) crucial to address challenges of disease surveillance and mitigation 	P 26/8
Indonesia	...to enhance understanding of different needs and challenges confronted by state parties as well as in identifying possible steps to bolster international cooperation	S 24/8
Indonesia	Expanding the use of safe and modern diagnosis – National capacity building in fundamental and translational research	P 26/8
Indonesia	Participation in infectious disease surveillance networks – Sharing quality data/information – Need quality assurance of data collection	P 26/8
Indonesia	New vaccines, antibiotics and a basic understanding of pathogenic nature of diseases are critical for health security – invest in basic science and fundamental research	P 26/8
Indonesia	Build a safe, secure and sustainable capacity	P 26/8
Indonesia	Capabilities must be adapted to local needs	P 26/8
Indonesia	Increased cooperation between countries – make use of existing capabilities and resources	P 26/8
Indonesia	<ul style="list-style-type: none"> - Network with interagency counterparts, personal in health, academia, law enforcement, defense and multiple stakeholders including industry, medical, professional organizations, and the media - Regional cooperation is necessary not only in the field of biosafety and biosecurity but also in infectious diseases research and surveillance. - Strengthening cooperation between developed and developing countries and opportunities among developing countries. 	P 26/8
Indonesia and Norway	Recognised the importance of the revised WHO International Health Regulations (IHR) for effectively addressing current and emerging health security challenges.	WP.5

Delegation	Text	Source
Indonesia and Norway	Full implementation of the IHR requires mobilisation of national and international resources for capacity building to meet the national capacity requirements in the given IHR timeframe. Article 5 and Annex 1 of the IHR provide the requirements for national capacity which could be supported in the context of Article X of the BWC.	WP.5
Indonesia and Norway	Insufficient mobilisation of resources for animal and plant health. Donor countries were encouraged to provide more long-term, sustainable and predictable funding. Initiatives and capacity building programmes carried out by the FAO and the OIE were greatly appreciated.	WP.5
Indonesia and Norway	Further strengthening existing international organizations and networks working on infectious diseases, in particular those of the WHO, FAO, OIE and IPPC, within their respective mandates.	WP.5
Indonesia and Norway	Strengthening health security required sustained and long-term investment in human resources, infrastructure, and standard operating procedures, adapted to local needs and circumstances.	WP.5
Indonesia and Norway	It was noted that early investment to build capacity and preparedness was much more cost-effective than responding to events as they occurred	WP.5
Indonesia and Norway	Integrated, cross-sectoral approach to funding, in view of the need to pool resources from the different national and international agencies working in public health, agriculture, law-enforcement and security.	WP.5
Indonesia and Norway	Need for partnerships with relevant stakeholders, and recognised the important role that could be played by the private sector, academia and NGOs in building capacity for health security.	WP.5
Indonesia and Norway	Continued cooperation, dialogue and constructive engagement among all relevant actors will be required to effectively manage the complex issues surrounding sharing of viruses and production and access to vaccines, in the interest of building national health capacities worldwide.	WP.5
Indonesia and Norway	The need for strengthened cooperation between developed and developing countries; there were also important opportunities for increased cooperation among developing countries.	WP.5
IVI	Promote sharing of public health data on regional and global level	P 27/8
Iran (Islamic Republic of)	Cooperation between public and private sector on implementation of surveillance and reporting of cases of communicable diseases under surveillance has important impacts and should be encouraged. Participation of medical institutions in the surveillance process should be improved.	S 24/8
Iran (Islamic Republic of)	The relevant international organizations and bodies (WHO, OIE, FAO and ICRC) within their mandates on monitoring global public health and humanitarian assistance, regardless of epidemic sources, could play a coordinating role in providing and mobilizing technical and financial assistance and aids. It goes without saying that the above-mentioned mechanism is not a substitute to the obligations of the States Parties under Article X of the BWC.	S 24/8

Delegation	Text	Source
Iran (Islamic Republic of)	Application of biotechnology and scientific research and development, for the prevention, surveillance, detection, diagnosis, prophylaxis and treatment of diseases caused by microbial and other biological agents or toxin, in particular infectious diseases, as well as unknown diseases should be available for States Parties on a non-discriminatory basis.	S 24/8
Iran (Islamic Republic of)	Adopt national measures including enacting national legislation in order to: (a) Facilitate cooperation with other Parties away from politically motivated consideration and on a non- discriminatory basis; and (b) Rule out any biological cooperation with non- Signatories.	WP.21
Iran (Islamic Republic of)	[States Parties should] Undertake to review their national regulations governing international exchanges and transfers of equipment, materials (including biological agents and toxins), as well as scientific and technological information for peaceful purposes to ensure their consistency with the objectives of the Convention specifically the provisions of Article X and in order not to hamper the development of other States Parties.	WP.21
Iran (Islamic Republic of)	Any possible additional measures to the Convention should be consistent with the Convention and must be multilaterally negotiated in a comprehensive manner.	WP.21
Iran (Islamic Republic of)	<p>The imposition of restrictions on dual use application of know-how, materials and equipment necessary for promoting capacity building in the fields of disease surveillance, detection, diagnosis, and containment of communicable diseases including production of some vaccines and other biological material is considered as a blatant discriminatory action in gross violation of Article X.</p> <p>Nevertheless the implementation of this fundamental Article by certain States Parties has regrettably been subjected to the politically motivated considerations in contravention of the provisions of the Convention.</p> <p>A State Party to the Convention should have the right to seek to redress the situation and settlement of disputes through institutionalized measure if it is denied receiving equipment and materials for peaceful application of biology and bio- technology by another State Party. Therefore a mechanism should be devised to deal with the issue of settlement of disputes arising from transfer denials. In this regard a standing committee could be established under the Convention to consider the cases of transfer denials.</p> <p>The members of the committee should be duly experienced and competent, composed of well qualified governmental individuals and appointed on the basis of balanced geographical distribution.</p>	WP.22
Iraq	Need for all States to introduce comprehensive and practical national measures to contain the spread of diseases in humans, animals and plants and to combat and treat such diseases promptly.	WP.7

Delegation	Text	Source
Iraq	Monitoring involves an extensive and systematic process of gathering information on combating and preventing disease. Therefore, a database is of vital importance in identifying outbreaks of any new diseases or the recurrence of any endemic or non-endemic diseases, together with any other diseases that have the potential to trigger an epidemic.	WP.7
Iraq	Monitoring plays a very important role in the planning, identification and formulation of strategies to control infectious diseases. Strong investigative and detection capacities, including good laboratory resources, modern and appropriate technologies and skilled personnel, are necessary in order to secure swift and decisive results.	WP.7
Iraq	States parties which have advanced and modern monitoring systems and measures in place and the international institutions and organizations concerned must assist other States in this domain, including through: training courses to build the capacities of public health personnel; support for the use of information techniques and technology to collect and analyse data on infectious and epidemic diseases; strengthening of national and local disease monitoring programmes; and the improvement of early warning, monitoring, protection and response capacities.	WP.8
Japan	Strengthening disease surveillance : Assessment of current surveillance system Revitalization of routine surveillance Enhancing early detection Maintaining international partnership	P 26/8
Japan	Encourage the ownership of the recipient country so that the provision of assistance could eventually lead to generating a self-sustainable mechanism in the recipient country.	P 26/8
Japan	In order to support the improvement of surveillance, detection, diagnosis and containment capabilities, it is important to take into consideration each country's priorities concerning public health policy, and to clarify their position within the overall picture of the health systems strengthening.	WP.9
Japan	It is essential to make improvements in not only priority areas but also in areas that are expected to produce results based on each country's burden of disease and the situation of its health system.	WP.9
Kenya	Link surveillance to action: <ul style="list-style-type: none"> • Outbreak Investigation • Disease control <ul style="list-style-type: none"> ○ Vaccination / prophylaxis ○ Elimination of cause ○ Interruption of transmission • Development, targeting of programs (education, risk reduction, etc.) • Development of policies, regulations 	P 25/8

Delegation	Text	Source
Mexico	Capacity building must be based on more solid and modern epidemiological systems in the light of new needs and the need to cope with the emerging events which incorporate the idea of a syndrome monitoring system concerning serious occurrences of contagious diseases	S 24/8
Mexico	Another crucial aspect to contribute to worldwide health safety is appropriate interchanges of information and transparency in cooperation.	S 24/8
Nigeria	A key to successful defence against threat to public health, whether naturally occurring or deliberately caused, is: early detection; identification; monitoring of disease progression in a community.	P 27/8
Nigeria	Strengthen the linkage between public health and veterinary epidemiology	P 27/8
Nigeria	Conduct research activities on priority public health problems	P 27/8
Nigeria	Improve communications and networking within the country and throughout the region on public health issues	P 27/8
Pakistan	Governments, with the support of all stakeholders, must work collectively at the international level to promote cooperation and at the national level to enhance capacity building to counter and overcome these challenges.	S 24/8
Pakistan	Capacity building at national, provincial and district levels in terms of :... human resource development; guidelines and standard operating procedures for complex emergencies;	P 27/8
Philippines	Lessons for donor countries: there are still areas of duplication (e.g. lots on interest in training first responders but less in training technicians); and there should be systems of monitoring by donors (to ensure that donors are aware that resources are being used effectively which encourages further collaborations).	P 27/8
Republic of Korea	A disease-specific approach alone can neither improve health care services for the people in developing countries nor facilitate the implementation of a regionally integrated health system.	WP.17
Republic of Korea	To cope with these infectious diseases more effectively, disease-specific international organizations and vertical funds need to be horizontally integrated so that they can contribute to improving the primary health care system of developing countries. Although such organizations and funds have been successful in reducing the outbreak rate of specific diseases such as the “Big 3,” it seems that they have failed to promote capacity building of individual developing countries in terms of general health level in the areas. Thus, the international health community is required to cooperate more actively with each other and, in the longer term, to invest their funds into more comprehensive health care programs to improve the level of health in the developing world.	WP.17
Republic of Korea	That the control of infectious diseases can be sustainable only when it is based on the enhancement of the primary health care system of each country.	WP.17

Delegation	Text	Source
Republic of Korea	The health level of developing countries can be improved through such elementary prerequisites as constructing health infrastructure, training local health staff and strengthening the primary health care system.	WP.17
Russian Federation	An improvement in the system of epidemiological surveillance and monitoring of infectious diseases, and this includes crossing points over State boundaries, in our opinion is one of the key elements in a strategy aimed at curbing the development of epidemics and averting threats related to infections emerging once again.	P 25/8
Russian Federation	... promote cooperation against the outbreaks and spread of infections, import and sales of goods, biological, chemical, radioactive and other materials dangerous to human health, substances, materials and waste that require measures of sanitary protection of the territory of CIS member states	P 25/8
Russian Federation	... one of the topics for cooperation within the Shanghai Cooperation Organization is joint work in the area of health and first and foremost the establishment of a unified system for monitoring infectious diseases and the prevention of epidemics.	P 25/8
Russian Federation	We see the following prospects for cooperation between States Parties to the BWC: first, developing accelerated methods and means for setting up indicators for agents of infection; second, establishing a new generation vaccine; third, developing new disinfecting preparations and medicines; and, lastly, coming up with new treatments to deal with infectious diseases.	P 25/8
Russian Federation	The effectiveness of international cooperation among States Parties in the area of combating infectious diseases should be ensured on the basis of joint research programmes and projects or agreements on particular issues at the request of Member States that require such assistance, as well as reciprocal agreements and understandings or other reciprocal procedures showing full compliance with all the provisions laid out in the Convention. In our opinion, such cooperation should be built on the basis of an honest, just and, to the greatest extent possible, a broad geographical basis	P 25/8
Russian Federation	Strengthening of international cooperation as well as supporting the efforts already under way by appropriate international organizations	S 25/8
Russian Federation	International cooperation with countries whose economies are developing, developing countries in other words, and this includes through the network of cooperating centres at the World Health Organization, and it has considerable organizational and scientific potential for enhancing the effectiveness of measures taken to resist infectious diseases.	S 25/8
Russian Federation	The development of inter-State and inter-agency cooperation in this arena makes it possible to maximize every use of existing resources and to have a multiplier effect on them through scientific and technological exchanges and it also provides for mutual assistance in the development of effective mechanisms for joint work when it comes to warding off the spread of epidemics.	S 25/8

Delegation	Text	Source
Russian Federation	The effectiveness of international cooperation among States Parties in the area of combating infectious diseases should be ensured on the basis of joint research programmes and projects or agreements on particular issues at the request of Member States that require such assistance, as well as reciprocal agreements and understandings or other reciprocal procedures showing full compliance with all the provisions laid out in the Convention. In our opinion, such cooperation should be built on the basis of an honest, just and, to the greatest extent possible, a broad geographical basis.	S 25/8
Senegal	The States Parties to the BWC have different levels of scientific and technological capacity. Given the situation, it is important to work to strengthen the capacities of developing countries in the area of epidemiological surveillance through promoting international cooperation, including South-South cooperation	S 24/8
Sweden (on behalf of EU)	Assistance should be given in a sustainable manner. This means that the receiving country should have ownership and all relevant stakeholders should be involved.	S 24/8
Sweden (on behalf of EU)	...should identify needs and requests from States Parties in need of assistance... These indications of need would allow States Parties, the EU and other international organizations which are in a position to provide assistance to identify assistance opportunities	S 24/8
Sweden (on behalf of EU)	International cooperation involving and supporting international organizations like WHO, FAO, OIE and IPPC as well as with non-governmental actors working in infectious diseases will also in the future be key to strengthening structures and capacities in disease surveillance, detection, diagnostics and containment of infectious diseases.	S 24/8
Sweden (on behalf of EU)	A new EU Joint Action in support of the WHO will promote bio-safety and bio-security and preparedness against intentional misuse. Activities under the Joint Action will include regional workshops, initiating country-focused operational initiatives, country visits and a longer-term project in one country. The EU seeks the involvement and the partnership of BTWC States Parties in this initiative.	WP.18
Sweden (on behalf of EU)	Other financial instruments can also be used in support of EU activities in the biological field. For instance, under its Seventh EC Framework Programme for research (2007-2013), the EU will support cooperative trans-national research activities, open to third States to develop technologies and knowledge for building capabilities to ensure the security of citizens.	WP.18
United Kingdom	A range of direct investment and incentive mechanisms are needed to ensure that appropriate and affordable health technologies are developed for diseases that are prevalent in developing countries.	WP.2

Delegation	Text	Source
United Kingdom	Projects involving cooperation between host institutes and donor country bodies, with a view to ensuring sustainable and legitimate future for institutes working on public, animal or plant health, potentially have benefits both for the institutes and their host governments and also for the donor country through better understanding of new health threats and improved health security.	WP.2
United Kingdom	WHO, OIE and FAO communicate with each other and each has developed its own early warning and response system. These are all brought together under the umbrella of the Global Early Warning and Response System, which adds value to the international community. We must therefore ensure that this system is made increasingly effective.	WP.3
United Kingdom	<p>Key Lessons:</p> <ul style="list-style-type: none"> • Countries must promptly report diseases with potential to spread internationally. • Political leadership is important in combating disease. • WHO has a key role in sharing information and providing the best public health advice. • Scientists, clinicians and public health experts must work together to tackle global health challenges. • Strong health systems are essential: weaknesses in one country means vulnerability for all. 	WP.3
United Kingdom	Sustainable and strategic linkages need to be further developed between the two communities (<i>human and animal health</i>). This is beginning to happen, but much more could usefully be done.	WP.3
United Kingdom	'One Medicine' partnerships for the detection and identification of diseases that infect both humans and animals are an essential first step in any future control of emerging infections.	WP.3
United Kingdom	Global initiatives and funds need to increase the effectiveness of their aid, for example, by providing support in ways that strengthen systems and dovetail with national planning processes and timelines.	WP.3
United Kingdom	Global initiatives should aim to work collaboratively with other organizations and initiatives and with UN agencies, rationalizing the number of initiatives, where possible, to achieve effective and sustainable outcomes.	WP.3
United Kingdom	We need to foster an inter-disciplinary approach to infectious disease problems, incorporating traditional biomedical science with economic, social sciences, demographics and agricultural science.	WP.3
United Kingdom	We need to build effective and sustainable partnerships between developed and developing countries that help provide infrastructure, technologies and skills to support infectious disease control activities.	WP.3
United Kingdom	We need to encourage the development and deployment of new tools and technologies for surveillance, detection, diagnosis, and containment of infectious diseases.	WP.3

Delegation	Text	Source
United Kingdom	Meaningful progress is only possible if there is sustained commitment from governments, non-governmental organizations, industry and the international community. Only by working together can sustainable improvement in combating infectious diseases be achieved.	WP.3
United Kingdom	Work in the BTWC context cannot hope to match the efforts underway in the relevant international organisations, nor should it seek to duplicate it. However, it can help reinforce, publicise and promote best practice, highlight priorities and act as an additional catalyst.	WP.3
United Kingdom	Information on disease outbreaks is often available on government websites and on those of international organizations to which member states are required to notify disease outbreaks including WHO, OIE and FAO. The ready availability of such information on official websites can be advantageous in facilitating the collection and presentation of disease outbreak information for CBM B.	WP.4
United States	It is important to mobilize the integrated international security and health resources to build capacity for disease surveillance, detection, diagnosis and response at the national, regional and international levels. It is also important that we all assist the WHO and Member States in the implementation of the IHR, recognizing that a well functioning IHR system is the best defense in case of intentional spread of diseases, just as it is for natural outbreaks and pandemics. Progress in public health capacity-building can best be assessed by monitoring and reporting on the national implementation of IHRs.	S 24/8
United States	Disease control must be cost effective and protect livelihoods while getting rid of disease.	P 26/8
United States	National and international efforts must be sustainable: Effective programs are sustainable through: –disease control –market price stabilization –ensuring livelihoods –maintaining trade, and –protecting human health	P 26/8
United States	There is now the acknowledgement that human and veterinary medical professionals must work together for the benefit of all species.	WP.10
United States	The benefits of a “One Health” approach have been expanded and embraced during avian influenza and pandemic preparedness. This approach enhanced the worldwide response to avian influenza. This also helps ensure synergy of ideas, reduce redundancy and improve efficiency.	WP.10
United States	1) Preparedness and Communications, 2) Surveillance and Detection, and 3) Response and Containment. These areas support international economic development to protect vulnerable societies, secure food sources and improve livelihoods. The side benefits of this are improving animal health while protecting human health. This approach must be cost effective and protect the economic viability of agriculture while getting rid of disease.	WP.10

Delegation	Text	Source
United States	Effective animal health programs are sustainable through, disease control, market price stabilization, ensuring livelihoods, maintaining trade, and protecting human health.	WP.10
WHO	Foster global partnerships: WHO, all countries and all relevant sectors (e.g. health, agriculture, travel, trade, education, defence) are aware of the new rules and collaborate to provide the best available technical support and, where needed, mobilize the necessary resources for effective implementation of IHR (2005)	P 25/8
WHO	Investing in <ul style="list-style-type: none"> • Human resources (training, distance learning, twinning programmes ...) • Infrastructure (buildings, equipments, logistics ...) • Standard Operating Procedures (investigation, response, biosafety ...) 	P 25/8
WHO	Building on <ul style="list-style-type: none"> • National and Regional strategies 	P 25/8
WHO	Concept: <ul style="list-style-type: none"> • Mutual understanding between both partners • Consideration given to laboratories with potential to achieve improvement • Geographical distribution, common language and appropriate matching • Fit different laboratory situations and follow stepwise approach to attain objectives • Mutual benefit to both partners • Independent steering committee for selection of twinning projects and evaluation progress made • Long-term vision: a partnership network What needs to be done: <ul style="list-style-type: none"> • Potential partners express interest in taking part in a twinning project • Candidate laboratory to identify needs, set up objectives and project plan • Roles and responsibilities of each partner are clearly defined in the twinning proposal and the MOU. • Twinning should be endorsed by institutions/Labs directors and higher health authorities in developing countries • WHO facilitates and assures communication between partners • Measurable indicators and activity reports to document progress 	P 25/8
WHO	<ul style="list-style-type: none"> • Assist countries with disease control efforts by ensuring rapid appropriate technical support to affected populations • Investigate and characterize events and assess risks of rapidly emerging epidemic disease threats • Support national outbreak preparedness by ensuring that responses contribute to sustained containment of epidemic threats 	P 25/8

Delegation	Text	Source
OIE	Early detection and a rapid response are essential for prevention and control <ul style="list-style-type: none"> • An effective strategy (surveillance and response) • Authority, resources and expertise to implement • Public and private sector involvement 	P 25/8
OIE	A global strategy for preventing and managing risks at the human-animal interface - Cooperation is important particularly for predictions, prevention and response	P 25/8
OIE	<ul style="list-style-type: none"> • Strengthen links within animal health network and with human health network • Share data, viruses and information • Develop better diagnostics 	P 25/8

III. Infrastructure

Delegation	Text	Source
Bulgaria	Constant external international quality control	S 25/8
Bulgaria	... strengthening the capacity of our health system for effective surveillance and organization of modern computerized network for reporting of communicable diseases, including HIV/AIDS and tuberculosis	S 25/8
Canada	<ul style="list-style-type: none"> - Lab Design and Function - Biosafety and Biosecurity Program Management - Laboratory Acquired Infections - Facility Operation and Maintenance -Commissioning - Ventilation systems - Personal protective equipment - Biological Safety Cabinets - Sterilization, Disinfection & Decontamination - Emergency Spill Response - Lab Accident/Incident Response - Medical Surveillance - SOP (Standard Operating Procedures) 	S 26/8
Canada and Kyrgyzstan	<ul style="list-style-type: none"> - consolidate and secure the countries collection of dangerous pathogens - will serve as the central repository consolidating all BSL3 activities - conduct human and animal health diagnostics in a secure and safe manner - capacity building 	P 26/8
Canada and Kyrgyzstan	Inadequate laboratory facilities pose a security risk and do not allow proper disease surveillance, detection, diagnosis and containment of infectious diseases.	P 26/8
China	States Parties that are better off are encouraged to share their knowledge and experience with other States Parties through exchange of bacteria (virus) samples, provision of vaccines and equipment	S 24/8

Delegation	Text	Source
China	<p>Improving the nationwide epidemic surveillance system:</p> <ul style="list-style-type: none"> • Monitoring statutorily reportable diseases in accordance with the relevant laws and regulations • Formulated disease-specific monitoring programmes • Extended its influenza surveillance network in response to the onslaught of pandemic influenza A (H1N1) • Set up national Internet-based reporting system for infectious diseases and public health emergencies <p>National Internet-based reporting system for infectious disease</p>	P 25/8
China	<p>Developing emergency response capability</p> <ul style="list-style-type: none"> • Established a public health emergency response system • Strengthened equipment and reserve capacity • Upgraded pathogenic microorganism laboratories. 	P 25/8
China	<p>Strengthen exchange and cooperation in the field of science, technology and equipment related to epidemic surveillance and control. States Parties with greater capacity are encouraged to strengthen cooperation with other States Parties in the diagnosis, detection, prevention and treatment of infectious diseases through exchange of bacteria (virus) samples, provision of vaccines and equipment, and joint development of research project, and to share findings of scientific research.</p>	WP.19
Cuba (on behalf of NAM)	<p>Mobilize the necessary resources, including financial resources, to facilitate the widest possible exchange of equipment, material and scientific and technological information regarding the use of bacteriological (biological) and toxin agents for peaceful purposes, in particular from developed to developing States Parties</p>	S 24/8
Georgia and United Kingdom	<p>Renovate/repair key lab/infrastructure Procure appropriate equipment</p>	P 26/8
Germany	<p>Internal and external quality assurance of laboratory diagnostics requires wet labs and ring trials, the provision of appropriate reference materials, training assistance, and procedural improvements. The readiness to take over the responsibility for preparing and conducting an external quality assurance project is limited.</p>	WP.15
India	<p>Establish a decentralised system of disease surveillance for timely and effective public health action; improve the efficiency of disease surveillance for use on health planning, management and evaluating control strategies.</p>	P 25/8
Indonesia	<p>Build capacity to detect, diagnose and track outbreaks of highly infectious diseases</p>	P 26/8
ISBI	<p>Surveillance and detection systems require:</p> <ul style="list-style-type: none"> - Diverse and continuous data streams - Easy and rapid episodic notification and information sharing capacities - Robust information management system, including corps of skilled experts, for analyzing large quantities of data to provide situational awareness and alert response authorities 	P 26/8

Delegation	Text	Source
Iran (Islamic Republic of)	Some countries are still using manual systems for data collection, reporting, analyzing, feedback and dissemination. Reporting data through appropriate electronic systems would facilitate the integration of surveillance activities especially if the system is user-friendly and does not use multiple and different data sets that result in extra workload and subsequent abandoning. Each State Party could try to establish computerized system for information management such as Geographic Information System (GIS).	S 24/8
Iran (Islamic Republic of)	Detection facilities: sensitive, specific and time (losing time can be catastrophic)	P 26/8
Iran (Islamic Republic of)	Preventing the transfer of the diseases : borders and immigrants control is a challenge	P 26/8
Iran (Islamic Republic of)	We are facing with restrictions such as denial of sending standard bacteria (such as Pertussis, tetanus, Diphtheria, ...), viruses (such as Mumps, measles, Rubella, Influenza, ...), cell lines and diagnostic kits. These restrictions imposed in the field of peaceful uses of standard bacteria are in clear contradiction to the Convention and also to any norm of international cooperation and therefore should be removed.	P 26/8
Iran (Islamic Republic of)	<p>In light of rapid scientific and technological development in biology, the importance of strengthening international cooperation in this area in order to bridge the existing gap between countries in the fields of biotechnology, genetic engineering, microbiology and other related areas is ever increasing.</p> <p>The afore-mentioned gap between countries is a source of concern and requires all States Parties, particularly those possessing advanced biotechnology to adopt positive measures to promote technology transfer and international cooperation on an equal and non-discriminatory basis, in particular with developing countries.</p>	WP.22
Iraq	The introduction of adequate biosafety and biosecurity measures in laboratories and facilities which handle pathogens and toxins and the adoption of the relevant standards of international organizations will prevent these sources from being stolen or lost or from escaping or being used in various ways to harm public health. The adoption of these and other measures will reduce to some extent the incidence and facilitate the monitoring and detection of infectious diseases.	WP.7
Italy	<p><u>What we have to do</u></p> <ol style="list-style-type: none"> 1. It is necessary that the governments authorize few laboratories in their territory. 2. It is necessary to regulate the number of scientist that learn to manipulate dangerous agents. 3. It is necessary to have few groups composed by scientists with full time contract. 	P 25/8

Delegation	Text	Source
	<u>And what we can obtain</u> 1. A good control of personnel 2. The concentration of pathogen agent strains in few places 3. Increasing of the security and reduction of the costs	
Kenya	...reiterate the importance of technical assistance to address the identified gaps especially in... acquisition and installation of ICT system to update and manage the disease surveillance and response in the country	S 24/8
Kenya	...reiterate the importance of technical assistance to address the identified gaps especially in... strengthening the laboratories systems and networks on biosafety and biosecurity measures	S 24/8
Nigeria	<ul style="list-style-type: none"> Assessment of existing surveillance system Preparation of Strategic Plan Implementation of Action Plan Monitoring and Evaluation 	P 25/8
Nigeria	Strengthen capacity to respond to emergencies	P 27/8
Nigeria	Strengthen public health and veterinary surveillance systems	P 27/8
Nigeria	Strengthen laboratory participation in surveillance and field investigation	P 27/8
Pakistan	Infectious diseases are preventable provided an early warning system is in place. Lab support is also critical for successful disease surveillance, forecasting, planning, preparing and controlling.	S 24/8
Pakistan	Disease Early Warning System: <ul style="list-style-type: none"> Early detection of outbreak Syndromic Case Definitions, Reporting Forms and watch charts help in disease monitoring Data analysis at facility / local level 	P 25/8
Pakistan	Shift in approach from: isolated to integration; paper reports to electronic system for efficient data transmission; too much information to selected useful (bare minimum) but high quality data; central to peripheral data analysis and response arrangements	P 27/8
Pakistan	strengthening isolation facilities; logistic and IT support to surveillance and response units, including strategic stockpiles; data quality checks ; ... equipment, kits and reagents and other supplies; mobile labs for field investigations	P 27/8
Russian Federation	We see the following prospects for cooperation between States Parties to the BWC : first, developing accelerated methods and means for setting up indicators for agents of infection ; second, establishing a new generation vaccine ; third, developing new disinfecting preparations and medicines ; and lastly, coming up with new treatments to deal with infectious diseases.	S 25/8
Turkey	Identifying the list of notifiable communicable diseases, determining the case definitions, establishing a notification system based on an appropriate communication web structure, with the aim of preventing and controlling communicable diseases	S 24/8

Delegation	Text	Source
Turkey	Maintaining the communication between the Ministry of Health and local health authorities responsible for collecting the relevant data	S 24/8
Turkey	Maintaining constant communication between the Ministry of Health and local health authorities for an early warning and response system via appropriate equipment	S 24/8
Turkey	Improving general or specific surveillance mechanisms or programs for diseases	S 24/8
United States	Protecting Human health: Public information is key Systematic disease surveillance must be supported by -Proficient diagnostic testing services -Emergency management services -Essential policies for economic recovery	P 26/8
United States	Systematic disease surveillance must be supported by proficient diagnostic testing services, emergency management services and essential policies for economic recovery when diseases are found.	WP.10
United States	Earth-observing space satellites record data on environmental and climate conditions that influence infectious disease epidemiology, affording opportunities to predict, mitigate, prevent, and understand epidemics.	WP.11
WHO	Focusing on <ul style="list-style-type: none"> • Laboratory quality system (EQA programmes, biosafety, specimen collection, lab regional network ...) • Event-based surveillance system (epidemic intelligence, field investigation, data analysis, risk assessment, reporting ...) • Communication (social mobilization, media, web ...) 	P 25/8
OIE	Accurate and reliable diagnostics are essential for surveillance and early detection	P 25/8

IV. Human resources

Delegation	Text	Source
A. Gupte	Revision of education curricula and training: human, veterinary, conservation and military medicine; border control police (military and civilian) and customs.	P 27/8
A. Gupte	Development of ecohealth capacity, particularly, in wildlife health, gene ecology, disease ecology, socio-economic situational analysis and biosafety in terms of sustainable development, health and biosecurity.	P 27/8
Canada	Hands-on Exercises: <ul style="list-style-type: none"> - PPE (Personal Protective Equipment) - BSL3 Familiarization (mechanicals tour) - Transportation of Dangerous Goods. 	P 26/8

Delegation	Text	Source
Canada	<p>Gender Equality is fundamental to the reduction of health risks.</p> <ul style="list-style-type: none"> - Gender sensitive training, public education, communication, reporting, and service delivery. - Identification, control and containment of emerging infectious diseases 	P 26/8
China	States Parties that are better off are encouraged to share their knowledge and experience with other States Parties through... joint development of research projects	S 24/8
China	States Parties are encouraged to promote contact and experience sharing between professional institutions,	S 24/8
China	<p>Developing emergency response capability:</p> <ul style="list-style-type: none"> • Set up a roster of experts, disease-specific advisory committees and emergency response teams • Organized tailor-made training programmes and contingency drills 	P 25/8
Cuba (on behalf of NAM)	Facilitate the development of human resources in developing States Parties in the implementation of the Convention, taking into account the special situation faced by them	S 24/8
Cuba (on behalf of NAM)	Establish sponsorship programme in the BWC to support participation of the developing States Parties in the meetings and other activities of the Convention. The sponsorship programme could also be utilized, depending upon the availability of resources, to enhance participation of non States Parties in order to promote the goal of universalization of the Convention.	S 24/8
France	Networking is one of the cornerstones to strengthening capacity building and should be done at several levels in order to provide as much flexibility as possible.	P 26/8
Georgia and United Kingdom	Employ and retrain the core scientific staff	P 26/8
Georgia and United Kingdom	Staff/management training in sustainability	P 26/8
Germany	<ul style="list-style-type: none"> • Multi-disciplinary approach to integrated management • Modular • Focus on practical training • Video assisted training • Orientation to recent standard of knowledge • Didactical sustainability 	P 27/8
Indonesia	<p>Good facilities and good procedures are not sufficient if personnel are not adequately trained and do not clearly understand their roles and responsibilities:</p> <ul style="list-style-type: none"> - Lab biosecurity training, complementary to biosafety training is provided – protection, assurance and continuity of operations - Should not be a one-time event – offered regularly and taken currently. To refresh memories and to learn about new developments and advances in different areas 	P 26/8

Delegation	Text	Source
Indonesia	Devise necessary document templates, training programs and material	P 26/8
Indonesia	Manpower development through training, specific workshops and seminars	P 26/8
IVI	Improve general knowledge of epidemiology and clinical training	P 27/8
Iran (Islamic Republic of)	In the fulfilment of important task of surveillance, detection and diagnosis in an effective manner, special training of national experts capable of reporting and responding to the communicable diseases is essential. In this regard international organizations and States Parties with advanced capabilities in surveillance and are expected to positively respond to requests for technical assistance.	S 24/8
Iran (Islamic Republic of)	Though national authorities are responsible for infectious disease surveillance and response, it is incumbent upon the international health institutions to provide technical and financial support to States Parties, in particular developing countries, especially aiming at exchange of experience and capacity building on surveillance, detection, diagnosis, prophylaxis and treatment of unknown diseases	S 24/8
Iran (Islamic Republic of)	States Parties to the Convention with advanced surveillance system and relevant international institutions should, particularly through providing the training courses, assist other States Parties on strengthening their health manpower capacity and support use of information technology for collection and analysis of data on infectious diseases.	S 24/8
Iran (Islamic Republic of)	Development of well trained expert teams on Rapid Health Assessments in emergency situations, and epidemiological investigations for rapid and in time responses to outbreaks should be supported by relevant international institutions.	S 24/8
Japan	Revitalization of routine surveillance: lecture and training	P 26/8
Japan	Even if equipment or hardware may be provided, it would be useless unless appropriate human resources could handle them.	P 26/8
Japan	Assistance should be provided in accordance with the capacity of the recipient of the country: training of the human resources is essential, some of the regulations related to the prevention of bioterrorism should be considered in organising the technical training.	P 26/8
Japan	Although BSL3 laboratories are important facilities for disease surveillance, it is also necessary to be mindful of the importance of personnel training to develop technical experts that can safely handle pathogens.	WP.9
Kenya	...reiterate the importance of technical assistance to address the identified gaps especially in... training and human resource development	S 24/8
Kenya	Areas of support for capacity building <ul style="list-style-type: none"> • Training of health personnel in surveillance data management including data quality, analysis, interpretation, use of information and feedback. 	P 25/8
Nigeria	<ul style="list-style-type: none"> • Sensitization of programme managers • Training of epidemiologists, DSNOs, M & E officers, Clinicians/Health workers at all tiers of government 	P 25/8

Delegation	Text	Source
Sweden (on behalf of EU)	The EU is committing considerable financial resources to support the BTWC. In its second Joint Action in support of the BTWC, which promotes universalization, national implementation, CBMs and the intersessional process, two persons are recruited for a limited period of time and financed by the EU, helping UNODA/ISU to implement this EU initiative.	WP.18
Turkey	Determining diagnostic methods required for detection and control of epidemics	S 24/8
United Kingdom	Continued innovation in disease diagnostics and detection tools and technologies is required.	WP.3
United Kingdom	We should be emphasizing the need for strong coordination between human and animal health services, especially strengthened animal health services and laboratories, better and cost effective monitoring of wild animal populations, enhanced virus detection and research, improved inspection and support on outbreak containment plans, and the teaching of good farming practices.	WP.3
United Kingdom	Training – whether provided or supported by national, regional or international sources – is an essential element in developing sustainable capabilities and as such is key to all the aspects of diseases control under the headings surveillance, detection, diagnosis and containment.	WP.3
United States	<ul style="list-style-type: none"> •Informational exchanges •Training and orientation programs •International meetings, seminars and learning opportunities •Classroom & laboratory instruction •Travel assistance for participants •Courses in native languages •Laboratory equipment •Subject matter experts 	P 26/8
United States	Support scientist-to-scientist engagements in many countries and laboratories, including WHO and OIE collaborating centers, to improve human and animal health	P 26/8
WHO	<ul style="list-style-type: none"> • Joint research 	P 25/8

V. Standard operating procedures

Delegation	Text	Source
Canada	Case Studies on standard operating procedures (SOP), Biosecurity Risk Assessment, Transportation of Dangerous Goods.	P 26/8
Germany	Measures for Quality Assurance (QA): Internal and external QA of laboratory diagnostics include: Wet labs, ring trials, Appropriate reference material, Training, optimisation of procedures	P 26/8
Germany	The final aim is to determine a minimum detection standard (“Gold Standard”).	P 26/8

Delegation	Text	Source
India	For making India's Integrated Disease Surveillance Programme IHR 2005 compliant... demonstrate establishment and operation of surveillance system meeting performance standards – timelines, human resources, quality, strengthen analysis and use of surveillance data and response	P 25/8
Indonesia	Management System is the key for a good laboratory practice in Biosafety.	P 26/8
Indonesia	Establish an effective, best practice management system, incorporating safety and security management process and associated procedures	P 26/8
Indonesia	Quality control and sustainability of the operation is very important	P 26/8
Indonesia and Norway	Standards in relation to BWC implementation, such as safety, security and control, may contribute in enhancing confidence, while taking into account respective national legislation.	WP.5
Iran (Islamic Republic of)	International health institutions should support national efforts on establishing standard bio-safety rules in laboratories and in the transportation of biological materials.	S 24/8
Japan	Revitalization of routine surveillance : Revision of surveillance protocol, considering core capacity requirement of the IHR	P 26/8
Nigeria	Adaptation and production of Technical Guidelines and reporting forms	P 25/8
GHSI	Building confidence: exchanging information; sharing best practices, policies; harmonizing protocols; trust across borders	P 27/8
Pakistan	Quality assurance including biosafety	P 27/8
Republic of Korea	Technical assistance and training for manufacturers: - GMP (Good Manufacturing Practice) training - GMP facility design - Hands-on GMP training: Production Quality control testing Quality assurance - Follow-up consultancies	P 26/8
United Kingdom	Need to strengthen capability and capacity in developing countries and to develop internationally agreed protocols for the Rapid Sharing of Information.	WP.3
United States	Systematic disease surveillance must be supported by proficient diagnostic testing services, emergency management services and essential policies for economic recovery when diseases are found.	WP.10
WHO	<ul style="list-style-type: none"> • Transfer of laboratory techniques • Development and validation of new tests • Quality assurance and quality standards 	P 25/8
WHO	... seek to promote the highest standards of professional performance in the field.	P 25/8
OIE	International Standards <ul style="list-style-type: none"> • Surveillance • Safe trade in animals and products • Diagnostic tests and vaccines • Veterinary Services 	P 25/8

VI. Problems, challenges and needs

Delegation	Text	Source
Algeria	We need to set up high security laboratories. We want to twin these laboratories with well-known international laboratories. We want to set up containment units. We need an exchange of experts and to research training. We need to set up new networks and we need to twin them with international networks and we need to update our communications networks to make sure that we have rapid exchange of information.	P 25/8
Canada	Challenges and opportunities: <ul style="list-style-type: none"> - Emerging issues and threats - Targeting assistance to specific needs - Multilateral collaboration for rapid response and coordination 	P 26/8
Canada	The need for enhanced coordination among states parties providing assistance related to these fields, as well as better internal communication within such states on their own assistance projects.	P 27/8
China	Global epidemic surveillance and control pose a serious challenge: <ul style="list-style-type: none"> - New infectious diseases are emerging, infectious diseases once considered under control are making a comeback. - Pathogenic mutation is developing at a fast pace and some pathogens are becoming more resistant. - Epizootic pathogens are frequently breaking species barriers and being transmitted to humans. - Ever-increasing cross-border travel is contributing to the spread of infectious diseases worldwide. 	P 26/8
China	In the field of epidemic surveillance and control: <ul style="list-style-type: none"> - Relatively weak infrastructure in areas of epidemic surveillance, diagnosis, prevention and control - Inadequate pathogen detecting capacity - Medical care and support capacity to be further enhanced - Emergency response mechanism to be improved 	P 26/8
FAO	Lessons Learned: <ul style="list-style-type: none"> - Highly cost effective to build capacity before anything happens - Donors support wanes drastically after 5-10 years when it is needed most - Emergency response is good for donors and good PR <ul style="list-style-type: none"> • Not seen sustainability yet • Sustainable rehabilitation key (overlap & expansion to other key diseases) 	P 25/8
Germany	<ul style="list-style-type: none"> - Technological buildup: Educated personnel needed - Capacity building: Brain drain, competition with NGOs, International Organizations - Different Motivations: Money, scientific career, permanent position - Sustainability of projects: Research project funding mostly limited to max. 3 years - Research cooperation: Criteria for ethical issues sometimes discrepant - Quality: Reliable communication and transport infrastructure crucial 	P 26/8

Delegation	Text	Source
Germany	The grade of laboratory preparedness for the detection of highly pathogenic bacteria varies at international level. Primarily the correct identification of samples including more complex matrices should be improved.	P 26/8
Germany	There is a need for comparable evaluation of existing in-house and commercial assays and instruments for the detection of selected agents. This requires appropriate accessible reference materials including pure agents as well as clinical and environmental samples (surrogate substances).	P 26/8
Germany	The specific challenges include: (i) an agreement between the collaborating laboratories for providing reference materials, (ii) aspects of biosafety and biosecurity, (iii) transportation of samples/reference materials, including export/import/transfer controls.	WP.15
India	While there are several examples of international cooperation, it is also a fact that denial of materials, equipment and technology related to peaceful uses of biotechnology including disease surveillance, and control continue to exist and hamper legitimate uses of biological materials for peaceful purposes.	S 24/8
India	Difficulties continue to exist in obtaining materials, equipment and technology related to peaceful uses of biotechnology including disease surveillance and control, such as: - Viruses for preparing antigens for developing diagnostic tests - Equipment for advanced laboratories - Training opportunities for working in advanced laboratories - Restrictions on collaborative R&D in the areas of vaccine development and therapeutics against listed BW agents and emerging and re-emerging diseases with pandemic potential	P 26/8
Indonesia	Complexities in setting up new lab, challenges associated with construction, on-going maintenance and running costs.	P 26/8
Iran (Islamic Republic of)	Any politically motivated measures such as arbitrary export control regimes which restrict transfer, development and promotion of equipment, materials and scientific and technological knowledge for peaceful purposes would hamper the economic and technological progress of States Parties and clearly violate Article X of the Convention and therefore should be removed. Furthermore, any possible additional measures to the Convention should be consistent with the Convention and must be multilaterally negotiated in a comprehensive manner.	WP.21
Kenya	<ul style="list-style-type: none"> • Improvement of data and information flow through innovative approaches in ICT such as phones for health & installation of relevant ICT systems. • Strengthening of laboratory capacity (technical, human resources, equipment, reagents & supplies) • Development of more laboratories to BSL 2 and BSL 3. 	P 25/8

Delegation	Text	Source
	<ul style="list-style-type: none"> • Provision of Infection Prevention & Control capacities, including isolation & quarantine facilities. • Provision of support in implementation of international Health Regulations (2005) • Support Mobilization of finances to support rapid response teams with necessary logistics & supplies for effective surveillance & outbreak response. 	
Nigeria	<ul style="list-style-type: none"> • Sensitization of programme managers • Assessment of existing surveillance system • Preparation of Strategic Plan • Adaptation of guidelines and Training modules • Implementation of Action Plan • Monitoring and Evaluation • Adaptation and production of Technical Guidelines and reporting forms • Training of epidemiologists, DSNOs, M & E officers, Clinicians/Health workers at all tiers of government 	P 25/8
Nigeria	Problems: deterioration which occurred over the years; demand for maintenance of the primary health care system is enormous; lack of infrastructure, skills and capacity	P 27/8
Pakistan	<p>Challenges:</p> <ul style="list-style-type: none"> • Double disease burden due to communicable and non-communicable ailment • Prone to natural calamities <p>Needs:</p> <ul style="list-style-type: none"> • Support for the implementation of integrated disease surveillance and public health laboratory network project. 	P 27/8
WHO	<p>Impediments to surveillance in developing countries; severe challenges in detection and reporting:</p> <ul style="list-style-type: none"> • Private sector and traditional medicine are often not included • A large proportion of the population do not access formal health care (can be as high as 60%) • Often multiple surveillance systems collecting data from the same people, using slightly different reporting time frames and data formats • Over the last 15 years there have been numerous attempts to overhaul surveillance systems <ul style="list-style-type: none"> ○ Has sometimes led to some confusion and a feeling at the grassroots level that the system is always changing and does not really work <p>Many of the routine reporting systems are quite fragile and are unlikely to be used for any research purposes</p> <p>Face severe challenges in linking surveillance with response and providing adequate feedback:</p>	P 25/8

Delegation	Text	Source
	<ul style="list-style-type: none"> • Ability to investigate limited by resources/skills/infrastructure • Training materials may be pitched at too high a level • Too few staff work at the clinical and public health level • Health care staff are often low paid and therefore have several jobs – leaving very little time for surveillance activities • Lack of diagnostic capacity often means inability to respond with correct control measures at early stage in the event <p>Need rapid, multivalent, diagnostics at national and local levels</p>	
OIE	<p>To extend the network of expertise</p> <ul style="list-style-type: none"> • Priority regions and diseases • Global geographical coverage of expertise, focused on developing and transition countries • Better global disease surveillance • Greater access for more countries to high quality diagnostics and expertise for early detection and rapid response 	P 25/8

List of Abbreviations

ECDC	European Centre for Disease Prevention and Control
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
GHSI	NTI Global Health and Security Initiative
ISBI	International Security and Biopolicy Institute
IVI	International Vaccine Institute
NAM	Group of the Non-aligned Movement and Other States
OIE	World Organisation for Animal Health
WHO	World Health Organization

Annex II

LIST OF DOCUMENTS

BWC/MSP/2009/MX/1	Provisional Agenda for the Meeting of Experts
BWC/MSP/2009/MX/2/Rev.1 and Corr.1 [English Only]	Programme of Work for the Meeting of Experts
BWC/MSP/2009/MX/INF.1	Recent Developments in Intergovernmental Organizations Relevant to Disease Surveillance, Detection, Diagnosis and Containment - Submitted by the Implementation Support Unit
BWC/MSP/2009/MX/INF.2	Recent International, Regional and Non- governmental Developments Relevant to Disease Surveillance, Detection, Diagnosis and Containment - Submitted by the Implementation Support Unit
BWC/MSP/2009/MX/INF.3	Previous Agreements and Understandings under the Convention Relevant to Capacity Building in the Fields of Disease Surveillance, Detection, Diagnosis and Containment - Submitted by the Implementation Support Unit
BWC/MSP/2009/MX/INF.4	Provision of Assistance and Capacity Building in Other International Settings - Submitted by the Implementation Support Unit
BWC/MSP/2009/MX/INF.5 [English Only]	Provisional Contact Details for Organisations Building Capacity in the Fields of Disease Surveillance, Detection, Diagnosis, and Containment - Submitted by the Implementation Support Unit
BWC/MSP/2009/MX/INF.6 [English Only]	List of States Parties
BWC/MSP/2009/MX/INF.7 and Add.1 [English/French/Spanish Only]	List of Participants
BWC/MSP/2009/MX/WP.1 [English Only]	UK Advance Notification of Conferences Dealing with Capacity Building for Surveillance, Detection, Diagnosis and Containment of Infectious Diseases - Submitted by the United Kingdom

BWC/MSP/2009/MX/WP.2 [English Only]	UK Activities on International Cooperation and Assistance Promoting Capacity Building in the Fields of Disease Surveillance, Detection, Diagnosis and Containment of Infectious Diseases - Submitted by the United Kingdom
BWC/MSP/2009/MX/WP.3 [English Only]	UK Views on Priority Programmes for Promoting Capacity Building for Surveillance, Detection, Diagnosis and Containment of Infectious Diseases - Submitted by the United Kingdom
BWC/MSP/2009/MX/WP.4 [English Only]	Disease Outbreak Reporting: UK Approach to Completion of Confidence Building Measure Form B - Submitted by the United Kingdom
BWC/MSP/2009/MX/WP.5 [English Only]	Co-Chairs' Summary of the International Workshop on the Biological Weapons Convention Supporting Global Health: Reducing Biological Risks by Building Capacity in Health Security - Submitted by Indonesia and Norway
BWC/MSP/2009/MX/WP.6 [English Only]	International Activities of the Government of Canada related to Capacity Building in Disease Surveillance, Detection, Diagnosis, and Containment - Submitted by Canada
BWC/MSP/2009/MX/WP.7 [English Only]	Implementation of the Biological Weapons Convention and Disease Monitoring in Iraq - Submitted by Iraq
BWC/MSP/2009/MX/WP.8 [English Only]	Assistance and Cooperation Requirements for Strengthening Disease Monitoring Capacities in Iraq - Submitted by Iraq
BWC/MSP/2009/MX/WP.9 [English Only]	Japan's Efforts to Promote Capacity Building in the Fields of Disease Surveillance, Detection, Diagnosis and Containment - Submitted by Japan
BWC/MSP/2009/MX/WP.10 [English Only]	Agriculture and its Critical Importance to Global Health Security - Submitted by the United States of America
BWC/MSP/2009/MX/WP.11 [English Only]	Enhancing Epidemic Preparedness with Space Satellite Observations - Submitted by the United States of America

BWC/MSP/2009/MX/WP.12 [English Only]	Global and Regional Disease Surveillance Networks' Convergence at the National Level - Submitted by Georgia and the United States of America
BWC/MSP/2009/MX/WP.13 [English Only]	AMBIT: A Concept for Advanced Management of Biological Threats - Submitted by Germany
BWC/MSP/2009/MX/WP.14 [English Only]	Health-Related Research Cooperation with African Countries - Submitted by Germany
BWC/MSP/2009/MX/WP.15 [English Only]	European Wide External Quality Assurance Exercises for Detection of High Threat Bacteria - Submitted by Germany
BWC/MSP/2009/MX/WP.16 [English Only]	United States Government Efforts to Support Global Capacity for Disease Surveillance and Response - Submitted by the United States of America
BWC/MSP/2009/MX/WP.17 [English Only]	Activities and Views on International Cooperation and Assistance Promoting Capacity Building in the Field of Infectious Diseases - Submitted by the Republic of Korea
BWC/MSP/2009/MX/WP.18 [English Only]	EU Cooperative Initiatives and Activities to Improve Bio-Safety and Bio-Security - Submitted by Sweden on behalf of the European Union
BWC/MSP/2009/MX/WP.19 [Chinese Only] ¹	China's Approach to and Proposal for Strengthening International Cooperation in the Field of Epidemic Surveillance and Control - Submitted by China
BWC/MSP/2009/MX/WP.20 [Chinese Only] ²	China's Efforts and Measures to Strengthen Epidemic Surveillance and Control - Submitted by China
BWC/MSP/2009/MX/WP.21 and Corr.1 [English Only]	International Cooperation-National Measures - Submitted by Iran (Islamic Republic of)
BWC/MSP/2009/MX/WP.22 and Corr.1 [English Only]	International Cooperation-Transfer Denials - Submitted by Iran (Islamic Republic of)

¹ An English unofficial translation is included after the Chinese text.

² An English unofficial translation is included after the Chinese text.

BWC/MSP/2009/MX/WP.23
[English Only]

United States Government Efforts to Support Global
Capacity for Disease Surveillance and Response -
Submitted by the United States of America

BWC/MSP/2009/MX/WP.24
[English Only]

The Establishment of a Mechanism for the Full
Implementation of Article X of the Convention -
Submitted by Cuba on behalf of the Group of the
Non-aligned Movement and Other States Parties

BWC/MSP/2009/MX/WP.25
[English Only]

Specific Capabilities and Experiences in Providing
Assistance for Capacity Building: The Example of a
German-Ghanaian Collaboration - Submitted by
Germany

BWC/MSP/2009/MX/WP.26
[English Only]

Project Proposals for Meeting of Experts - Submitted
by Ukraine

BWC/MSP/2009/MX/WP.27
[Russian Only³]

Implementation of Global Strategy Against Infectious
Diseases: Contribution of the Russian Federation -
Submitted by the Russian Federation

BWC/MSP/2009/MX/WP.28
[English Only]

Disease Surveillance, Detection, Diagnosis and
Containment in Iraq - Submitted by Iraq

BWC/MSP/2009/MX/CRP.1
[English Only]

Considerations, Lessons, Perspectives,
Recommendations, Conclusions and Proposals drawn
from the Presentations, Statements, Working Papers
and Interventions on the Topics under Discussion at
the Meeting

BWC/MSP/2009/MX/CRP.2
[English Only]

Draft Report of the Meeting of Experts

BWC/MSP/2009/MX/MISC.1
[English/French/Spanish Only]

Provisional List of Participants

³ An English unofficial translation is included after the Russian text.